Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
2-deoxy-2-[18F] fluoro-D-glucose [18F] FDG Injection	V09IX04-000-P30-02-XXX	No	No	A*	Indicated for positron emission tomography (PET) imaging in the following setting: i. Oncology: For assessment of abnormal glucose metabolism to assist in the evaluation of malignancy in patients with known or suspected abnormalities found by other testing modalities, or in patients with an existing diagnosis of cancer ii. Cardiology: For the identification of left ventricular myocardium with residual glucose metabolism and reversible loss of systolic function in patients with coronary artery disease and left ventricular dysfunction, when used together with myocardial perfusion imaging. iii. Neurology: For the identification of regions of abnormal glucose metabolism associated with foci or epileptic seizures	To be prescribed by Nuclear Medicine Specialist only	The recommended dose is 6 Mbq/kg (0.162 mCi/kg). Example, for an adult with a body weight of 70 kg, the recommended dose is 420 Mbq (11 mCi)
Abacavir Sulphate 300mg tablet	J05AF06-183-T10-01-XXX	Yes	No	A*	Antiretroviral combination therapy of HIV infection in adults and adolescents from 12 years of age.	i. Patients unsuitable or failed other HAART treatment ii. Patients who have renal impairment (CrCl < 50ml/min) when Abacavir and Lamivudine fixed-dose combination is not recommended	Adult: 300mg twice daily or 600mg daily Children: i. Weighing 14 to <20kg: one-half of a scored abacavir tablet twice daily ii. Weighing ≥20kg to <25kg: one-half of a scored abacavir tablet in the morning and one whole tablet in the evening iii. Weighing at least 25kg: according to adult dose
Abacavir Sulphate 600mg and Lamivudine 300mg Tablet	J05AR02-964-T10-01-XXX	Yes	No	A*	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.	None	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
Abemaciclib 100mg Film Coated Tablets	L01XE50-000-T32-02-xxx	No	Yes	A*	Abemaciclib, in combination with endocrine therapy, is indicated for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.	i. For high-risk stage II and III early breast cancer. High risk defined by clinical and pathological features: either ≥pALN (positive axillary lymph nodes) or 1 – 3 pALN and at least one of the following criteria: tumour size ≥5cm or histological grade 3. ii. To be prescribed by Oncologist only	The recommended dosing is 150mg twice daily, taken orally with or without food for 2 years, or until disease recurrence or unacceptable toxicity occurs
Abemaciclib 150mg Film Coated Tablets	L01XE50-000-T32-03-xxx	No	Yes	A*	Abemaciclib, in combination with endocrine therapy, is indicated for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.	i. For high-risk stage II and III early breast cancer. High risk defined by clinical and pathological features: either ≥pALN (positive axillary lymph nodes) or 1 – 3 pALN and at least one of the following criteria: tumour size ≥5cm or histological grade 3. ii. To be prescribed by Oncologist only	The recommended dosing is 150mg twice daily, taken orally with or without food for 2 years, or until disease recurrence or unacceptable toxicity occurs
Abemaciclib 50mg Film Coated Tablets	L01XE50-000-T32-01-xxx	No	Yes	A*	Abemaciclib, in combination with endocrine therapy, is indicated for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.	i. For high-risk stage II and III early breast cancer. High risk defined by clinical and pathological features: either ≥pALN (positive axillary lymph nodes) or 1 – 3 pALN and at least one of the following criteria: tumour size ≥5cm or histological grade 3. ii. To be prescribed by Oncologist only	The recommended dosing is 150mg twice daily, taken orally with or without food for 2 years, or until disease recurrence or unacceptable toxicity occurs
Abiraterone acetate 250mg tablet	L02BX03-000-T10-01-XXX	Yes	Yes	A*	With prednisone or prednisolone, for the treatment of metastatic castration-resistant prostate cancer (mCRPC) in adult men.	Prescribing restrictions: i. Those who have progressed on OR failed prior docetaxel chemotherapy ii. Those who are contraindicated or unsuitable for chemotherapy	1,000mg once daily
Acetazolamide 250mg Tablet	S01EC01-000-T10-01-XXX	Yes	No	B	Reduction of intraocular pressure in open-angle glaucoma, secondary glaucoma and peri-operatively in angle-closure glaucoma	None	250mg 1-4 times a day, the dosage being titrated according to patient response
Acetazolamide 500mg Injection	S01EC01-000-P40-01-XXX	Yes	No	B	Reduction of intra-ocular pressure in open-angle glaucoma, secondary glaucoma and peri-operatively in angle-closure glaucoma	None	Adult : 250-1000mg per 24hours, usually in divided doses for amounts over 250mg daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Acetylcysteine 200mg/ml Injection	V03AB23-520-P30-01-XXX	Yes	No	A*	Antidote for paracetamol poisoning	None	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
Acetylsalicylic Acid 100 mg & Glycine 45 mg Tablet	B01AC06-259-T10-01-XXX	No	No	B	i) Prevention of myocardial infarct, stroke, vascular occlusion and deep vein thrombosis. ii) Transient ischaemic attacks	None	1 tablet daily
Acetylsalicylic Acid 150mg Dispersible Tablet	N02BA01-000-T40-03-XXX	Yes	Yes	C	Initial treatment of cardiovascular disorders such as angina pectoris and myocardial infarction and for the prevention of cardiovascular events in patients at risk. Other such uses include the treatment and prevention of cerebrovascular disorders such as stroke	None	150mg to be taken daily. Dose to be individualised. Use in children under 16 years old is not recommended
Acetylsalicylic Acid 300 mg Soluble Tablet	N02BA01-000-T40-01-XXX	Yes	Yes	C	Initial treatment of cardiovascular disorders such as angina pectoris and myocardial infarction and for the prevention of cardiovascular events in patients at risk. Other such uses include the treatment and prevention of cerebrovascular disorders such as stroke.	None	150mg to be taken daily. Use in children under 16 years old is not recommended
Acetylsalicylic Acid 75mg Dispersible Tablet	N02BA01-000-T40-02-XXX	Yes	Yes	C	Initial treatment of cardiovascular disorders such as angina pectoris and myocardial infarction and for the prevention of cardiovascular events in patients at risk. Other such uses include the treatment and prevention of cerebrovascular disorders such as stroke	None	Dose to be individualised. 150mg to be taken daily. Use in children under 16 years old is not recommended
Acitretin 10mg Capsule	D05BB02-000-C10-01-XXX	No	No	A*	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	None	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
Acitretin 25 mg Capsule	D05BB02-000-C10-02-XXX	No	No	A*	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	None	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% Cream	D08AA03-000-G10-01-xxx	Yes	No	C+	Infected skin, lesions, cuts, abrasions, wounds and burns.	None	Apply undiluted three times daily to the affected part .
Acriflavine 0.1% Lotion	D08AA03-000-L60-01-XXX	Yes	No	C+	Infected skin, lesions, cuts, abrasions, wounds and burns.	None	Apply undiluted three times daily to the affected part .
Actinomycin D (Dactinomycin) 500 mcg/ml Injection	L01DA01-110-P40-01-XXX	Yes	Yes	A	i) For solid tumours ii) Gestational trophoblastic disease	None	i) ADULT: 500 mcg IV daily for max of 5 days. CHILD: 1.5 mg/m2 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
Acyclovir (Aciclovir) 200mg Tablet	J05AB01-000-T10-01-XXX	Yes	No	A/KK	i) Treatment of Herpes simplex & Varicella zoster infections ii) Prophylaxis of Herpes simplex infections in immune-compromised patients	None	Indication (i) Treatment for Herpes Simplex: ADULT - 200mg 5 times daily; In severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Treatment for Varicella Zoster: ADULT - 800mg 5 times daily; CHILD 6 years and over: 800 mg four times daily, 2 - < 6 years: 400 mg four times daily, Under 2 years: 200 mg four times daily. Indication (ii) ADULT - Immune-compromised patients: 200 mg four times daily. Severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Dosing is according to Product Information Leaflet.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Acyclovir (Aciclovir) 200mg/5 ml Suspension	J05AB01-000-L80-01-XXX	Yes	No	A*	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)	None	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; 800 mg 4 times daily
Acyclovir (Aciclovir) 250mg Injection	J05AB01-000-P4-001-XXX	Yes	No	A*	i)Treatment of Herpes simplex & Varicella zoster infections ii)Prophylaxis of Herpes simplex infections in immune-compromised patients	None	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/m2 8 hourly for 5 days, doubled to 500 mg/m2 8 hourly for varicella-zoster in the immunocompromised and in simplex encephalitis (usually given for 10 days in encephalitis)
Acyclovir (Aciclovir) 3% Eye Ointment	S01AD03-000-G51-01-XXX	Yes	No	A*	Only for the treatment of herpes simplex keratitis	None	Apply 1 cm 5 times daily. Continue for at least 3 days after healing
Acyclovir (Aciclovir) 5% Cream	D06BB03-000-G10-01-XXX	No	No	A*	Herpes simplex infections of the skin, including initial and recurrent labial and genital herpes simplex infections	None	Apply every 4 hours for 5 - 10 days
Acyclovir (Aciclovir) 800 mg Tablet	J05AB01-000-T10-02-XXX	Yes	No	A/KK	i)Treatment of Herpes simplex & Varicella zoster infections ii)Prophylaxis of Herpes simplex infections in immune-compromised patients	None	Indication (i) Treatment for Herpes Simplex: ADULT - 200mg 5 times daily; In severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Treatment for Varicella Zoster: ADULT - 800mg 5 times daily; CHILD - 6 years and over: 800 mg four times daily, 2 - < 6 years: 400 mg four times daily, Under 2 years: 200 mg four times daily. Indication (ii) ADULT - Immune-compromised patients: 200 mg four times daily. Severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Dosing is according to Product Information Leaflet.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Adalimumab 40mg Injection	L04AB04-000-P50-01-XXX	Yes	No	A*	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, methotreaxate 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	None	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% Cream	D10AD03-000-G10-01-XXX	No	No	A*	Acne vulgaris where comedones, papules and pustules predominate in those sensitive to benzoyl peroxide or topical tretinoin [third line treatment]	None	Apply once daily to the affected areas after washing at bedtime
Adapalene 0.1% Gel	D10AD03-000-G30-01-XXX	No	No	A/KK	Treatment for acne vulgaris where comedones, papules and pustules predominate	None	Apply once daily to the affected areas after washing at bedtime
Adenosine 3 mg/ml Injection	C01EB10-000-P30-01-XXX	Yes	Yes	B	Rapid conversion of paroxysmal supraventricular tachycardia to sinus rhythm	None	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 supraventicular tachycardia with in 1-2 minutes, 12 mg should be given also as a rapid IV bolus
Adrenaline Acid Tartrate (Epinephrine) 1 mg/ml Injection	C01CA24-123-P30-01-XXX	Yes	Yes	B	Cardiopulmonary resuscitation	None	1 mg by intravenous injection repeated every 3-5 minutes according to response
Afatinib Dimaleate 30mg Film-Coated Tablet	L01XE13-253-T32-02-XXX	Yes	Yes	A*	First-line monotherapy for the treatment of Epidermal Growth Factor Receptor (EGFR) TKI-naïve adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating EGFR mutation(s).	i) Adenocarcinoma histology. ii) Patient's ECOG Performance Status 0-1. **To be prescribed by Consultants/Specialists from disciplines of oncology and oncology-trained respiratory physician)**	40mg once daily to be taken without food. Maximum dose is 50mg once daily.
Afatinib Dimaleate 40mg Film-Coated Tablet	L01XE13-253-T32-03-XXX	Yes	Yes	A*	First-line monotherapy for the treatment of Epidermal Growth Factor Receptor (EGFR) TKI-naïve adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating EGFR mutation(s).	i) Adenocarcinoma histology. ii) Patient's ECOG Performance Status 0-1. **To be prescribed by Consultants/Specialists from disciplines of oncology and oncology-trained respiratory physician)**	40mg once daily to be taken without food. Maximum dose is 50mg once daily.
Aflibercept 40mg/ml solution for injection (vial)	S01LA05-000-P30-01-XXX	No	No	A*	i) Treatment of neovascular (wet) age-related macular degeneration (wet AMD) ii) Visual impairment due to diabetic macular edema (DME) iii) Macular Oedema secondary to Retinal Vein Occlusion (branch RVO or central RVO)	For indication (ii): a) Treatment of naive patients with visual acuity equal or worse than 20/50; or b) Patients with poor response to treatment with ranibizumab. For indication (iii): a) First line for patient not able to comply with monthly ranibizumab injection after initial loading doses b) Second line for patient who are refractory to ranibizumab injection c) To be prescribed by Ophthalmologist only	i) The recommended dose is 2mg aflibercept, equivalent to 0.05mL (50 µL) given as intra-vitreal injection. Aflibercept treatment is initiated with one injection per month for three consecutive doses, followed by one injection every two months. ii) 2 mg aflibercept (equivalent to 50 microliters) administered by intravitreal injection monthly for the first 5 consecutive doses, followed by one injection every 2 months. There is no requirement for monitoring between injections. iii) 2 mg aflibercept (equivalent to 50 microliters) administered by intravitreal injection monthly. The interval between two doses should not be shorter than one month.
Agomelatine 25mg Tablet	N06AX22-000-T10-01-XXX	No	Yes	A*	Major depression	None	The recommended dose is 25mg once daily at bedtime, maybe increased to 50mg once daily at bedtime.
Albendazole 200mg Tablet	P02CA03-000-T10-01-XXX	Yes	No	C+	i) Single or mixed infestations of intestinal parasites ii) Strongyloides infection	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Albendazole 200mg/5 ml Suspension	P02CA03-000-L80-01-XXX	Yes	No	C+	i) Single or mixed infestations of intestinal parasites ii) Strongyloides infection	None	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	D08AX08-000-L99-01-XXX	Yes	No	C+	Use as antiseptic and disinfectant	None	Apply to the skin undiluted or when needed
Alectinib 150mg Hard Capsule	L01XE36-110-C11-01-XXX	No	Yes	A*	As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC).	To be prescribed by Oncologist only	600 mg twice daily with food (total daily dose of 1200 mg). Treatment with alectinib should be continued until disease progression or unacceptable toxicity.
Alendronate Sodium 70mg and Cholecalciferol 5600 IU Tablet	M05BB03-972-T10-02-XXX	No	No	A*	i) Osteoporosis in postmenopausal women with a history of vertebral fracture and whom oestrogen replacement therapy is contraindicated ii) Male Osteoporosis	None	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 and 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 70mg Tablet	M05BA04-520-T10-01-XXX	No	No	A*, A/KK	Kategori preskriber A*: Osteoporosis (Male) Kategori preskriber A/KK: Indicated for the treatment of osteoporosis in high-risk postmenopausal women	None	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 0.25mcg Capsule	A11CC03-000-C10-01-XXX	No	No	A/KK	i) Chronic kidney disease mineral bone disorder ii) Osteoporosis iii) Hypoparathyroidism and pseudohypoparathyroidism iv) Rickets and osteomalacia	None	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 Dosing is individualised based on serum calcium level and according to product insert/protocol
Alfacalcidol 1mcg Capsule	A11CC03-000-C10-02-XXX	No	No	A/KK	i) Chronic kidney disease mineral bone disorder ii) Osteoporosis iii) Hypoparathyroidism and pseudohypoparathyroidism iv) Rickets and osteomalacia	None	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 Dosing is individualised based on serum calcium level and according to product insert/protocol
Alfacalcidol 2 mcg/ml Injection	A11CC03-000-P30-01-XXX	No	No	A*	i) Chronic kidney disease mineral bone disorder ii) Osteoporosis iii) Hypoparathyroidism and pseudohypoparathyroidism iv) Rickets and osteomalacia	None	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 Dosing is individualised based on serum calcium level and according to product insert/protocol
Alfacalcidol 2mcg/ml Drops	A11CC03-000-D50-01-XXX	No	No	A*	i) Neonatal hypocalcemia ii) Osteoporosis iii) Hypoparathyroidism and pseudohypoparathyroidism iv) Rickets and osteomalacia	None	NEONATES : 0.1 mcg/kg/day Dosing is individualised based on serum calcium level and according to product insert/protocol
Alfentanil HCl 0.5 mg/ml Injection	N01AH02-110-P30-01-XXX	No	No	A*	For use as short acting narcotic analgesic in short procedures and day-care surgical procedures	None	Initial dose: 20 - 40 mcg/kg. Supplemental dose: 15 mcg/kg or infusion 0.5 - 1.0 mcg/kg/min
Alfuzosin HCl 10mg Tablet	G04CA01-110-T10-01-XXX	No	No	A*	Treatment of functional symptoms related with benign prostatic hypertrophy (BPH)	None	10 mg once a day pre bed
Alglucosidase alfa 5 mg/ml Injection	A16AB07-000-P40-01-XXX	No	No	A*	Infantile-onset Pompe disease	None	20 mg/kg of body weight administered once every 2 weeks as an intravenous infusion. Monitoring It is suggested that patients be monitored periodically for IgG antibody formation. Patients who experience Infusion-associated reactions suggestive of hypersensitivity may be tested for IgE antibodies to alglucosidase alfa. Treated patients who experience a decrease in benefit despite continued treatment with Alglucosidase Alfa, in whom antibodies are suspected to play a role, may be tested for neutralization of enzyme uptake or activity.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Alkaline Nasal Douche	R01A000-999-L50-01-XXX	No	No	B	To remove nasal plug	None	To be diluted with an equal volume of warm water before use
All-Trans Retinoic Acid (Tretinoin) 10 mg Capsule	L01XX14-000-C10-01-XXX	Yes	Yes	A*	Acute promyelocytic leukaemia	None	Induction: 45 mg/m2 daily for 30 - 90 days. Maintenance: 45 mg/m2 daily for 2 weeks every 3 months. Renal/or hepatic insufficiency: 25mg/m2 daily for 30-90 days. Refer to protocols
Allopurinol 100 mg Tablet	M04AA01-000-T10-02-XXX	Yes	No	A/KK	i) Frequent and disabling attacks of gouty arthritis (2 or more attacks/year). ii) Clinical or radiographic signs of erosive gouty arthritis. iii) The presence of tophaceous deposits. iv) Urate nephropathy. v) Urate nephrolithiasis. vi) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia	-	Initial dose: 50-100 mg daily. Maintenance: 300-900mg daily (depending on renal function).
Allopurinol 300 mg Tablet	M04AA01-000-T10-01XXX	Yes	No	A/KK	i) Frequent and disabling attacks of gouty arthritis (2 or more attacks/year). ii) Clinical or radiographic signs of erosive gouty arthritis. iii) The presence of tophaceous deposits. iv) Urate nephropathy. v) Urate nephrolithiasis. vi) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia	-	Initial dose: 50-100 mg daily. Maintenance: 300-900mg daily (depending on renal function).
Alprazolam 0.25mg Tablet	N05BA12-000-T10-01-XXX	No	Yes	A/KK	Anxiety disorders	None	0.25 - 0.5 mg 3 times daily (elderly or delibitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children
Alprazolam 0.5mg Tablet	N05BA12-000-T10-02-XXX	No	Yes	A	Anxiety disorders	None	0.25 - 0.5 mg 3 times daily (elderly or delibitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children
Alprazolam 1mg Tablet	N05BA12-000-T10-03-XXX	No	Yes	A	Anxiety disorders	None	0.25 - 0.5 mg 3 times daily (elderly or delibitated 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	C01EA01-000-P30-01-XXX	No	Yes	A*	For treatment of congenital heart diseases which are ductus arteriosus dependent	None	0.05 - 0.1 mcg/kg/min by continuous IV infusion, then decreased to lowest effective dose
Alteplase 50 mg per vial Injection	B01AD02-000-P40-01-XXX	Yes	Yes	A*	Thrombolytic treatment of acute ischaemic stroke.	-	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 100mg Capsule	N04BB01-110-C10-01-XXX	No	Yes	B	Parkinson's disease	None	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 125 mg/ml Injection	J01GB06-183-P30-03-XXX	Yes	No	A	Infections due to susceptible organisms	None	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
Amikacin 250mg/ml Injection	J01GB06-183-P30-02-XXX	Yes	No	A	Infections due to susceptible organisms	None	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	C03EA01-900-T10-01-XXX	No	Yes	B	i) Diuretic as an adjunct to the management of oedematous states ii) Hypertension	None	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 & Glucose with Electrolytes Injection	B05BA10-910-P30-03-XXX	No	No	A	Source of amino acids, carbohydrate and electrolytes in patients needing IV nutrition	None	Dose to be individualised. ADULT usual requirement for amino acid 1-2 g/kg/day, carbohydrate 4-6 g/kg/day
Amino Acids Injection	B05BA01-910-P30-01-XXX	No	No	A	Source of amino acids in patients needing IV nutrition	None	Dose to be individualised. ADULT usually 500-2000 ml by IV. ADULT usual requirement for amino acid: 1-2 g/kg/day
Amino Acids with Electrolytes Injection	B05BA10-910-P30-02-XXX	No	No	A	Source of amino acids and electrolytes in patients needing IV nutrition	None	Dose to be individualised. ADULT usual requirement for amino acid 1-2 g/kg/day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Amino Acids, Glucose and Lipid with Electrolytes Injection	B05BA10-910-P30-01-XXX	No	No	A	Source of amino acids, carbohydrate, lipid and electrolytes in patients needing IV nutrition	None	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
Amino Acids, Glucose and Lipid without Electrolytes Injection	B05BA10-910-P30-04-XXX	No	No	A	Source of amino acids and carbohydrate in patients needing IV nutrition.	None	ADULT usual requirement for amino acid 1-2 g/kg/ day, carbohydrate 4-6 g/kg/day, lipid 2-3 g/kg/day. Dosing is individualised and according to product insert/protocol.
Aminophylline 25mg/ml Injection	R03DA05-000-P30-01-XXX	Yes	Yes	B	Reversible airways obstruction, acute severe brochospasm	None	Adult: Loading dose: 6 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. Children: 6 months and over (if not previously on theophylline): Loading dose: 6mg/kg. Maintenance dose: 6 mth-9 yr: 1 mg/kg/hr and 10-16 yr: 0.8 mg/kg/hr. Dosing is individualised and according to product insert/protocol.
Amiodarone 200 mg Tablet	C01BD01-110-T10-01-XXX	Yes	Yes	A*	Arrhythmias	None	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. Dosing is according to product insert / protocol.
Amiodarone 50 mg/ml Injection	C01BD01-110-P30-01-XXX	Yes	Yes	A*, A/KK	Category A*: i) Arrhythmias ii) Cardiopulmonary resuscitation of shock-resistant ventricular fibrillation in cardiac arrest Category A/KK: Ventricular arrythmia (ventricular tachycardia and ventricular fibrillation)	Category A*: None Category A/KK: Use only for emergency cases in health clinic with Medical Officers (MO) upon consultation with Family Medicine Specialist (FMS)	i) Initial: 5mg/kg over 20-120minutes Maintenance: 10-20mg/kg/24hr Max. dose: 1.2g/24hr. ii) Initial: 300mg or 5mg/kg rapid Additional 150mg if condition persists. Dosing is according to product insert / protocol.
Amisulpride 100mg Tablet	N05AL05-000-T10-01-XXX	No	No	A*	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	None	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)
Amisulpride 400mg Tablet	N05AL05-000-T10-02-XXX	No	No	A*	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	None	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	N06AA09-110-T10-01-XXX	Yes	Yes	B	i) Depression ii) Nocturnal enuresis where organic pathology has been excluded	None	i) Initial: 25mg 3 times a day in the evening Increase gradually in the late evening or at bedtime if necessary up to a maximum of 150mg per day Hospitalised patient: 100mg per day Increase gradually to 200-300mg per day ii) CHILD 6 YEARS AND UNDER: 10mg at bedtime CHILD OVER 6 YEARS Initial: 10mg at bedtime Increase gradually if necessary up to a maximum of 25mg at bedtime Not recommended for treatment of depression in children under 12 years of age. Dosing is individualised and according to product insert/ protocol.
Amlodipine 10 mg and Valsartan 160 mg Tablet	C09DB01-935-T10-03-XXX	No	Yes	A/KK	Essential hypertension in patients whose blood pressure is not adequately controlled by monotherapy	None	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
Amlodipine 10 mg Tablet	C08CA01-000-T10-02-XXX	Yes	Yes	B	Hypertension	None	5 mg once daily. Max: 10 mg once daily
Amlodipine 5 mg and Valsartan 160 mg Tablet	C09DB01-935-T10-02-XXX	No	Yes	A/KK	Essential hypertension in patients whose blood pressure is not adequately controlled by monotherapy	None	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

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Amlodipine 5 mg Tablet	C08CA01-000-T10-01-XXX	Yes	Yes	B	Hypertension	None	5 mg once daily. Max: 10 mg once daily
Amorolfine 5% Nail Lacquer	D01AE16-110-L50-01-XXX	No	No	A*	Fungal nail infections	None	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 (Amoxycillin) & Clavulanate 228 mg/5 ml Syrup	J01CR02-961-F21-02-XXX	Yes	No	A/KK	Infections caused by susceptible organisms	None	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 (Amoxycillin) 1g & Clavulanate 200mg Injection	J01CR02-961-P40-02-XXX	Yes	No	A	Infections caused by susceptible organisms. Respiratory tract, skin, soft tissue, GUT infection, septicaemia, peritonitis, post-operative infection & osteomyelitis	None	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 (Amoxycillin) 250mg Capsule	J01CA04-012-C10-01-XXX	Yes	No	B	Infections caused by susceptible strains of gram positive and gram negative organisms	None	ADULT: 250 - 500 mg 3 times daily. CHILD: 20 - 40 mg/kg/day in divided doses 8 hourly
Amoxicillin (Amoxycillin) 250mg/5mL Oral Solution	J01CA04-012-L80-01-XXX	Yes	No	B	Infections caused by susceptible strains of gram positive and gram negative organisms	None	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
Amoxicillin (Amoxycillin) 500mg & Clavulanate 125mg Tablet	J01CR02-961-T10-02-XXX	Yes	No	A/KK	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	None	ADULT & CHILD more than 12 years: Mild to moderate infections: 625 mg twice daily.
Amoxicillin (Amoxycillin) 500mg and Clavulanate 100mg Injection	J01CR02-961-P40-01-XXX	Yes	No	A	Infections caused by susceptible organisms. Respiratory tract, skin, soft tissue, GUT infection, septicaemia, peritonitis, post-operative infection and osteomyelitis	None	CHILD less than 3 months: 30mg/kg 12 hourly. 3 months - 12 years: 30 mg/kg 6 - 8 hourly. ADULT: 1.2 g by IV or intermittent infusion 6 - 8 hourly
Amoxicillin (Amoxycillin) 500mg Capsule	J01CA04-012-C10-02-XXX	Yes	No	B	Infections caused by susceptible strains of gram positive and gram negative organisms	None	ADULT: 250 - 500 mg 3 times daily. CHILD: 20 - 40 mg/kg/day in divided doses 8 hourly
Amoxicillin (Amoxycillin) Trihydrate 125 mg/5 ml Syrup	J01CA04-012-F10-01-XXX	Yes	No	B	Infections caused by susceptible strains of gram positive and gram negative organisms	None	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 50 mg Injection (Conventional)	J02AA01-801-P40-01-XXX	Yes	No	A	Systemic fungal infections	None	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 250 mg/5 ml Suspension	J01CR01-961-F21-01-XXX	No	No	A	Treatment of susceptible bacterial infections	None	ADULT: 375-750mg twice daily. CHILDREN (weight < 30kg): 25-50mg/kg/day in two divided doses. For children weighing 30kg and more, follow usual adult dose.
Ampicillin Sodium & Sulbactam Sodium 375 mg Tablet	J01CR01-961-T10-01-XXX	No	No	A/KK	Treatment of susceptible bacterial infections	None	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	J01CR01-961-P40-02-XXX	No	No	A	Treatment of susceptible bacterial infections	None	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	J01CA01-520-P40-01-XXX	Yes	No	B	Treatment of susceptible bacterial infections (non beta-lactamase-producing organisms); meningitis	None	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 Sodium 500mg & Sulbactam Sodium 250mg Injection	J01CR01-961-P40-01-XXX	No	No	A	Treatment of susceptible bacterial infections	None	ADULT: 1.5 - 12 g/day in divided doses 6 - 8 hourly. Maximum: 4 g Sulbactam per day. CHILD: 150-300mg/kg/day 6 - 8 hourly. Prophylaxis: 1.5 -3 g at induction of anaesthesia. May be repeated 6 - 8 hourly
Ampicillin Trihydrate 125 mg/5 ml Suspension	J01CA01-012-F21-01-XXX	Yes	No	B	Treatment of susceptible bacterial infections (non beta-lactamase-producing organisms)	None	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
Anastrozole 1 mg Tablet	L02BG03-000-T10-01-XXX	Yes	Yes	A*	Hormonal therapy in breast cancer in post-menopausal women if failed /contraindicated with Tamoxifen	-	1 mg daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Anidulafungin 100mg Injection	J02AX06-000-P30-01-XXX	Yes	No	A*	Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to Amphotericin B or Fluconazole	None	Loading dose of 200 mg on day 1, then 100 mg once daily thereafter for at least 14 days after the last positive culture.
Anti Rhd Immunoglobulin Injection	J06BB01-000-P30-01-XXX	Yes	No	B	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	-	i) Antenatal prophylaxis: According to general recommendations, currently administered doses range from 50 – 330 micrograms or 250 - 1650 IU. For specific details, please refer to product's package insert. ii) Postnatal prophylaxis: According to general recommendations, currently administered doses range from 100 – 300 micrograms or 500 – 1500 IU. For specific details, please refer to product's package insert.
Antilymphocyte/Antithymocyte Immunoglobulin (from Horse) Injection	L04AA03-000-P30-01-XXX	No	No	A*	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 0.5x109/L b) Platelet less than 20x109/L c) Reticulocyte less than 20x109/L iv) As a conditioning regime prior to transplant. v) Graft-versus-host disease treatment	-	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
Antirabies Immunoglobulin Injection	J06BB05-000-P30-01-XXX	Yes	No	B	Treatment of rabies, post-exposure	None	Human rabies immunoglobulin: 20 iu/kg; half by IM and half by infiltration around the wound. Equine rabies immunoglobulin: 40iu/kg of body weigth in adults and children. Note: Please refer to package insert for recommendations by the manufacturer.
Antithymocyte Immunoglobulin (from rabbit) Injection	L04AA04-000-P30-01-XXX	Yes	No	A*	i)Prophylaxis of acute graft rejection ii)Treatment of acute graft rejection iii)Prophylaxis of acute and chronic graft versus host disease iv)Treatment of steroid-resistant, acute graft versus host disease v)Treatment of aplastic anemia	-	i)1.0 - 1.5 mg/kg/day for 2 - 9 days after transplantation of a kidney, pancreas or liver, for 2 - 5 days after heart transplantation ii)1.5 mg/kg/day for 3 - 14 days iii)2.5 - 5.0 mg/kg/day for 4 days iv)2.5 - 5.0 mg/kg/day for 5 days v)2.5 - 3.5 mg/kg/day for 5 days
Antivenene Cobra Injection	J06AA03-000-P30-02-XXX	Yes	No	B	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Cobra (Naja kaouthia).	-	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 Pit Viper Injection	J06AA03-000-P30-01-XXX	Yes	No	B	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Malayan Pit Viper (Calloselasma rhodostoma).	-	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	J06AA03-000-P30-03-XXX	Yes	No	B	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by sea snake.	-	1000 units by IV infusion over 1/2 to 1 hour. In severe cases 3000 -10000 units may be required
Apixaban 2.5mg film coated tablet.	B01AF02-000-T32-01-XXX	Yes	Yes	A*	Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ II).	None	5 mg taken orally twice daily. Dose reduction: 2.5mg taken orally twice daily in NVAF patients with at least two of the following characteristics: age ≥80 years old, body weight≤60kg, or serum creatinine≥1.5mg/dL (133micromole/L).
Apixaban 5mg film coated tablet.	B01AF02-000-T32-02-XXX	Yes	Yes	A*	Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ II).	None	5 mg taken orally twice daily. Dose reduction: 2.5mg taken orally twice daily in NVAF patients with at least two of the following characteristics: age ≥80 years old, body weight≤60kg, or serum creatinine≥1.5mg/dL (133micromole/L).
Aprepitant 125 mg Capsule	A04AD12-000-C10-02-XXX	Yes	No	A*	In combination with other antiemetic agents for prevention of delayed nausea and vomiting associated with initial and repeat course of highly emetogenic chemotherapy	-	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Aprepitant 80 mg Capsule	A04AD12-000-C10-01-XXX	Yes	No	A*	In combination with other antiemetic agents for prevention of delayed nausea and vomitting associated with initial and repeat course of highly emetogenic chemotherapy	-	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
Aqueous Cream	D02AX00-000-G10-01-XXX	Yes	No	C+	As an emollient for dry skin. Can be used as soap substitute for bathing.	None	As a soap or apply to the skin as an emollient cream
Aripiprazole 10mg Tablet	N05AX12-000-T10-01-XXX	No	Yes	A*	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	None	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
Aripiprazole 15mg Tablet	N05AX12-000-T10-02-XXX	No	Yes	A*	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	None	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
Aripiprazole 400 mg powder and solvent for prolonged-release suspension for injection	N05AX12-010-P20-01-XXX	No	Yes	A*	Maintenance treatment of schizophrenia in adult patients stabilized with oral aripiprazole	As second-line therapy among patients with poor or uncertain adherence to oral antipsychotics.	Recommended starting and maintenance dose is 400 mg to be administered once monthly as a single injection (no sooner than 26 days after the previous injection). After the first injection, treatment with 10 mg to 20 mg oral aripiprazole should be continued for 14 consecutive days to maintain therapeutic aripiprazole concentrations during initiation of therapy.
Arsenic Trioxide 1 mg/ml Injection	L01XX27-550-P30-01-XXX	Yes	Yes	A*	Relapsed acute promyelocytic leukaemia (APML).	To be prescribed by consultant haematologist only.	Induction : 0.15 mg/kg/day IV until bone marrow remission. Total induction dose ≤ 60 doses. Consolidation : 0.15 mg/kg/day IV for 25 doses in 5 weeks (5 days per week, followed by 2 days interruption; treatment should begin 3-6 weeks after completion of induction therapy).
Artemether 20mg & Lumefantrine 120mg Tablet	P01BE52-981-T10-01-XXX	Yes	No	B	Acute uncomplicated falciparum malaria	None	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 100mg and Mefloquine HCl 220mg Tablet	P01BF02-000-T10-02-XXX	Yes	No	A	Treatment of acute uncomplicated Plasmodium falciparummalaria, resulting either from P. falciparum mono-infection or mixed infection with P. vivax.	None	Weight 5-8kg, Age 6-11 months, Dose: One tablet 25/55mg OD x 3 days Weight : 9-17kg, Age 1-6 years, Dose : Two tablet 25/55mg OD x 3 days Weight :18-29kg, Age 7-12 years, Dose :One tablet 100/220mg OD x 3 days Weight ≥30kg, Age ≥13 years, Dose:Two tablet 100/220mg OD x 3 days
Artesunate 25mg and Mefloquine HCl 55mg Tablet	P01BF02-000-T10-01-XXX	Yes	No	A	Treatment of acute uncomplicated Plasmodium falciparummalaria, resulting either from P. falciparum mono-infection or mixed infection with P. vivax.	None	Weight 5-8kg, Age 6-11 months, Dose: One tablet 25/55mg OD x 3 days Weight : 9-17kg, Age 1-6 years, Dose : Two tablet 25/55mg OD x 3 days Weight :18-29kg, Age 7-12 years, Dose :One tablet 100/220mg OD x 3 days Weight ≥30kg, Age ≥13 years, Dose:Two tablet 100/220mg OD x 3 days
Artesunate 60mg Injection	P01BE03-000-P30-01-XXX	Yes	No	B	Treatment of severe malaria in adults and children.	None	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.
Artificial tears/eye lubricant ophthalmic gel	S01KA02-000-G32-XX-XXX	No	No	B	Symptomatic relief of severe dry eye conditions and as lens lubricant during ophthalmic diagnostic procedures	None	Instill 1-2 drops in affected eye(s) as needed. Refer to product information leaflet.
Artificial tears/eye lubricant ophthalmic ointment	S01XA20-900-G51-XX-XXX	No	No	A	Moisturizes the ocular surface and provides soothing relief from symptoms associated with dry, irritated eyes.	None	Apply a small amount into the eye. Refer product information leaflet.
Artificial tears/eye lubricant ophthalmic solution	S01XA20-000-D20-XX-XXX	No	No	B	Tear deficiency, ophthalmic lubricant; for relief of dry eyes and eye irritation	None	1 - 2 drops several times a day. Refer to product information leaflet.

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Ascorbic Acid 100mg Tablet	A11GA01-000-T10-02-XXX	Yes	No	C+	Vitamin C deficiency	None	ADULT: 100-250 mg once or twice daily CHILD: 100 mg three times daily for one week followed by 100mg daily until symptoms abate.
Ascorbic Acid 500mg Tablet	A11GA01-000-T10-03-XXX	Yes	No	C+	Vitamin C deficiency	None	ADULT: 100-250 mg once or twice daily CHILD: 100 mg three times daily for one week followed by 100mg daily until symptoms abate.
Ascorbic Acid 500mg/2ml Injection	A11GA01-000-P30-01-XXX	No	No	B	For prevention and treatment of scurvy	None	Therapeutic: Not less than 250 mg daily in divided doses
Asenapine 10mg Sublingual Tablet	N05AH05-253-T70-02-XXX	No	Yes	A*	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.	None	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.
Asenapine 5mg Sublingual Tablet	N05AH05-253-T70-01-XXX	No	Yes	A*	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.	None	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.
Atazanavir 300mg capsule	J05AE08-183-C11-01-XXX	Yes	No	A*	Treatment of HIV-1 infected, antiretroviral treatment experienced adults, in combination with other antiretroviral medicinal products.	For Infectious Disease Consultant use, in patients with treatment failure on NNRTI regime.	The recommended dose is 300mg once daily taken with ritonavir 100mg once daily and with food. Ritonavir is used as a booster of atazanavir pharmacokinetics. If atazanavir with ritonavir is co- administrated with didanosine, it is recommended that didanosine be taken 2 hours after atazanavir with ritonavir taken with food.
Atenolol 100 mg Tablet	C07AB03-000-T10-02-XXX	Yes	Yes	B	i) Hypertension ii) Arrhythmias iii) Angina pectoris iii) Myocardial infarction	None	i), ii) & iii) 50 - 100 mg daily iv) Dosing is individualised and according to product insert / protocol.
Atenolol 50 mg Tablet	C07AB03-000-T10-01-XXX	Yes	Yes	B	i) Hypertension ii) Arrhythmias iii) Angina pectoris iii) Myocardial infarction	None	i), ii) & iii) 50 - 100 mg daily iv) Dosing is individualised and according to product insert / protocol.
Atezolizumab 60mg/ml Concentrate for Solution for Infusion	L01XC32-000-P33-01-xxx	No	Yes	A*	Atezolizumab, in combination with Bevacizumab, is indicated for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy	Only for patients with Child-Pugh A	The recommended dose of atezolizumab in combination therapy is 1200 mg administered every 3 weeks, all doses administered as IV infusion.
Atomoxetine HCl 10mg Capsule	N06BA09-110-C10-01-XXX	No	Yes	A*	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	None	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
Atomoxetine HCl 18mg Capsule	N06BA09-110-C10-02-XXX	No	Yes	A*	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	None	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
Atomoxetine HCl 25mg Capsule	N06BA09-110-C10-03-XXX	No	Yes	A*	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	None	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
Atomoxetine HCl 40mg Capsule	N06BA09-110-C10-04-XXX	No	Yes	A*	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	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Atomoxetine HCl 60mg Capsule	N06BA09-110-C10-05-XXX	No	Yes	A*	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	None	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 Tablet	C10AA05-000-T10-02-XXX	Yes	Yes	B	i) Hypercholesterolaemia ii) Prevention of cardiovascular disease	None	i) & ii) 10 mg once daily. Maximum: 80 mg daily
Atorvastatin 40 mg Tablet	C10AA05-000-T10-01-XXX	Yes	Yes	B	i) Hypercholesterolaemia ii) Prevention of cardiovascular disease	None	i) & ii) 10 mg once daily. Maximum: 80 mg daily
Atorvastatin 80 mg Tablet	C10AA05-000-T10-04-XXX	Yes	Yes	A/KK	i) Hypercholesterolaemia ii) Prevention of cardiovascular disease	None	i) & ii) 10 mg once daily. Maximum: 80 mg daily
Atosiban 7.5mg/ml Injection	G02CX01-122-P30-01-XXX	No	No	A*	To delay imminent preterm birth in pregnant women with: i)Regular uterine contractions of at least 30 seconds duration at a rate of ≥ 4 per 30 minutes ii) A cervical dilation of 1 to 3 cm (0 - 3 nulliparas) and effacement of ≥ 50% iii) Age ≥ 18 years iv) A gestational age from 28 until 33 completed weeks v) A normal foetal heart rate.	None	Initial intravenous bolus dose of 6.75mg (as 7.5 mg/ml solution) Immediately followed by a continuous loading intravenous infusion at 18mg/hr for 3 hours and then followed by intravenous infusion at 6mg/hr up to 45 hours. The total duration of treatment should not exceed 48 hours and the total dose per treatment course should not exceed 330mg of the active substance. The dosing is individualized according to product insert / protocol.
Atracurium Besylate 10 mg/ml in 2.5 ml Injection	M03AC04-197-P30-01-XXX	Yes	No	A*	Muscle relaxant in general anaesthesia, Endotracheal intubation, Aid controlled ventilation.	-	Adult & children >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.
Atracurium Besylate 10mg/ml in 5ml Injection	M03AC04-197-P30-02-XXX	No	Yes	A*	Muscle relaxant in general anaesthesia, Endotracheal intubation, Aid controlled ventilation.	None	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 0.3%, Cocaine HCl 1.7%, Adrenaline Acid Tartrate (Epinephrine) 0.03% Mydriatic Injection	S01F000-183-P30-01-XXX	No	No	A	Subconjunctival injection to dilate pupils resistant to topical mydriatics	None	1 - 2 drops
Atropine Sulphate 1% Eye Drops	S01FA01-183-D20-01-XXX	Yes	No	B	Determination of refraction, strabismus, iritis and iridocyclitis, after extra or intracapsular extraction of lens	None	Use in adults - For uveitis: 1 drop in the eye(s), 3 times daily. - For refraction: 1 drop in the eye(s), repeated 1 hour before the examination
Atropine Sulphate 1mg/ml Injection	A03BA01-183-P30-01-XXX	Yes	No	B	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	None	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.
Azacitidine Powder for suspension for injection 100mg/vial	L01BC07-000-P40-01-XXX	No	Yes	A*	First line therapy for intermediate-2 and high risk MDS, CMMOL with 10-29% blasts with no transplant option and elderly AML with 20-30% blasts and multilineage dysplasia.	-	Recommended starting dose for the first treatment cycle, for all patients regardless of baseline haematology laboratory values, is 75mg/m2 of body surface area. Injected subcutaneously. Daily for 7 days, followed by a rest period of 21 days (28 day treatment cycle).

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Azathioprine 50 mg Tablet	L04AX01-000-T10-01-XXX	Yes	No	A	i) Prophylaxis of rejection in organ and tissue transplant ii) Auto-immune diseases iii) Rheumatoid arthritis	-	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	D10AX03-000-G10-01-XXX	No	No	A*	Acne vulgaris	-	Apply twice daily (sensitive skin, once daily for 1st week). Treatment should not exceed 6 months
Azelastine Hydrochloride 137mcg & Fluticasone Propionate 50mcg Nasal Spray	R01AD58-984-A41-01-XXX	No	Yes	A*	Symptomatic treatment of moderate to severe allergic rhinitis and rhino-conjunctivitis in adults and children 12 years and older where use of a combination (intranasal antihistamine and glucocorticoid) is appropriate	As a second line treatment: only for those whose symptoms remain uncontrolled on oral antihistamine or intranasal corticosteroids (INS) monotherapy, or on a combination of oral antihistamine plus INS	One actuation in each nostril twice daily
Azithromycin 200 mg/5 ml Granules	J01FA10-011-F10-01-XXX	Yes	No	A*, A/KK	PRESCRIBER CATEGORY A*: Treatment of complicated respiratory tract infections. PRESCRIBER CATEGORY A/KK: Treatment of pertussis	None	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	J01FA10-011-T10-01-XX	Yes	No	A*, A/KK	PRESCRIBER CATEGORY A*: (i) Treatment of complicated respiratory tract infections; (ii) Prophylaxis against Mycobacterium avium complex in patients with advanced HIV PRESCRIBER CATEGORY A/KK: (iii) Adult treatment of uncomplicated genital infections due to Chlamydia trichomatis or susceptible Neisseria gonorrhoea. (iv) Treatment of pertussis	None	i) 500 mg daily for 3 days; ii) 1 g weekly iii) 1 g as a single dose; iv) 500mg in a single dose on day 1 then 250mg per day on days 2-5
Azithromycin 500 mg Injection	J01FA10-011-P40-01-XXX	Yes	No	A*	i) Severe atypical pneumonia ii) Treatment of pelvic inflammatory diseases (PID) caused by susceptible organisms in patients who require initial IV therapy	None	i) 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 ii) 500 mg as a single dose by the IV route for 1 or 2 days followed by oral azithromycin at a single daily dose of 250 mg to complete a 7-day course of therapy.
Bacampicillin 400mg Tablet	J01CA06-000-T10-01-XXX	No	No	B	Infections caused by ampicillin-sensitive gram positive& gram negative microorganisms	None	ADULT: 400 mg twice daily. Severe infection: 800 mg twice daily. CHILD more than 25 kg: 12.5 - 25 mg/kg 12 hourly
Baclofen 10mg Tablet	M03BX01-000-T10-01-XXX	No	Yes	B	Spasticity of the skeletal muscle	None	ADULT:5 mg 3 times daily. Max: 80 mg daily (20mg 4 times a day). CHILD: starting dose: 0.3mg/kg/day in divided dose, titrate up cautiously in 1 -2 weeks interval. Usual maintenance dose: 0.75 - 2 mg/kg daily (age more than 10 years, maximum: 2.5 mg/kg daily). The dose should not exceed 40 mg/day in children below 8 years of age, but a maximum dose of 60 mg/day may be given in children over 8 years of age. Dosing is individualised and according to product insert/protocol
Balanced Salt Solution	B05CB10-907-L50-01-XXX	No	No	A	For irrigation during ocular surgery	None	Irrigate as directed
Balanced Salt Solution PLUS (fortified with sodium bicarbonate, glucose & glutathione)	B05CB10-905-L50-01-XXX	No	No	A	For irrigation during intraocular surgery especially in patients with poor cornea endothelium and poorly controlled diabetes	None	Irrigate as directed

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Baricitinib 2mg film-coated tablets	L04AA37-000-T32-01-XXX	No	No	A*	1. Treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs. May be used as monotherapy or in combination with methotrexate. 2. Indicated for the treatment of severe atopic dermatitis in adult patients who are candidates for systemic therapy.	1. Severe active rheumatoid arthritis: To be prescribed by Rheumatologist only 2. Severe atopic dermatitis: i. As fourth line of treatment in patients who have failed / have contraindications / experienced adverse events to: • Intensive and optimized topical treatment • Phototherapy • At least two immunosuppressants ii. To be prescribed by Dermatologists only.	1. Severe active rheumatoid arthritis: 4mg once daily 2. Severe atopic dermatitis: The recommended dose of baricitinib is 4 mg once daily with or without food and may be taken at any time of the day. A dose of 2 mg once daily is appropriate for patients such as those aged ≥ 75 years and may be appropriate for patients with a history of chronic or recurrent infections. A dose of 2 mg once daily should be considered for patients who have achieved sustained control of disease activity with 4 mg once daily and are eligible for dose tapering. Baricitinib can be used with or without concomitant topical therapies (Refer package insert)
Baricitinib 4mg film-coated tablets	L04AA37-000-T32-02-XXX	No	No	A*	1. Treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs. May be used as monotherapy or in combination with methotrexate. 2. Indicated for the treatment of severe atopic dermatitis in adult patients who are candidates for systemic therapy.	1. Severe active rheumatoid arthritis: To be prescribed by Rheumatologist only 2. Severe atopic dermatitis: i. As fourth line of treatment in patients who have failed / have contraindications / experienced adverse events to: • Intensive and optimized topical treatment • Phototherapy • At least two immunosuppressants ii. To be prescribed by Dermatologists only.	1. Severe active rheumatoid arthritis: 4mg once daily 2. Severe atopic dermatitis: The recommended dose of baricitinib is 4 mg once daily with or without food and may be taken at any time of the day. A dose of 2 mg once daily is appropriate for patients such as those aged ≥ 75 years and may be appropriate for patients with a history of chronic or recurrent infections. A dose of 2 mg once daily should be considered for patients who have achieved sustained control of disease activity with 4 mg once daily and are eligible for dose tapering. Baricitinib can be used with or without concomitant topical therapies (Refer package insert)
Barium Sulphate Suspension	V08BA01-183-L80-01-XXX	Yes	No	B	For x-ray examination of the alimentary tract: i) Oesophagus ii) Stomach and duodenum iii) Colon	-	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
Basiliximab 20mg Injection	L04AC02-000-P30-01-XXX	No	No	A*	Prophylaxis of acute organ rejection in de novo renal transplantation.	None	ADULT & CHILD 2 years and above & 35 kg or more:20 mg /dose. 2 years or more but less than 35kg:10 mg/dose. First dose given within 2 hours before start of transplantation and second dose 4th day after transplant
BCG (Bacillus Calmette-Guérin) Intravesical Injection	L03AX03-000-P30-01-XXX	No	Yes	A*	Superficial bladder cancer	None	80mg intravesically once weekly for 8 weeks. Dosing is individualised and according to product inserts/protocols.
BCG Vaccine Freeze-Dried Injection	J07AN01-000-P40-01-XXX	Yes	No	C+	For the prevention of tuberculosis.	None	0.05 to 0.1 ml by intradermal. Dosing is according to Immunisation Schedule under NIP.
Beclomethasone Dipropionate 100 mcg/dose Inhaler	R03BA01-133-A21-01-XXX	Yes	Yes	B	Prophylaxis of asthma especially if not fully controlled by bronchodilators	None	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	R03AK07-986-A21-01-XXX	Yes	Yes	A/KK	i) Regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta2 agonist) is appropriate in: a) Patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta2 agonist, or b) Patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists. The following indication (COPD) is categorised as A* - To be initiated by Consultant/ Specialists from disciplines related to the listed indication only: ii) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more iii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators.	None	For asthma, the dosage is based on treatment approach: i) Maintenance therapy (taken as regular maintenance treatment with a separate as needed rapid-acting bronchodilator): Dose recommendations for adults 18 years and above: One or two inhalations twice daily. The maximum daily dose is 4 inhalations. ii) Maintenance and reliever therapy (taken as regular maintenance treatment and as needed in response to asthma symptoms): Dose recommendations for adults 18 years and above: The recommended maintenance dose is 1 inhalation twice daily (one inhalation in the morning and one inhalation in the evening). Patients should take 1 additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation should be taken. The maximum daily dose is 8 inhalations. For COPD: 2 puffs two times a day.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Beclomethasone Dipropionate 200mcg/dose Inhaler	R03BA01-133-A21-02-XXX	Yes	Yes	A/KK	Prophylaxis of asthma especially if not fully controlled by bronchodilators	None	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
Bedaquiline 100mg Tablet	J04AK05-138-T34-01-XXX	Yes	No	A*	Indicated for use as part of an appropriate combination regimen for pulmonary multidrug-resistant tuberculosis (MDR-TB) in adult patients when an effective treatment regimen cannot otherwise be composed for reasons of resistance or tolerability. Consideration should be given to official guidance on the appropriate use of antibacterial agents.	To be prescribed by Respiratory Physicians only.	Week 1 to 2: 400mg once daily, Week 3 to 24: 200mg three times per week
Bendamustine Hydrochloride 100mg/vial powder for concentrate for solution for infusion	L01AA09-110-P43-01-XXX	Yes	Yes	A*	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.		Monotherapy for iNHL refractory to rituximab: 120mg/m2 body surface area bendamustine hydrochloride on days 1 and 2; every 3 weeks.
Bendamustine Hydrochloride 25mg/vial powder for concentrate for solution for infusion	L01AA09-110-P43-02-XXX	Yes	Yes	A*	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.		Monotherapy for iNHL refractory to rituximab: 120mg/m2 body surface area bendamustine hydrochloride on days 1 and 2; every 3 weeks.
Benralizumab 30mg Solution for Injection in Pre-filled Pen	R03DX10-000-P50-01-xxx	No	Yes	A*	Benralizumab is indicated as an add-on maintenance treatment in adult patients from 18 years with severe eosinophilic asthma characterised by the following criteria: a) At least two exacerbations in the past 12 months on the current standard therapy (high-dose inhaled corticosteroids plus long-acting bronchodilators) and/or need for treatment with systemic corticosteroids. b) Eosinophil count in the blood of ≥0.3 G/L (corresponding to ≥300 cells/µL).	To be prescribed by Respiratory Physician (Pulmonologist) only	30 mg of benralizumab every 4 weeks for the first 3 doses, and then every 8 weeks thereafter administered as subcutaneous injection
Benzalkonium 0.01% - 0.02% Cream	D08AJ01000G1001XX	No	No	B	Prevention and treatment of nappy rash		Wash and dry baby's bottom. Apply by spreading the cream evenly paying particular attention to the fold of the skin, after every nappy change
Benzathine Penicillin 2.4 MIU (1.8 g) Injection	J01CE08-702-P40-01-XXX	Yes	No	B	i) Treatment of mild to moderately severe infections due to Penicillin G-sensitive organisms ii) Treatment of syphillis	None	i) ADULT: 1.2 mega units IM ii) For syphillis: 2.4 mega units weekly for 1 - 3 weeks
Benzhexol 2 mg Tablet	N04AA01110T1001XX	Yes	Yes	B	i) Symptomatic treatment of paralysis agitans and of parkinsonism, arteriosclerotic, idiopathic, or post-encephalitic origin ii) Alleviate extrapyramidal syndrome induced by phenothiazine derivatives or reserpine iii) Spasmodic torticollis, facial spasms and other dyskinesia		i) & iii) Initial: 1-2mg daily Maintenance: Gradual increment to 6-10mg daily according to response ii) 5-15mg daily Dosing is individualised and according to product insert / protocol.
Benzoic Acid Compound Half Strength (Paed) Ointment	D01AE12952G5001XX	No		C	Tinea infections of the skin		Apply sparingly to affected area once or twice daily
Benzoic Acid Compound Ointment	D01AE12952G5002XX	No	No	C	Tinea infections of thickened skin of palms and soles		Apply sparingly to affected area once or twice daily
Benzoin Compound Tincture	D08AX00000L5001XX	No	No	C	Infected skin, lesions, cuts, abrasions, wounds and burns		Apply undiluted to the skin 1 or 2 times daily. Duration of therapy, may be weeks to months depending on the infection being treated
Benzoyl Peroxide 10% Gel	D10AE01241G3002XX	Yes	No	B	Mild to moderate acne vulgaris		Apply 1-2 times daily preferably after washing with soap and water
Benzoyl Peroxide 5% Gel	D10AE01241G3001XX	Yes	No	B	Mild to moderate acne vulgaris		Apply 1-2 times daily preferably after washing with soap and water
Benzydamine HCl 0.15% Solution	A01AD02-110-M20-01-XXX	No	No	B	For relief of painful condition of the oral cavity	None	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
Benzydamine HCl 3.0mg/ml throat spray	A01AD02-110-A42-01-XXX	No	No	A*	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 otorhinolaringology use. Restrict to patients who are not able to gargle)	None	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 11/2 to 3 hours as necessary. CHILDREN UNDER 6 YEARS: Not recommended. Uninterrupted treatment should not exceed seven days, unless under medical supervision

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Benzyl Benzoate 25 % Emulsion (Adult)	P03AX01000L2002XX	Yes	No	C+	Scabies for adult and children more than 12 years old.		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) Injection	J01CE01-702-P40-01-XXX	Yes	No	B	i) Infections caused by susceptible organisms. ii) Infective endocarditis	None	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
Benzylpenicillin 5 mega unit (3g) Injection	J01CE01-702-P40-02-XXX	Yes	No	B	i) Infections caused by susceptible organisms. ii) Infective endocarditis	None	i) ADULT: 600 - 1200 mg IM 4 times daily, increased if necessary in more serious infections. CHILD: 50 - 100 mg/kg body weight daily IV in 2 - 4 divided doses. ii) ADULT: 7.2 g daily by slow IV infusion in 6 divided doses
Beractant Intratracheal Suspension (200mg phospholipids in 8 ml vial)	R07AA02-000-L80-01-XXX	Yes	Yes	A*	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	None	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	N07CA01-110-T10-03-XXX	No	No	A/KK	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	(Hanya terpakai untuk fasiliti kesihatan primer) Short term (max. 2 months) treatment with Betahistine can be initiated by Family Medicine Specialist (FMS) for patients with Menieres syndrome and vestibular vertigo, pending referral/ evaluation by the Otorhinolaryngology team.	24-48mg in divided doses daily
Betamethasone 17-Valerate 0.01-0.05% Cream	D07AC01-256-G10-01-XXX	Yes	No	B	Topical corticosteroid indicated for the relief of inflammatory and pruritic manifestation of steroid-responsive dermatoses.	None	Apply sparingly to affected area 2 times daily then reduced to once daily when improvement occurs.
Betamethasone 17-Valerate 0.01-0.05% Ointment	D07AC01-256-G50-01-XXX	Yes	No	B	Eczema, prurigo nodularis, limited psoriasis in appropriate in sites	None	Apply sparingly to affected area 2 - 3 times daily then reduced to once daily when improvement occurs
Betamethasone 17-Valerate 0.1% Cream	D07AC01-256-G10-02-XXX	Yes	No	A/KK	Potent topical corticosteroid indicated for adults, elderly and child over 1 year for relief of inflammatory and pruritic manifestation of steroid responsive dermatoses.	None	Apply sparingly to affected area 2 times daily then reduced to once daily when improvement occurs
Betamethasone 17-Valerate 0.1% Ointment	D07AC01-256-G50-02-XXX	Yes	No	A/KK	Potent topical corticosteroid indicated for adults, elderly and child over 1 year for relief of inflammatory and pruritic manifestation of steroid responsive dermatoses	None	Apply sparingly to affected area 2 times daily then reduced to once daily when improvement occurs.
Betamethasone Disodium Phosphate and Neomycin Sulphate 0.5% Ear/Eye Drops	S03CA06-991-D10-01-XXX	No	No	B	Eye: Infected inflammatory conditions of the eyes. Ear: Allergic dermatosis in the ear	None	Eye: 1 drops 3-4 times daily. Ear: 4 drops 3-4 times daily
Bevacizumab 25 mg/mL Solution for Infusion	L01XC07-000-P30-01-002, L01XC07-000-P30-01-003	No	Yes	A*	Bevacizumab, in combination with atezolizumab, is indicated for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy. Note: Currently, innovator bevacizumab product ie. Avastin is the only product with DCA approved indication for treatment of hepatocellular carcinoma.	Only for patients with Child-Pugh A	The recommended dosage is 15 mg/kg intravenously after administration of atezolizumab intravenously on the same day, every 3 weeks until disease progression or unacceptable toxicity.
Bicalutamide 50 mg Tablet	L02BB03000T1001XX	Yes	Yes	A*	Androgen deprivation therapy in advanced prostate cancer in combination with luteinising hormone-releasing hormone (LHRH) analogue therapy or surgical castration.		50 mg once daily. (morning or evening), with or without food. Take on the same time each day. Adult: When used with gonadorelin analogue: Usual dose: 50 mg once daily. May be started with or at least 3 days before starting gonadorelin analogue therapy.
Bimatoprost 0.01% ophthalmic solution	S01EE03-000-D20-02XXX	No	No	A*	Reduction of elevated intraocular pressure in chronic open-angle glaucoma and ocular hypertension in adults (as monotherapy or as adjunctive therapy to beta blockers).	To be used as 2nd line	One drop in the affected eye(s) once daily, administered in the evening.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Bisacodyl 10mg Suppository	A06AB02-000-S20-02-XXX	Yes	No	C	i) Constipation ii) Bowel preparation for radiological procedures and surgery	None	i) ADULT and CHILD (over 10 years): 10 mg per rectal; CHILD (4 to 10 years): 5 mg per rectal. ii) ADULT and CHILD (over 10 years:)10 to 20 mg; CHILD (4 to 10 years): 5 mg the following morning before procedures insert rectally
Bisacodyl 5 mg Tablet	A06AB02-000-T10-01-XXX	Yes	No	C	i) Constipation ii) Bowel preparation for radiological procedures and surgery	None	i) ADULT and CHILD (over 10 years): 5 to 10 mg; CHILD (4 to 10 years): 5 mg. To be taken at night for effect on the following morning. ii) ADULT and CHILD (over 10 years): 10 mg in the morning and 10 mg in the evening the day before procedures; CHILD (4 to 10 years): 5 mg the night before procedures.
Bisacodyl 5mg Suppository	A06AB02-000-S20-01-XX	Yes	No	C	i) Constipation ii) Bowel preparation for radiological procedures and surgery	None	i) ADULT and CHILD (over 10 years): 10 mg per rectal; CHILD (4 to 10 years): 5 mg per rectal. ii) ADULT and CHILD (over 10 years:)10 to 20 mg; CHILD (4 to 10 years): 5 mg the following morning before procedures insert rectally
Bisoprolol Fumarate 2.5 mg Tablet	C07AB07-000-T10-01-XXX	Yes	Yes	B	i) Hypertension ii)Coronary heart disease (angina pectoris) iii) Treatment of stable congestive cardiac failure in addition to ACEI's and diuretics	None	1.25 mg once daily, gradually titrate to maximum tolerable dose (i) & (ii): Max: 20mg/ day (iii): Max 10mg/ day
Bisoprolol Fumarate 5 mg Tablet	C07AB07-000-T10-02-XXX	Yes	Yes	B	i) Hypertension ii)Coronary heart disease (angina pectoris) iii) Treatment of stable congestive cardiac failure in addition to ACEI's and diuretics	None	1.25 mg once daily, gradually titrate to maximum tolerable dose (i) & (ii): Max: 20mg/ day (iii): Max 10mg/ day
Bleomycin 15 mg Injection	L01DC01110P4001XX	Yes	Yes	A	Solid tumours; Lymphomas		15 - 30 mg weekly in divided doses or 10 - 20 mg/m2 once or twice weekly or 10 mg/m2 slow bolus in 15 minutes D1 and D15. Total dosage:should not exceed 300 mg. CHILD: 10 - 15 mg/m2 over 6 hours every 3 - 4 weeks (Routes: SC, IM, IV (either as bolus or as infusion over 24 hours), intra-arterial, intra-pleural)
Bortezomib 3.5 mg Injection	L01XX32000P3001XX	Yes	Yes	A*	Treatment of multiple myeloma		1.3 mg/m2 bodysurfacearea twice weekly for two weekson days 1, 4, 8, and 11 in a 21-day treatment cycle. At least 3 days should elapse between consecutive doses of bortezomib.
Bosentan 125 mg tablet	C02KX01-000-T10-01-XXX	No	No	A*	Treatment of pulmonary arterial hypertension (PAH) in patients of WHO functional class II-IV.	None	Initially 62.5 mg bd for 4 weeks, then increase to the maintenance dose of 125 mg bd
Brentuximab Vedotin 50mg Powder for Concentrate for Solution for Infusion	L01XC12-000-F24-01-xxx	No	Yes	A*	i. Treatment of adult patients with CD30+ Hodgkin Lymphoma (HL) at increased risk of relapse or progression following autologous stem cell transplant (ASCT). ii. Treatment of adult patients with relapsed or refractory CD30+ HL: a. following autologous stem cell transplant (ASCT) or b. following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option. iii. Treatment of adult patients with relapsed or refractory systemic anaplastic large cell lymphoma (sALCL)	Indications (i), (ii) & (iii): To be prescribed by Haematologist only Indication (iii): Second-line therapy after failing one line of salvage therapy	Indication i: The recommended dose is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks. Brentuximab treatment should start following recovery from ASCT based on clinical judgment. These patients should receive up to 16 cycles. Indication ii & iii: The recommended dose is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks. The recommended starting dose for the retreatment of patients who have previously responded to treatment with brentuximab is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks. Alternatively, treatment may be started at the last tolerated dose. Treatment should be continued until disease progression or unacceptable toxicity. Patients who achieve stable disease or better should receive a minimum of 8 cycles and up to a maximum of 16 cycles (approximately 1 year).
Brexpiprazole 1mg Film Coated Tablet	N05AX16-000-T32-03-xxx	No	Yes	A*	Use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD)	To be prescribed by Psychiatrists only	The recommended starting dose as adjunctive treatment is 0.5 mg or 1 mg once daily. Dose titration to 1 mg/day and up to the target dose of 2 mg/day should occur at intervals of up to 1 week based on the patient's clinical response and tolerability. Doses up to 3 mg/day have been studied in clinical trials.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Brexpiprazole 2mg Film Coated Tablet	N05AX16-000-T32-04-xxx	No	Yes	A*	Use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD)	To be prescribed by Psychiatrists only	The recommended starting dose as adjunctive treatment is 0.5 mg or 1 mg once daily. Dose titration to 1 mg/day and up to the target dose of 2 mg/day should occur at intervals of up to 1 week based on the patient's clinical response and tolerability. Doses up to 3 mg/day have been studied in clinical trials.
Brexpiprazole 3mg Film Coated Tablet	N05AX16-000-T32-05-xxx	No	Yes	A*	Use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD)	To be prescribed by Psychiatrists only	The recommended starting dose as adjunctive treatment is 0.5 mg or 1 mg once daily. Dose titration to 1 mg/day and up to the target dose of 2 mg/day should occur at intervals of up to 1 week based on the patient's clinical response and tolerability. Doses up to 3 mg/day have been studied in clinical trials.
Brexpiprazole 4mg Film Coated Tablet	N05AX16-000-T32-06-xxx	No	Yes	A*	Use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD)	To be prescribed by Psychiatrists only	The recommended starting dose as adjunctive treatment is 0.5 mg or 1 mg once daily. Dose titration to 1 mg/day and up to the target dose of 2 mg/day should occur at intervals of up to 1 week based on the patient's clinical response and tolerability. Doses up to 3 mg/day have been studied in clinical trials.
Brimonidine Tartrate 0.15% Ophthalmic	S01EA05-123-D20-01-XXX	Yes	No	A*	Lowering of intraocular pressure in patients with open-angle glaucoma or ocular hypertension	None	1 drop in the affected eye(s) 3 times daily
Brinzolamide 1% and Brimonidine Tartrate 0.2% ophthalmic suspension	S01EC54-990-D20-01-XXX	No	No	A*	Decrease of elevated intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension for whom monotherapy provides insufficient IOP reduction.	None	1 drop in the affected eye(s) 2 times daily.
Brinzolamide 1% ophthalmic suspension	S01EC04-000-D20-01-XXX	No	No	A*	Indicated for the treatment of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.	For patients who require carbonic anhydrase inhibitor (CAI) but could not tolerate Dorzolamide.	1 drop 2 times daily. Some patients may have a better response with one drop three times a day. The dose should not exceed 1 drop in the affected eye(s) 3 times daily.
Brolucizumab 120mg/mL solution for Injection	S01LA06-000-P30-01-XXX	No	No	A*	Indicated in adults for the treatment of neovascular (wet) age related macular degeneration (nAMD).	• For refractory cases of nAMD despite prior anti-VEGF • To be prescribed by Ophthalmology Retina Specialist only	The recommended dose is 6 mg brolucizumab (0.05 ml solution) administered by intravitreal injection every 4 weeks (monthly) for the first 3 doses. Thereafter, the physician may individualise treatment intervals based on disease activity as assessed by visual acuity and/or anatomical parameters. A disease activity assessment is suggested 16 weeks (4 months) after treatment start. In patients without disease activity, treatment every 12 weeks (3 months) should be considered. In patients with disease activity, treatment every 8 weeks (2 months) should be considered. If visual and anatomical outcomes indicate that the patient is not benefiting from continued treatment, brolucizumab should be discontinued.
Bromazepam 3mg Tablet	N05BA08-000-T10-02-XXX	No	Yes	A	Anxiety disorders	None	Adult: Initially, 6-18 mg daily in divided doses. Doses up to 60 mg daily have been used. Elderly: Max initial dose: 3 mg daily
Bromhexine HCl 4mg/2ml Injection	R05CB02-110-P30-01-XXX	Yes	No	A	Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport	None	4mg IM or IV 2 - 3 times daily (maximum 12mg/day).
Bromhexine HCl 4mg/5ml Oral Solution	R05CB02-110-L10-01-XXX	Yes	No	B	Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport	None	Adult: 8-16 mg three times daily. Children: By body weight: 0.3 mg/kg/day 8 hourly for 7 days, then 0.15 mg/kg/day 8 hourly; or Based on age: 6-12 years – 4mg three times daily; 2-6 years – 2mg three times daily; Less than 2 years – 1mg three times daily.
Bromhexine HCl 8mg Tablet	R05CB02-110-T10-01-XXX	Yes	No	C	Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport.	Medical Assistant in health settings without Medical Officer is allowed to prescribe this medicine for adult use only.	Adult: 8-16 mg three times daily. Children: By body weight: 0.3 mg/kg/day 8 hourly for 7 days, then 0.15 mg/kg/day 8 hourly; or Based on age: 6-12 years – 4 mg three times daily; 2-6 years – 2 mg three times daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Bromocriptine Mesilate 2.5mg Tablet	G02CB01-196-T10-01-XXX	No	No	A/KK	i) Hypogonadism, galactorrhoea, infertility in men and women, cyclical benign breast and menstrual disorders ii) Acromegaly iii) Hyperprolactinaemia, prolactinomas iv) Parkinson's disease	None	i) Initial dose of 1.25-2.5mg once daily at bedtime. Dose may be increased by 2.5mg/day every 3 to 7 days as tolerated to a total of 5 to 7.5mg daily in divided doses ii) 1.25 - 2.5 mg at bedtime for 3 days and may be increased by 1.25 - 2.5 mg every 3 to 7 days up to 30 mg a day in divided doses iii) Initial dose of 1.25mg, two or three times a day. Increase dosage gradually over several weeks to 10 - 20mg a day in divided doses. Higher doses may be required iv) Initial dose of 1.25 mg one or two times a day. Dose may be increased by 2.5mg/day increments in 2 -to 4-week intervals as needed. Maintenance dose ranges from 10 to 30mg daily in divided doses. Dosing is individualised and according to product insert/protocol
Budesonide 100mcg/dose Inhaler	R03BA02-000-A21-01-XXX	Yes	Yes	B	Maintenance treatment of asthma as prophylactic therapy especially if not fully controlled by bronchodilators	None	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 inhaled in 2 - 4 divided doses.
Budesonide 160mcg and Formoterol 4.5mcg Inhalation	R03AKO7-989-A21-01-XXX	Yes	Yes	A/KK	Category of prescriber A/KK: 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) As a reliever treatment for mild asthma patients who do not adhere to regular inhaled corticosteroid Category of prescriber A*: iii) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more iv) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators.	None	i) 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 and adolescent ≥12 yr 320 mcg/day either as 160 mcg bd or 320 mcg od 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. ii) Asthma reliever-only therapy: 160 mcg as needed, but no more than 960 mcg to be taken on any single occasion. Children <12 yr: Not recommended iii & iv) COPD: Adult ≥18 yr 320 mcg bd.
Budesonide 1mg/2ml Nebuliser Solution	R03BA02-000-A30-02-XXX	Yes	Yes	B	Treatment of asthma in patients where use of a pressurized inhaler or dry powder formulation is unsatisfactory or inappropriate.	None	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 200mcg/dose Inhalation	R03BA02-000-A21-02-XXX	Yes	Yes	B	Maintenance treatment of asthma as prophylactic therapy especially if not fully controlled by bronchodilators	None	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 inhaled in 2-4 divided doses.
Budesonide 500 mcg/2 ml Nebuliser Solution	R03BA02-000-A30-01-XXX	Yes	Yes	B	Treatment of asthma in patients where use of a pressurized inhaler or dry powder formulation is unsatisfactory or inappropriate.	None	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 64mcg Nasal Spray	R01AD05-000-A41-03-XXX	Yes	No	A/KK	Seasonal allergic, perennial rhinitis and nasal polyposis	None	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
Budesonide 9mg Prolonged Release Tablets	A07EA06-000-T52-01-xxx	No	No	A*	Budesonide is indicated in adults for induction of remission in patients with mild to moderate active ulcerative colitis (UC) where 5-ASA treatment is not sufficient	None	The recommended daily dose for induction of remission is one 9 mg tablet in the morning, for up to 8 weeks. When treatment is discontinued, it may be useful to gradually reduce the dose.
Bumetanide 0.5 mg/ml Injection	C03CA02-000-P30-01-XX	Yes	No	A*	Oedema used in furosemide allergic patient	None	IV injection: 1 - 2 mg repeated after 20 mins. IV infusion: 2 - 5 mg over 30 - 60 mins
Bumetanide 1 mg Tablet	C03CA02000T1001XX	Yes	No	A*	Oedema used in furosemide allergic patient	None	1 mg in the early evening. Max: 10mg daily
Bupivacaine 0.5 % Heavy Injection	N01BB01-110-P30-03-XXX	Yes	No	A	Used for spinal anaesthesia	None	ADULT: 2 - 4 ml. Not to exceed 2 mg/kg in a single dose

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Bupivacaine 0.5 % Injection	N01BB01-110-P30-02-XXX	Yes	No	B	For peripheral sympathetic nerve and epidural (excluding caudal) anaesthesia and obstetrics anaesthesia	None	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	N01BB51-975-P30-01-XXX	No	No	B	Regional nerve block or epidural block.	None	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 10mcg/hr transdermal patch	N02AE01-110-M70-01-XXX	No	No	A*	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.	For elderly patients or patients with comorbidities/difficult to swallow	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
Buprenorphine 5mcg/hr transdermal patch	N02AE01-110-M70-03XX	No	No	A*	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.	For elderly patients or patients with comorbidities/difficult to swallow	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 2mg Tablet	L01AB01-000-T10-01-XXX	No	Yes	A	i) Chronic myeloid leukaemia (CML) and other myeloproliferative diseases; ii) Haemopoietic stem cell transplant (HSCT)- refer to specific protocols	None	i) ADULT: Initial: 2 - 4 mg daily. Maintenance: 0.5 - 2 mg daily. Stop when white blood cell less than 20 x 109/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/mm3 and platelets more than 100,000/mm3. Maintenance 10 - 30mcg/kg (maximum 2 mg daily)
Busulfan 6mg/ml Injection	L01AB01-000-P30-01-XXX	No	Yes	A*	For use in combination with cyclophosphamide as a conditioning regimen prior to allogeneic hematopoietic stem cell transplantation (HSCT) for chronic myelogenous leukemia. To be prescribed by paediatric oncologist and consultant haematologist trained in transplant only.	In selected cases with high risk of liver toxicity and intolerance to oral busulfan.	0.8 mg/kg of ideal body weight or actual body weight, whichever is lower via central venous catheter as a 2-hour infusion on the basis of every 6 hours for 4 days, for a total of 16 doses. For obese or severely obese patients, IV Busulfan should be administered based on adjusted ideal body weight
Cabergoline 0.5mg Tablet	G02CB03-000-T10-01-XXX	No	No	A*	i) Inhibition of physiological lactation soon after parturition ii) Suppression of established lactation iii) Treatment of hyperprolactinaemic disorders	None	i) 1 mg as a single dose during the first post-partum day ii) 0.25 mg every 12 hours for 2 days iii) Initial: 0.5 mg/week given in one or two divided weekly doses. May gradually increase dose by 0.5 mg/week no sooner than every 4 weeks until an optimal therapeutic response is achieved. Usual dose range: 0.25 mg to 2 mg/week (higher doses >1 mg /week may be divided in as many as 3 to 4 divided doses)
Calamine Cream	D04AX00000G1001XX	Yes	No	C+	Soothes and relieves nappy rashes, prickly heat, minor skin irritations, insect bites and sunburn, Pruritic skin conditions.		Apply to the affected area as required, 1-3 times daily
Calamine Lotion	D04AX00000L8001XX	Yes	No	C+	Soothes and relieves nappy rashes, prickly heat, minor skin irritations, insect bites and sunburn, Pruritic skin conditions.		Apply to the skin as required and allow to dry, 1-3 times daily
Calamine with 0.25 - 0.5% Menthol Lotion	D04AX00952L6001XX	No	No	C	Soothes and relieves nappy rashes, prickly heat, minor skin irritations, insect bites and sunburn, Pruritic skin conditions.		Apply to the skin as required and allow to dry, 1 - 3 times daily
Calamine with 0.5% Phenol Cream	D04AX00-952-G10-01-XXX	No	No	C	Relief symptoms of mild sunburn and other minor skin conditions (such as dry and itchy skin)	None	Apply to the affected area as required
Calcipotriol 50mcg/g Cream	D05AX02-000-G10-01-XXX	Yes	No	A*	Psoriasis vulgaris.	None	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. The dosing is individualized according to product insert / protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Calcipotriol 50mcg/g Ointment	D05AX02-000-G50-01-XXX	Yes	No	A*	Psoriasis Vulgaris	None	ADULT Apply to the affected skin lesions twice daily. Maintenance therapy may be achieved with less frequent application. The weekly dose should not exceed 100g. CHILD over 6 years, apply twice daily. 6-12 years maximum 50gm weekly, over 12 years maximum 75gm weekly The dosing is individualized according to product insert / protocol
Calcipotriol Hydrate 50 mcg/g & Betamethasone Dipropionate 0.5 mg/g Ointment	D05AX52-952-G50-01-XXX	No	No	A*	Resistant plaque psoriasis	None	Apply once daily up to 4 weeks with maximum weekly dose of 100g and maximum treatment area 30% of body surface
Calcipotriol Monohydrate 50 mcg/g & Betamethasone Dipropionate 0.5 mg/g Gel	D05AX52-952-G30-01-XXX	No	No	A*	Topical treatment of scalp and non-scalp plaque psoriasis vulgaris in adults	None	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
Calcipotriol Monohydrate 50mcg/g & Betamethasone Dipropionate 0.5mg/g Cutaneous Foam	D05AX52-946-L62-01-XXX	No	No	A*	Resistant plaque psoriasis	Second line topical treatment when unresponsive to topical steroid and coal tar	Apply once daily up to 4 weeks with maximum daily dose of 15g and maximum treatment area 30% of body surface
Calcitonin (synthetic Salmon) 100 IU Injection	H05BA01-000-P30-02-XXX	No	No	A*	Acute hypercalcaemia	None	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) 50 IU Injection	H05BA01-000-P30-01-XXX	No	No	A*	Acute hypercalcaemia	None	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.
Calcitriol 0.25 mcg Capsule	A11CC04-000-C10-01-XXX	No	No	A/KK	i) Osteoporosis ii) Chronic kidney disease-mineral bone disorder iii) Hypoparathyroidism and pseudohypoparathyroidism iv) Rickets and osteomalacia	None	i) 0.25 mcg 2 times daily ii) ADULT and CHILD 3 years and older: 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. Dosage may be increased if necessary to 0.5 mcg/day. Maintenance dose: 0.5-1mcg daily CHILD less than 3 years: 10 to 15 ng/kg/day iii) and iv) 0.25 mcg/day given in the morning
Calcitriol 1 mcg/ml Injection	A11CC04-000-P30-01-XXX	No	No	A*	Management of hypocalcaemia and/or secondary hyperparathyroidism in patients undergoing chronic renal dialysis	None	Initially dose, depending on severity, 1 mcg (0.02 mg/kg) to 2 mcg 3 times weekly, approximately every other day
Calcitriol 2 mcg/ml Injection	A11CC04-000-P30-02-XXX	No	No	A*	Management of hypocalcaemia and/or secondary hyperparathyroidism in patients undergoing chronic renal dialysis	None	Initially dose, depending on severity, 1 mg (0.02 mg/kg) to 2 mg 3 times weekly, approximately every other day
Calcium Carbonate 500 mg Capsule	A12AA04-121-C10-01-XXX	No	No	B	i) Hyperphosphatemia (phosphate binder) in chronic kidney disease patients ii) Calcium supplementation	None	i) Total dose of elemental calcium from calcium-based phosphate binder not to exceed 1,500 mg/day. Dosing is individualised based on serum phosphate level and according to product insert/protocol ii) 500 mg to 4g per day as calcium carbonate in 1-3 divided doses (500mg capsule contains 200mg elemental calcium) Dosing is individualised based on serum calcium level and according to product insert/protocol
Calcium Carbonate 500 mg Tablet	A12AA04-121-T10-01-XXX	No	No	B	i) Hyperphosphatemia (phosphate binder) in chronic kidney disease patients ii) Calcium supplementation	None	i) Total dose of elemental calcium from calcium-based phosphate binder not to exceed 1,500 mg/day. Dosing is individualised based on serum phosphate level and according to product insert/protocol ii) 500 mg to 4g per day as calcium carbonate in 1-3 divided doses (500mg capsule contains 200mg elemental calcium) Dosing is individualised based on serum calcium level and according to product insert/protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Calcium Chloride Dihydrate, Sodium Chloride, Magnesium Chloride Hexahydrate, Sodium Acetate Trihydrate,Potassium Chloride, and Malic Acid Solution	B05BB01-905-P60-02-XXX	No	No	A	Replacement of extracellular fluid losses in the case of isotonic dehydration, where acidosis is present or imminent.	None	The maximum infusion rate depends on the needs of the patient in fluid replacement and electrolytes, patient's weight, clinical condition, and biological status. Adults, elderly, adolescents:500ml-3L/24hr. Babies, children: 20ml to 100ml/kg/24 hr.
Calcium Disodium Edetate 200 mg Injection	V03AB03-999-P30-01-XXX	No	No	A	Lead Poisoning	None	IM (Lead encephalopathy): 1000 mg/m(2)/day IM in divided equal doses 8 to 12 hours apart, for 5 days. Therapy is interrupted for 2 to 4 days, and followed by an additional 5-day course of therapy, if indicated. Do not exceed the recommended daily dosage. IV: 1000 mg/m(2)/day administered IV over 8 to 12 hours for 5 days. Therapy is interrupted for 2 to 4 days, and followed by an additional 5-day course of therapy, if indicated.
Calcium Gluconate 10% Injection	A12AA03-000-P30-01-XXX	Yes	No	B	i)Acute hypocalcaemia ii)Hypocalcaemic tetany iii)Cardiac resuscitation	None	i) ADULT: 1 to 2 g (2.2 to 4.4 mmol). CHILD: 50mg/kg/dose (0.5ml/kg/dose) IV short infusion over at least 10 to 20 minutes, per dose. Max: 20ml per dose; 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, 1g (2.2mmol). Dosing is individualised and according to product insert/protocol.
Calcium Lactate 300 mg Tablet	A12AA05-125-T10-01-XXX	No	No	C	For prophylaxis of calcium deficiency and treatment of chronic hypocalcaemia	None	ADULT: 300mg - 600mg (as elemental Ca) daily in in divided doses; Dosing is individualised and according to product insert/protocol
Calcium Polystyrene Sulphonate Powder	V03AE01-999-F21-01-XXX	No	No	A*, A/KK	PRESCRIBER CATEGORY A*: Hyperkalemia resulting from acute or chronic renal failure PRESCRIBER CATEGORY A/KK: For asymptomatic mild hyperkalemia without ECG changes	None	ADULT: 15 – 30g daily in 2-3 divided doses. Each dose should be suspended in 30 – 50ml of water and administered orally at least 3 hours before or 3 hours after other oral medications. CHILD: 0.125-0.25g/kg orally or rectally 4 times per day (max: 10g/dose). NEONATE: 0.125-0.25g/kg rectally 4 times/day. Evacuate the resin 8-12 hours after the last dose with glycerine enema. (Oral route is CONTRAINDICATED in neonates). Dosing is individualised and according to product insert/protocol
Calfactant 35mg/ml intratracheal suspension	R07AA02-000-L91-04-XXX	Yes	No	A*	For the prevention of Respiratory Distress Syndrome (RDS) in premature infants at high risk for RDS and for the treatment (“rescue”) of premature infants who develop RDS. Prophylaxis: Indicated for premature infants <29 weeks of gestational age at significant risk for RDS. Should be administered as soon as possible, preferably within 30 minutes after birth. Treatment: Indicated for infants ≤72 hours of age with RDS (confirmed by clinical and radiologic findings) and requiring endotracheal intubation.	None	3mL/kg body weight at birth to be administered every 12 hours for total up to 3 doses.
Capecitabine 150 mg Tablet	L01BC06000T1002XX	Yes	Yes	A*	i) Metastatic breast cancer; ii) Treatment of colorectal cancer in adjuvant and metastatic setting; iii) advanced oesophagogastric cancer in combination with a platinum-based regimen.		i. As monotherapy or in combination with docetaxel: 1250 mg/m2 twice daily for 2 weeks followed by a 7-day rest period. ii. As monotherapy: 1250 mg/m2 twice daily (morning and evening) for 2 weeks, followed by a 7-day rest period. As combination: 1000 mg/m2 twice daily for 2 weeks followed by a 7-day rest period. iii. In combination with a platinum: 1000 mg/m2 twice daily for 14 days followed by a 7 day rest period. Dosing is individualised and according to product insert/ treatment protocol.
Capecitabine 500 mg Tablet	L01BC06000T1001XX	Yes	Yes	A*	i) Metastatic breast cancer; ii) Treatment of colorectal cancer in adjuvant and metastatic setting; iii) advanced oesophagogastric cancer in combination with a platinum-based regimen.		i. As monotherapy or in combination with docetaxel: 1250 mg/m2 twice daily for 2 weeks followed by a 7-day rest period. ii. As monotherapy: 1250 mg/m2 twice daily (morning and evening) for 2 weeks, followed by a 7-day rest period. As combination: 1000 mg/m2 twice daily for 2 weeks followed by a 7-day rest period. iii. In combination with a platinum: 1000 mg/m2 twice daily for 14 days followed by a 7 day rest period. Dosing is individualised and according to product insert/ treatment protocol.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Captopril 25 mg Tablet	C09AA01000T1002XX	Yes	Yes	B	i) Hypertension ii) Congestive heart failure iii) Post-myocardial infarction iv) Diabetic kidney disease	None	i) Initial: 25-75mg in 2-3 divided doses Maintenance: 100-150mg in 2-3 divided doses ii) Initial: 6.25-12.5mg 2-3 times daily Maintenance: 75-150mg daily in divided doses iii) Initial: 6.25mg followed by 12.5mg and then 25mg Maintenance: 75-150mg daily in 2-3 divided doses iv) 75-100 mg in divided doses Dosing is individualised and according to product insert / protocol.
Carbachol 0.01% Intraocular Solution	S01EB02-100-D20-01-XXX	No	No	A	For intraocular use for miosis during surgery	None	Instill no more than 0.5 ml gently into the anterior chamber
Carbamazepine 100 mg/5 ml (2% w/v) Syrup	N03AF01-000-L90-01-XXX	Yes	Yes	A	Epilepsy	None	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. Max: Adult: 1.6 g daily 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.
Carbamazepine 200 mg CR Tablet	N03AF01-000-T50-01-XXX	Yes	Yes	A	i) Epilepsy ii) Trigeminal Neuralgia iii) Idiopathic glossopharyngeal neuralgia iv) Acute mania and maintenance of bipolar affective disorder to prevent or attenuate recurrence	None	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
Carbamazepine 200 mg Tablet	N03AF01-000-T10-01-XXX	Yes	Yes	B	i) Epilepsy ii) Trigeminal neuralgia		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 400 mg CR Tablet	N03AF01-000-T50-02-XXX	Yes	Yes	A	i) Epilepsy ii) Trigeminal Neuralgia iii) Idiopathic glossopharyngeal neuralgia iv) Acute mania and maintenance of bipolar affective disorder to prevent or attenuate recurrence	None	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	D02AE01000G1001XX	No	No	B	Contact irritant dermatitis, infantile eczemas, acute and chronic allergic eczemas, icthyosis, hyperkeratotic		Apply sparingly and rub into affected area 2 - 3 times daily and when required after cleansing skin
Carbetocin 100 mcg/ ml Injection	H01BB03-000-P20-01-XXX	No	No	A*	Prevention of uterine atony and postpartum hemorrhage following elective cesarean section under epidural or spinal anaesthesia		A single IV dose of 100mcg (1ml) is adminitered 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	H03BB01000T1001XX	Yes	No	B	Hyperthyroidism		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 10mg/mL Injection	L01XA02000P4001XX	Yes	Yes	A*	i) Solid tumours; ii) Salvage therapy for lymphoma		360 - 400 mg/m2 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/m2 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 250mcg Injection	G02AD04-999-P30-01XXX	No	No	A*	Treatment of refractory postpartum haemorrhage unresponsive to conventional methods of management.	None	Initially 250 mcg deep IM inj. The dose may be repeated at intervals of 15-90 min if necessary. Max total dose: 2000 mcg (8 doses).

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Cardioplegia solution containing Potassium Chloride, Magnesium chloride & Procaine HCl Injection	B05XA16-934-P30-01-XXX	No	Yes	A*	For myocardial preservation(prevent myocardial damage) during cardiac surgery	None	Dilute 20 ml to 1 L of Ringer solution (cooled to 2-8 ∞C prior to use). Initial rapid instillation into aortic root at 300 ml/m≤ body surface area/min for 3 minutes. Should myocardial activity persist or recur instill at 300ml/m≤ body surface area/min for 2 minutes
Carvedilol 25mg Tablet	C07AG02-000-T10-02-XX	Yes	Yes	A/KK	i) Treatment of all patients with stable and symptomatic, mild, moderate and severe chronic heart failure in combination with ACEis and diuretics ii) Hypertension iii) Angina pectoris	None	i) Initial: 3.125mg twice daily for 2 weeks Maintenance: Titrate up to as tolerated Max: <85 kg: 25 mg twice daily >85 kg: 50 mg twice daily ii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 50mg daily in 1 or 2 divided doses iii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 100mg daily in 1 or 2 divided doses Dosing is individualised and according to product insert / protocol.
Carvedilol 6.25mg Tablet	C07AG02-000-T10-01-XX	Yes	Yes	A/KK	i) Treatment of all patients with stable and symptomatic, mild, moderate and severe chronic heart failure in combination with ACEis and diuretics ii) Hypertension iii) Angina pectoris	None	i) Initial: 3.125mg twice daily for 2 weeks Maintenance: Titrate up to as tolerated Max: <85 kg: 25 mg twice daily >85 kg: 50 mg twice daily ii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 50mg daily in 1 or 2 divided doses iii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 100mg daily in 1 or 2 divided doses Dosing is individualised and according to product insert / protocol.
Caspofungin Acetate 50 mg Injection	J02AX04-122-P40-01-XXX	Yes	No	A*	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)	None	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.
Caspofungin Acetate 70 mg Injection	J02AX04-122-P40-02-XXX	Yes	No	A*	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)	None	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 daily ii) Child (12months to 17 years) : For all indication) A single 70mg/m2 loading dose (not to exceed an actual dose of 70mg) by slow IV infusion over 1hour; followed by 50mg/m2 (not to exceed an actual dose of 70mg)
Cefaclor 125mg/5ml Suspension	J01DC04-000-F21-01-XXX	No	No	A	Infections caused by susceptible organisms including Staphylococcus aureus and H. influenzae, treatment of sinusitis and infections involving the respiratory tract, skin and skin structure, bone and joint, and urinary tract		CHILD:>1 mth: 20 mg/kg daily in 3 divided doses, increased to 40 mg/kg daily if necessary, <1 yr: 62.5 mg tid, 1-5 yr: 125 mg tid, >5 yr: 250 mg tid. Maximum: 1 g daily
Cefaclor 500mg Capsule	J01DC04-000-C10-02-XXX	No	No	A	Infections caused by susceptible organisms including Staphylococcus aureus and H. influenzae, treatment of sinusitis and infections involving the respiratory tract, skin and skin structure, bone and joint, and urinary tract	None	ADULT: 250 mg 3 times daily for 10 days. For severe infections, double the dosage. Maximum: 4 g daily. CHILD:>1 mth: 20 mg/kg daily in 3 divided doses, increased to 40 mg/kg daily if necessary, <1 yr: 62.5 mg tid, 1-5 yr: 125 mg tid, >5 yr: 250 mg tid . Maximum: 1 g daily
Cefazolin Sodium 1g Injection	J01DB04-520-P30-01-XXX	Yes	No	A	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	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Cefepime 1g Injection	J01DE01-110-P40-02-XXX	Yes	No	A*	Febrile neutropenia, septicaemia, lower respiratory tract infection, urinary tract infection, skin and skin structure infections, gynaecologic and intra-abdominal infections	None	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 1g Injection	J01DD12-520-P40-02-XXX	No	No	A	Infections due to gram-negative bacteria	None	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 2g Injection	J01DD12-520-P40-03-XXX	No	No	A	Infections due to gram-negative bacteria	None	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 500mg & Sulbactam Sodium 500mg Injection	J01DD62-000-P40-01-XXX	No	No	A	i) Treatment of infections due to multi-drug resistance pathogens producing B-lactamase ii) Treatment of infections caused by Acinetobacter species	None	ADULT: 1 - 2 g twice daily. In severe or refractory infections the daily dosage of sulbactam/cefoperazone may be increased up to 8g (4g cefoperazone 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 1g Injection	J01DD01-520-P40-02-XXX	Yes	No	A	Infections due to gram-negative bacteria	None	ADULT: 1 g 12 hourly (up to 12 g/day in severe cases). CHILD: 50 - 180 mg/kg/day in 4 - 6 divided doses
Cefotaxime 500mg Injection	J01DD01-520-P40-01-XXX	Yes	No	A	Infections due to gram-negative bacteria	None	ADULT: 1 g 12 hourly (up to 12 g/day in severe cases). CHILD: 50 - 180 mg/kg/day in 4 - 6 divided doses
Ceftaroline Fosamil 600mg Powder for concentrate for solution for infusion	J01D102-000-P40-01-XXX	No	No	A*	Treatment of complicated skin and soft tissue infections (cSSTI) in adults	Restricted for only complicated SSTI in patients who are unable to tolerate or not responding to vancomycin.	600mg administered every 12 hours by intravenous infusion over 60 minutes for 5-14 days. Dose adjustment in renal impairment: - CrCl > 30 to ≤50 ml/min : 400mg (IV) every 12 hours (over 60 minutes) - CrCl ≥ 15 ≤ 30 ml/min: 300mg (IV) every 2 hours (over 60 minutes) - CrCl < 30ml/min including hemodialysis*: 200mg (IV) every 12 hours (over 60 minutes) * Ceftaroline is hemodialyzable, thus should be administered after hemodialysis.
Ceftazidime 1g Injection	J01DD02-520-P40-03-XXX	Yes	No	A	Severe gram negative bacterial infections	none	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
Ceftazidime 2g & Avibactam 0.5g Injection	J01DD52-961-P41-01-XXX	Yes	No	A*	i. Complicated intra-abdominal infection, in combination with metronidazole; ii. Complicated urinary tract infection, including pyelonephritis; iii. Hospital-acquired pneumonia, including ventilator-associated pneumonia.	i. To be restricted to carbapenem-resistant Enterobacteriaceae (CRE) as an alternative to polymyxin. ii. Treatment initiated after proven susceptibility to ceftazidime/avibactam via C&S testing. iii. To be prescribed by Infectious Disease Specialist only	Ceftazidime 2g / Avibactam 0.5g vial three times daily by intravenous infusion over 2 hours in patients 18 years or older for 5 to 14 days
Ceftazidime 2g Injection	J01DD02-520-P40-04-XX	Yes	No	A	Severe gram negative bacterial infections	None	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
Ceftolozane 1000mg & Tazobactam 500mg Injection	J01DI54-000-P40-01-001	Yes	No	A*	For the treatment of patients 18 years or older with the following infections. i) Treatment of complicated Intra-abdominal Infections (cIAI), to be used in combination with metronidazole. ii) Treatment of complicated Urinary Tract Infections (cUTI) including Pyelonephritis. iii) Nosocomial Pneumonia, including Ventilator Associated Pneumonia	Indication (i) & (ii): Confirmed carbapenem-resistant Pseudomonas aeruginosa as an alternative to Polymyxins (Polymyxin sparing). Indication (iii): i) Confirmed carbapenem-resistant Pseudomonas aeruginosa as an alternative to Polymyxins (Polymyxin sparing). ii) Treatment initiated after proven susceptibility to ceftolozane/tazobactam via C&S testing iii) To be prescribed by Infectious Disease Specialist only	1.5g (ceftolozane 1g and tazobactam 0.5g) administered every 8 hours by intravenous infusion over 1 hour in patients 18 years or older with normal renal function or mild renal impairment. i) 1.5g every 8 hours for 4-14 days ii) 1.5g every 8 hours for 7 days iii) 3g (Ceftolozane 2g and Tazobactam 1g) every 8 hours by intravenous infusion over 1 hour in patients 18 years or older, for 8 to 14 days
Ceftriaxone 0.25g Injection	J01DD04-520-P40-01-XXX	Yes	No	A/KK	i) Gonorrhoea ii) Chancroid	None	i) 250 mg by deep IM injection ii) single IM injection 250 mg only. For severe infection up to 100 mg/kg/day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ceftriaxone 0.5 g Injection	J01DD04-520-P40-02-XXX	Yes	No	A/KK	Infections caused by susceptible organisms	None	ADULT: 1 - 2 g once daily. Severe infection: 4 g daily at 12 hour intervals. NEONATE up to 2 weeks: 20 - 50 mg/kg body weight daily, not to exceed 50 mg/kg INFANT & CHILD, 3 weeks - 12 years: 20 - 80 mg/kg body weight daily. CHILD with body weight 50 kg or more: adult dose.
Ceftriaxone 1g Injection	J01DD04-520-P40-03-XXX	Yes	No	A	Infections caused by susceptible organisms	None	ADULT: 1 - 2 g once daily. Severe infection: 4 g daily at 12 hour intervals. NEONATE up to 2 weeks: 20 - 50 mg/kg body weight daily, not to exceed 50 mg/kg INFANT & CHILD, 3 weeks - 12 years: 20 - 80 mg/kg body weight daily. CHILD with body weight 50 kg or more: adult dose.
Cefuroxime Axetil 125 mg Tablet	J01DC02-233-T10-01-XXX	No	No	A/KK	Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI)		ADULT: Most infections: 250 mg twice daily Severe infections: 500mg twice daily CHILD: Most infections: 125mg twice daily or 30 mg/kg/day in 2 divided doses, up to 500 mg daily Severe infections: 250mg twice daily Dosing is individualised and according to package insert
Cefuroxime Axetil 125mg/5ml Suspension	J01DC02233-F21-01-XXX	No	No	A	Infections caused by susceptible organisms	None	30 mg/kg/day in 2 divided doses, up to 500 mg daily.
Cefuroxime Axetil 250 mg Tablet	J01DC02-233-T10-02-XXX	No	No	A/KK	Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI)	None	ADULT: Most infections: 250 mg twice daily Severe infections: 500mg twice daily CHILD: Most infections: 125mg twice daily or 30 mg/kg/day in 2 divided doses, up to 500 mg daily Severe infections: 250mg twice daily Dosing is individualised and according to package insert
Cefuroxime Axetil 500 mg Tablet	J01DC02-233-T10-03-XXX	No	No	A/KK	Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI)	None	ADULT: Most infections: 250 mg twice daily Severe infections: 500mg twice daily CHILD: Most infections: 125mg twice daily or 30 mg/kg/day in 2 divided doses, up to 500 mg daily Severe infections: 250mg twice daily Dosing is individualised and according to package insert
Cefuroxime Sodium 1.5 g Injection	J01DC02-520-P40-03-XXX	Yes	No	A	Infections caused by susceptible organisms, surgical prophylaxis	None	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
Cefuroxime Sodium 750 mg Injection	J01DC02-520-P40-02-XXX	Yes	No	A	Infections caused by susceptible organisms, surgical prophylaxis	None	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 Capsule	M01AH01-000-C10-01-XXX	No	No	A/KK	i) Osteoarthritis ii) Rheumatoid Arthritis iii) Acute pain iv) Ankylosing Spondylitis		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
Celecoxib 400 mg Capsule	M01AH01-000-C10-02-XXX	No	No	A*	i) Osteoarthritis ii) Rheumatoid Arthritis iii) Acute pain iv) Ankylosing Spondylitis		i) ADULTS: 200 mg once daily. CHILD not recommended ii) 100 mg twice daily, increased if necessary to 200 mg 2 times daily; CHILD not recommended iii) 400 mg as a single dose on first day followed by 200 mg 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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Cephalexin Monohydrate 125 mg/5 ml Syrup	J01DB01-010-F21-01-XXX	Yes	No	B	Respiratory tract infections, ear, nose and throat infections, urinary tract infections, obstetric and gynaecologic infections	None	CHILD: 25 - 100 mg/kg/day every 6 hourly. Maximum: 4 g daily
Cephalexin Monohydrate 250 mg Capsule	J01DB01-010-C10-01-XXX	Yes	No	B	i) Respiratory tract infection, urinary tract infection ii) Complicated, recurrent or chronic infections, bronchitis iii) Pneumonia	None	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.
Cephalexin Monohydrate 250 mg Tablet	J01DB01-010-T10-01-XXX	Yes	No	B	i) Respiratory tract infection, urinary tract infection ii) Complicated, recurrent or chronic infections, bronchitis iii) Pneumonia	None	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.
Cephalexin Monohydrate 500mg Capsule	J01DB01-010-C10-02-XXX	Yes	No	B	i) Respiratory tract infection, urinary tract infection ii) Complicated, recurrent or chronic infections, bronchitis iii) Pneumonia	None	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
Cephalexin Monohydrate 500mg Tablet	J01DB01-010-T10-02-XXX	Yes	No	B	i) Respiratory tract infection, urinary tract infection ii) Complicated, recurrent or chronic infections, bronchitis iii) Pneumonia	None	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.
Ceritinib 150mg Hard Capsules	L01XE28-000-C11-01-XXX	No	No	A*	Monotherapy, first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC)	None	450mg orally once daily with food until disease progression or unacceptable toxicity
Cetirizine HCl 10mg Tablet	R06AE07-110-T10-01-XXX	Yes	No	B	Urticaria, allergic dermatoses (insect bites, atopic eczema), perennial rhinitis, allergic rhinitis		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 1-2% Lotion.	D08AJ04000L6001XX	No	No	C+	As shampoo and cleansing agent		Apply to affected area
Cetrorelix 0.25mg Injection	H01CC02-122-P40-01-XXX	No	No	A*	Prevention of premature ovulation in patients undergoing a controlled ovarian stimulation, followed by oocyte pick-up and assisted reproductive techniques	None	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
Cetuximab 5 mg/ml Solution for Infusion	L01XC06-000-P50-02-XXX	No	Yes	A*	For neo-adjuvant treatment of KRAS wild type metastatic colorectal cancer with the aim of liver resection.	To be prescribed in patients with the following conditions: i) The primary colorectal tumour has been resected or is potentially resected. ii)The metastatic disease is confined to the liver and is unresectable iii) Patient is fit enough to undergo surgery to resect the primary colorectal tumour and to undergo liver surgery if the metastases become resectable after treatment with cetuximab. - The treatment is limited to 16 weeks	Administered once a week. The very first dose is 400mg cetuximab per m2 body surface area with a recommended infusion period of 120 minutes. All subsequent weekly doses are 250mg per m2 body surface area each with a recommended infusion period of 60 minutes. The maximum infusion rate must not exceed 10mg/min.
Charcoal, Activated 250mg Tablet	A07BA01-000-T10-01-XXX	Yes	No	C	i) Diarrhoea and food poisoning; ii) Reduce absorption of drugs, plant, inorganic poison and chemicals in poisoning cases.	None	i) ADULT: 500mg -1000mg given 3-4 times daily. CHILD (up to 12 years): 250-500mg 3-4 times daily. ii) ADULT and CHILD over 12 years: initial 25-100 g or 1-2g/kg; repeat initial dose as soon as possible or 25-50 g every 4-6 hours. CHILD (up to 12 years): 0.5 to 1 g/kg/dose (Maximum: 50 g/dose). Dose may be repeated every 2-6 hours as needed.
Charcoal, Activated 50 g Granules	A07BA01-000-F10-01-XXX	Yes	No	A	Emergency treatment of acute oral poisoning and drug overdose	None	ADULT and CHILD 12 years and above: Acute poisoning: 50 to 100g in suspension. Severe poisoning: 50 to 100g as an initial dose followed by 20g every 4 to 6 hours. CHILD up to 12 years: 1 g/kg/dose (Maximum: 50 g/dose). Dose may be repeated every 4 to 6 hours as needed. Dosing is individualised and according to product insert/protocol.
Chlorambucil 2mg Tablet	L01AA02000T1001XX	Yes	Yes	A	Low grade lymphoma, chronic lymphocytic leukaemia. Ovarian cancer	None	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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Chloramphenicol 0.5% Eye Drops	S01AA01-000-D20-01-XXX	Yes	No	C	Ophthalmic infections	None	Instill 1 drop of a 0.5% solution every 2 hr. Increase dosage interval upon improvement.
Chloramphenicol 1% Eye Ointment	S01AA01-000-G51-01-XXX	Yes	No	C	Treatment of ocular infections involving the conjunctiva and/or cornea caused by chloramphenicol susceptible organisms	None	ADULT and CHILD : Apply to the conjunctiva, a thin strip (approximately 1 cm) of ointment every 3 hours or more frequently
Chloramphenicol 250mg Capsule	J01BA01-126-C10-01-XXX	No	No	B	Treatment of typhoid, paratyphoid fevers, bronchopneumonia and enteric infection	None	ADULT: 500 mg 4 times daily or 50 mg/kg/day in 4 divided doses. Maximum dose: 4 g/day. CHILD: 25 - 100 mg/kg/day in 4 divided doses
Chloramphenicol 5% w/v Ear Drops	S02AA01-000-D10-01-XXX	Yes	No	C	Acute otitis media, otitis externa with perforation	None	Apply 2 - 3 drops into the ear 2 - 3 times daily. Not to be used for long term
Chloramphenicol Sodium Succinate 1 g Injection	J01BA01-520-P40-01-XXX	No	No	B	Treatment of typhoid, paratyphoid fevers, bronchopneumonia and enteric infection	None	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 1:200 (0.5%) in Alcohol (Hand Disinfectant).	D08AC52-137-L99-01-XXX	Yes	No	C+	Use as hand disinfectant for pre-surgical operation and skin disinfectant.	None	Pre-op surgical hand disinfection: Spread 5ml throughly over both hands and forearms, rubbing vigorously. When dry apply a further 5ml and repeat procedure. Antiseptic hand disinfection on the ward: Spread 3ml throughly over the hands and wrist rubbing vigorously until dry. Disinfection of patient's skin: Prior to surgery, apply to a sterile swab and rub thoroughly over the operation site for a minimum of 2 mins
Chlorhexidine Gluconate 0.2 % Mouthwash	R02AA05-137-M20-01-XXX	Yes	No	C	As a gargle	None	Rinse mouth with 10 ml for about 1 minute twice daily
Chlorhexidine Gluconate 1% cream	D08AC02-137-G10-01-XX	Yes	No	C+	For disinfection or lubricating during gynaecological and obstetric procedures or childbirth.	None	Apply as required on affected area after cleaning
Chlorhexidine Gluconate 2% in Alcohol 70% Solution	D08AC52137L9902XX	Yes	No	C	Use as disinfectant in central venous catheter care bundle		Skin Preparation: Use Chlorhexidine Gluconate 2% in Isopropyl Alcohol 70% and allow to dry. Catheter access: Apply to catheter ports or hubs prior to accessing the line for administering fluids or injections
Chlorhexidine Gluconate 4% Scrub	D08AC02137M9901XX	Yes	No	C+	Surgical hand scrub/disinfection, pre-op skin preparation		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	D08AC02-137-L99-01-XXX	Yes	No	C+	Use as antiseptic and disinfectant in: i) Preoperative skin disinfection; ii) Emergency disinfection of instruments; iii) Wounds or burns.	None	To be used as diluted solution: (i) 0.5 % w/v Aqueous solution : Dilute 10 ml of solution with 70% alcohol up to 100ml. (ii) 0.5 % w/v Aqueous solution : Dilute 10 ml of solution with 70% alcohol up to 100ml. Immerse for 2 minutes (iii) 0.05 % w/v aqueous solution : Dilute 1 ml of solution with 100 ml of sterile water.
Chlorinated Lime Powder	V07AV00-000-F99-01-XXX	No	No	C	Antiseptic and disinfectants	None	Not applicable
Chlorinated Lime Solution & Buffered Acetate Solution	D08A000-999-G99-01-XXX	No	No	C	Use as skin disinfectant for wound and ulcer cleansing	None	Apply to affected areas undiluted as a cleansing agent
Chloroquine Phosphate 250 mg Tablet (150mg Chloroquine base)	P01BA01-162-T10-01-XXX	Yes	No	C	Treatment of malaria - acute attack	None	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 10mg/ml Injection	R06AB04-253-P30-01-XX	Yes	No	B	Allergic conditions	None	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 2mg/5ml Syrup	R06AB04-253-L90-01-XXX	Yes	No	C	Symptomatic treatment of allergic conditions responsive to antihistamine	None	CHILD 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)

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Chlorpheniramine Maleate 4mg Tablet	R06AB04-253-T10-01-XXX	Yes	No	C	Symptomatic treatment of allergic conditions responsive to antihistamines	None	ADULT : 4 mg every 4 - 6 hours. Maximum 24 mg daily. CHILD 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 100mg Tablet	N05AA01-110-T10-02-XXX	Yes	Yes	B	i) Psychotic conditions ii) Anti-emetic	None	ADULT: Initial: 25-50mg two- three times daily Maintenance: 25-100mg two- three times daily CHILD: Not recommended Dosing is according to product insert / protocol.
Chlorpromazine HCl 25mg Tablet	N05AA01-110-T10-01-XXX	Yes	Yes	B	i) Psychotic conditions ii) Anti-emetic	None	ADULT: Initial: 25-50mg two- three times daily Maintenance: 25-100mg two- three times daily CHILD: Not recommended Dosing is according to product insert / protocol.
Chlortetracycline 1-3 % Cream	D06AA02000G1001XX	No	No	B	Bacterial skin infections		Apply directly to affected area twice daily as required for 1 - 2 weeks
Cholera Vaccine Oral Suspension	J07AE01000P3001XX	Yes	No	B	Immunisation against cholera.		Two doses of vaccines should be given at an interval of two weeks.
Cholestyramine Resin 4G	C10AC01-000-M40-01-XX	No	Yes	A	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	None	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
Choline Salicylate 8.7%, Cetylkonium Chloride 0.01% Dental Gel	N02BA03-900-G30-01-XXX	No	No	B	For relief of the pain and discomfort in mouth ulcers and sores, infant teething and denture irritation	None	Apply to area 4 times daily
Choriogonadotropin Alfa 250mcg/0.5 ml Injection in Prefilled Syringe	G03GA01-000-P50-01-XXX	No	No	A*	Indicated in the treatment of: i. Adult women undergoing superovulation prior to assisted reproductive technologies (ART), to trigger final follicular maturation and luteinisation after stimulation of follicular growth ii. Anovulatory or oligo-ovulatory women, to trigger ovulation and luteinisation after stimulation of follicular growth	None	250 mcg 24-48 hours after optimal stimulation of follicular growth is achieved Dosing is individualised and according to product insert/protocol
Chorionic Gonadotrophin Human (HCG) 5000IU Injection	G03GA01-000-P40-01-XXX	No	No	A*	In the female: i. Ovulation induction in subfertility due to anovulation or impaired follicle-ripening. ii. Preparation of follicles for puncture in controlled ovarian hyperstimulation (for assisted reproductive technologies). iii. Luteal phase support. In the male: iv)Hypogonadotropic hypogonadism(also cases of idiopathic dysspermias have shown a positive response to gonadotropins), v) Delayed puberty associated with insufficient gonadotropic pituitary function vi) cryptorchidism not due to an anatomic obstruction.	None	i & ii: 5,000-10,000 IU stat once optimal stimulation of follicular growth is achieved. iii: Up to three repeat injections of 1000 to 3000 IU may be given within 9 days following ovulation or embryo transfer (E.g.: on day 3, 6 and 9 after ovulation induction) iv) 1000 - 2000 IU, two to three times per week v)1500IU two to three times weekly for at least six months vi) < 2 years of age: 250 IU twice weekly for six weeks < 6 years of age: 500 - 1000 IU twice weekly for six weeks > 6 years of age: 1500 IU twice weekly for six weeks. Dosing is individualised and according to product insert / protocol.
Ciclesonide 160mcg/dose Inhaler	R03BA08-000-A21-01-XXX	Yes	Yes	A*	Prophylactic treatment of asthma in adults, adolescents and children over 6 years.	The use of this drug in MOH is restricted to pediatric patient only.	For adults and adolescents over 12 years of age with mild to moderate asthma is 160 to 640mcg per day: severe asthma dose may be increased to 1280mcg per day.
Ciclosporin 100 mg Capsule	L04AD01000C1002XX	Yes	No	A*	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		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 increased 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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ciclosporin 100 mg/ml Oral Solution	L04AD01000L5002XX	Yes	No	A*	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 anaemia, pure red cell aplasia vi) Cases of recalcitrant psoriasis and atopic eczema		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 increased 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
Ciclosporin 25 mg Capsule	L04AD01000C1001XX	Yes	No	A*	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		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 increased 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	L04AD01000P3001XX	Yes	No	A*	i) Post bone marrow transplant ii) Solid organ transplant		i) 3 - 5 mg/kg/day until tolerate orally ii) 2 - 3 mg/kg/day for recipients who are unable to take orally
Ciclosporin Ophthalmic Emulsion 0.05%	S01XA18-000-D20-01-XXX	No	No	A*	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.	None	1 drop twice a day in each eye approximately 12 hours apart.
Cilostazol 100mg Tablet	B01AC00-000-T10-02-XXX	No	No	A*	Improvement of the maximal and pain-free walking distances in patients with intermittent claudication, who do not have rest pain and who do not have evidence of peripheral tissue necrosis.	None	100 mg twice daily
Cimicifuga Racemosa Rhizome Extract Tablet	HG03WA5-001-T10-01-XXX	No	No	A	Traditionally used for the relief of hot flushes, sweating, restlessness associated with menopause	None	1 tablet twice a day (morning and evening)
Cinacalcet Hydrochloride 25mg tablet	H05BX01-110-T10-01-XXX	Yes	No	A*	Secondary hyperparathyroidism in patients undergoing maintenance dialysis with hypercalcaemia.	For treatment of refractory secondary hyperparathyroidism in patients with end-stage renal disease (including those with calciphylaxis) only in those: i) who have 'very uncontrolled' plasma levels of intact parathyroid hormone (defined as greater than 85pmol/L [800 pg/mL] that are refractory to standard therapy, and an adjusted serum calcium level at upper limit of normal or high, despite appropriate adjustment of phosphate binders including non-calcium based phosphate binders. ii) in whom surgical parathyroidectomy is contraindicated in that the risks of surgery are considered to outweigh the benefits, or if there is likely to be a significant delay for surgery.	The starting dose for adults is 25mg once daily to be administered orally. Depending on the serum parathyroid hormone (PTH) and calcium levels, the dose may be adjusted within a range of 25-75mg once daily. If no improvement in PTH, the dose may be increased up to 100 mg once daily. Dose can be increased by 25mg at a time at intervals of at least 3 weeks.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Cinnarizine 25mg Tablet	N07CA02-000-T10-01-XXX	No	No	B	i) Vestibular disorders ii) Motion sickness	None	i) ADULT and CHILD > 12years: 25mg three times a day ii) 25mg 2 hours before travel and 12.5mg every 8 hours during journey CHILD 5-12 years: Half the adult dose Dosing is according to product insert.
Ciprofloxacin 100mg/50ml Injection	J01MA02-125-P30-01-XXX	Yes	No	A	Treatment of infections due to susceptible bacterial strains	None	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 psuedomonal Lower RTI: 400mg bd Others: 200-400mg bd inhalation Anthrax: 400mg bd
Ciprofloxacin 200mg/100ml Injection	J01MA02-125-P30-02-XXX	Yes	No	A	Treatment of infections due to susceptible bacterial strains	None	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 psuedomonal Lower RTI: 400mg bd Others: 200-400mg bd inhalation Anthrax: 400mg bd
Ciprofloxacin 250mg Tablet	J01MA02-110-T10-01-XXX	Yes	No	A	Treatment of infections due to susceptible bacterial strains	None	ADULT: 125-750 mg twice daily. Acute gonorrhoea: a single dose of 250 mg
Ciprofloxacin 500mg Tablet	J01MA02-110-T10-02-XXX	Yes	No	A	Treatment of infections due to susceptible bacterial strains	None	ADULT: 125-750 mg twice daily. Acute gonorrhoea: a single dose of 250 mg
Ciprofloxacin HCl 0.3% Ophthalmic Solution	S01AX13-110-D20-01-XXX	Yes	No	A*	Treatment of bacterial infections caused by susceptible strains in: i) corneal ulcers ii) bacterial conjunctivitis	None	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 occured, 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 2mg/ml Injection	M03AC11-197-P30-01-XXX	No	No	A*	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.	None	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 1 mg/mL Injection	L01XA01000P3001XX	Yes	Yes	A	i) Solid tumours ii) lymphomas		Germ cell tumours: 20 mg/m2 daily for 5 days every 3 weeks for 3 - 4 courses. Ovarian tumours: 75 mg/m2 once every 3 weeks as part of combination therapy with paclitaxel or 50-60mg/m2 IV once every 3 weeks as a single agent. Baseline creatinine clearance, pretreatment hydration and forced diuresis are mandatory. CHILD: 100mg/m2 over 6 hours once every 3 weeks. Lymphomas: Refer to protocols CHILD: 100mg/m2 over 6 hours once every 3 weeks. Lymphomas: Refer to protocols
Clarithromycin 125mg/5ml Granules	J01FA09-000-F10-01-XXX	Yes	No	A*	Treatment of complicated respiratory tract infections not responding to standard macrolides	None	CHILD: 8 - 12 years: 30 - 40 kg 10 mL, 4 - 8 years: 20 - 29 kg 7.5 mL, 2 - 4 years: 12 - 19 kg 5 mL, 1 - 2 years: 8 - 11 kg 2.5 mL, less than 8 kg: 7.5 mg/kg. To be given twice daily. Maximum dose: 1g/day
Clarithromycin 250mg Tablet	J01FA09-000-T10-01-XXX	Yes	No	A*	Only for: i) treatment of complicated respiratory tract infection not responding to standard macrolides. ii) eradication of Helicobacter pylori infection	None	i) 250 - 500 mg twice daily. Up to 6 - 14 days ii) 500 mg twice daily with omeprazole & amoxicillin. Up to 2 weeks
Clarithromycin 500mg Injection	J01FA09-000-P30-01-XXX	Yes	No	A*	Only for treatment of complicated respiratory tract infection not responding to standard macrolides	None	Susceptible infections Adult: 500 mg bid for 2-5 days. Dose to be infused over 60 minutes in a 0.2% solution; revert to oral therapy whenever possible. Child: 1 mth-12 yr: 7.5 mg/kg every 12 hr. Dose to be given via infusion into proximal vein. Dosage Recommendation CrCl (ml/min)<30 : Half the dosage or double dosing interval

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Clindamycin HCl 300mg Capsule	J01FF01-110-C10-01-XXX	Yes	No	A*	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 doxycline		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 150mg/ml Injection	J01FF01-162-P30-01-XXX	Yes	No	A*	i) Skin and soft tissue infections, bone & joint infections ii) Cerebral toxoplasmosis	None	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/m2/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	N05BA09000T1001XX	No	Yes	A*	As adjunctive therapy in patients with epilepsy not adequately stabilised with their basic medication.		The initial dose in adults and adolescents >15 yr should be low (5 to15mg 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 to15 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	D07AD01133G1001XX	No	No	A	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		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
Clobetasol Propionate 0.05% Ointment	D07AD01133G5001XX	No	No	A	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		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
Clobetasone Butyrate 0.05% Cream	D07AB01-255-G10-01-XXX	No	No	A/KK	For the relief of the inflammatory and pruritic manifestations of steroid responsive dermatoses.	None	Apply to 1-2 times a day
Clobetasone Butyrate 0.05% Ointment	D07AB01-255-G50-01-XX	No	No	A/KK	For the relief of the inflammatory and pruritic manifestations of steroid responsive dermatoses.	None	Apply to 1-2 times a day
Clodronate 800 mg Tablet	M05BA02011T1011XX	No		A*	Treatment of hypercalcaemia due to malignancy		2 tablets in single or two divided doses
Clofazimine 100mg Capsule	J04BA01-000-C10-02-XXX	Yes	No	B	i) Previously untreated leprosy patients ii) Leprosy patients resistant to sulphones iii) Suppression of lepra reactions	None	i) ADULT: 100 mg each other day or 50 mg daily with 100mg Dapsone & 300mg once a month with 600mg rifampicin under supervision. Maximum: 200 mg/day. CHILD: 10-14 yr: 50mg clofazimine on alternate days with 50mg dapsone & 150 mg clofazimine with 450 mg rifampicin once a month.Maximum: 100 mg/day. ii) 100 mg daily iii) 200-300mg usually effective. Treatment with minimum suppression dose continued for at least 6 months
Clofazimine 50mg Capsule	J04BA01-000-C10-01-XXX	Yes	No	B	i) Previously untreated leprosy patients ii) Leprosy patients resistant to sulphones iii) Suppression of lepra reactions	None	i) ADULT: 100 mg each other day or 50 mg daily with 100mg Dapsone & 300mg once a month with 600mg rifampicin under supervision. Maximum: 200 mg/day. CHILD: 10-14 yr: 50mg clofazimine on alternate days with 50mg dapsone & 150 mg clofazimine with 450 mg rifampicin once a month.Maximum: 100 mg/day. ii) 100 mg daily iii) 200-300mg usually effective. Treatment with minimum suppression dose continued for at least 6 months
Clomiphene Citrate 50mg Tablet	G03GB02-136-T10-01-XXX	Yes	No	A	Treatment of ovulatory failure in women desiring pregnancy	None	Initial: 50 mg once daily for 5 days. Increase to 100mg OD for 5 days if there is no response (commence as early as 30 days after the previous course).

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Clomipramine HCl 25mg Tablet	N06AA04110T1001XX	Yes	Yes	A	Depression, obsessive-compulsive disorder.		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 0.5mg Tablet	N03AE01-000-T10-01-XX	Yes	Yes	B	i) Epilepsy ii) Non-epileptic myoclonus	None	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.
Clonazepam 2mg Tablet	N03AE01-000-T10-02-XX	Yes	Yes	B	i) Epilepsy ii) Non-epileptic myoclonus	None	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.
Clonidine HCl 0.025 mg Tablet	N02CX02110T1001XX	No		A	Rapid opiod detoxification combination use with naltrexone		Rapid detoxification in 4-5 days (use with naltrexone): 6 mcg/kg ORALLY divided in 3 doses 6 to 8 hours apart the first day, increasing to 11 mcg/kg divided in 3 doses given day two, tapering to 0.6 mcg/kg the third day. Rapid opioid detoxification for 7 days (use with naltrexone) : 0.1 to 0.2 mg every 4 hours as needed
Clopidogrel 75 mg Tablet	B01AC04192T1001XX	Yes	Yes	A/KK	Secondary prevention of atherothrombotic events in: i) Adult patients suffering from myocardial infarction (from a few days until less than 35 days), ischaemic stroke (from 7 days until less than 6 months) or established peripheral arterial disease. Prescribing restriction: as second/third line treatment in patients who are sensitive or intolerant to acetylsalicylic acid and/or ticlopidine). ii) Adult patients suffering from acute coronary syndrome: • Non-ST segment elevation acute coronary syndrome (unstable angina or non-Q-wave myocardial infarction), including patients undergoing a stent placement following percutaneous coronary intervention. • ST segment elevation acute myocardial infarction, in combination with acetylsalicylate acid (ASA) in medically treated patients eligible for thrombolytic therapy.		75 mg once daily
Clostridium Botulinum Toxin Type A 100 units	M03AX01-000-P40-01-XXX	No		A*	i) Focal dystonias ii) Hemifacial spasm iii) Spasticity including cerebral palsy iv) Neurogenic bladder		20 - 200 units 3 months once
Clostridium Botulinum Type A toxin haemagglutinin complex 300 units/vial powder for injection	M03AX01000P4003XX	No		A*	i) Focal dystonias ii) Hemifacial spasm iii) Spasticity including cerebral palsy		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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Clostridium botulinum Type A toxin haemagglutinin complex 500U/vial powder for injection	M03AX01000P4002XX	No		A*	i) Focal dystonias ii) Hemifacial spasm iii) Spasticity including cerebral palsy		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	D01AC01-000-G10-01-XXX	Yes	No	B	For treatment of fungal infection (eg: cutaneous candidiasis, tinea orporis, tinea cruris, tinea pedis and tinea versicolor).	None	Apply on affected area twice daily, optimally for 4 weeks including 2 weeks after lesions have cleared.
Clotrimazole 1% Ear Drop	S02AA00-000-D10-02-XXX	No	No	B	Otomycosis; concomitant therapy with antibiotics and corticosteroid ear drops	None	4 to 5 drops 3 to 4 times daily
Clotrimazole 1% Solution	D01AC01-000-L42-01-XXX	Yes	No	A	For treatment of large lesion of fungal infection (eg: cutaneous candidiasis, tinea orporis, tinea cruris, tinea pedis and tinea versicolor).	None	Apply on affected area by rubbing for 2-3 times daily after cleaning. Continue treatment up to 2-4 weeks
Clotrimazole 500mg Vaginal Tablet	G01AF02-000-S10-03-XXX	Yes	No	B	Vaginal candidiasis	None	500 mg as a single one-time dose
Cloxacillin Sodium 125mg/5ml Suspension	J01CF02-520-L80-01-XXX	Yes	No	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci	None	Child: 50-100 mg/kg in divided doses every 6 hr
Cloxacillin Sodium 250mg Capsule	J01CF02-520-C10-01-XXX	Yes	No	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci	None	ADULT: 250 - 500 mg every 6 hours. Child: 50-100 mg/kg in divided doses every 6 hr.
Cloxacillin Sodium 250mg Injection	J01CF02-520-P40-01-XXX	Yes	No	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci infections	None	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
Cloxacillin Sodium 500mg Capsule	J01CF02-520-C10-02-XXX	Yes	No	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci	None	ADULT: 250 - 500 mg every 6 hours. Child: 50-100 mg/kg in divided doses every 6 hr.
Cloxacillin Sodium 500mg Injection	J01CF02-520-P40-02-XXX	Yes	No	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci infections	None	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 100 mg Tablet	N05AH02000T1002XX	No		A	Treatment of resistant schizophrenia		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
Clozapine 25 mg Tablet	N05AH02000T1001XX	No		A	Treatment of resistant schizophrenia		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 20% Solution	D05AA00-000-L52-01-XXX	Yes	No	B	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis.	None	To dilute 1 cap (15 ml) into 10L of water and soak for 20 minutes.
Coal Tar and Salicylic Acid (various concentrations) Ointment	D05AA00-946-G50-02-XXX	No	No	B	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis	None	Apply to the affected area as required or as in package insert
Coal Tar with Salicylic Acid (various concentrations) Solution	D05AA00000L5202XX	No	No	B	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis		Apply to the affected areas or as in product leaflet
Colchicine 0.5mg Tablet	M04AC01-000-T10-01-XXX	Yes	No	B	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	None	i) Acute gout: Initial dose, 1 mg, then 0.5 mg after 1 hour. No further tablets should be taken for 12 hours. After 12 hours, treatment can resume if necessary with a maximum dose of 500 micrograms (1 tablet) every 8 hours until symptoms are relieved. The course of treatment should end when symptoms are relieved or when a total of 6 mg (12 tablets) has been taken. No more than 6 mg (12 tablets) should be taken as a course of treatment. After completion of a course, another course should not be started for at least 3 days (72 hours). Prophylaxis of recurrent gout: 0.5 mg bd. ii) 0.5 mg 1-3 times daily depends on disease and severity, up to a maximum of 3 mg/day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Colistimethate Sodium 1 million IU per vial (Polymyxin E)	J01XB01-520-P40-01-XXX	Yes	No	A*	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.	None	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. Dosage 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.
Colloidal Bismuth Subcitrate 120 mg Tablet	A02BX05136T1001XX	No		A	Eradication therapy for Helicobacter Pylori in combination with antibiotics and antisecretory drugs		240 mg twice daily for 1-2 weeks
Compound Sodium Lactate (Hartmanns Solution)	B05XA30125P6001XX	Yes	No	C	Replacement of extracellular losses of fluid and electrolytes, as an alkaliniser agent		100-1000 ml by IV or according to the needs of the patient
Conjugated estrogens 0.3 mg Tablet	G03CA57-000-T10-03-XXX	Yes	No	A	i. Prevention and management of osteoporosis associated with estrogen deficiency. ii. Female hypoestrogenism. iii. Moderate to severe vasomotor symptoms associated with estrogen deficiency. iv. Atrophic vaginitis and atrophic urethritis.	None	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 Tablet	G03CA57-000-T10-01-XXX	Yes	No	A	i. Prevention and management of osteoporosis associated with estrogen deficiency. ii. Female hypoestrogenism. iii. Moderate to severe vasomotor symptoms associated with estrogen deficiency. iv. Atrophic vaginitis and atrophic urethritis.	None	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 0.625mg/g Cream	G03CA57-000-G10-01-XXX	Yes	No	A	Treatment of atrophic vaginitis, dyspareunia and kraurosis vulvae	None	i. Atrophic Vaginitis and Kraurosis Vulvae: Initial dose: Intravaginal 0.5g daily for 21 days and then off for 7 days (cyclical regimen). Dose range: 0.5- 2g daily based on individual response. ii. Dyspareunia: 0.5g intravaginally twice weekly continuous regimen or in a cyclic regimen of 21 days of therapy followed by 7 days off of therapy.
Continuous Ambulatory Peritoneal Dialysis (CAPD) Solution containing 2.3% glucose (Calcium 1.75mmol/L) & (Calcium 1.25mmol/L)	B05DB00908H2504XX	Yes		B	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre		Dose depending on clinical cases
Continuous Ambulatory Peritoneal Dialysis Solution containing 1.5% Dextrose	B05DB00908H2501XX	Yes		B	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre		Dose depending on clinical cases
Continuous Ambulatory Peritoneal Dialysis Solution containing 2.5% Dextrose	B05DB00908H2502XX	Yes		B	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre		Dose depending on clinical cases
Continuous Ambulatory Peritoneal Dialysis Solution containing 4.25% Dextrose	B05DB00908H2503XX	Yes		B	For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre		Dose depending on clinical cases
Copper 375mm2 Intrauterine Device	G02BA02-000-M90-02-XXX	Yes	No	B	Intrauterine contraception.	None	Intrauterine insertion: 1 unit to be replaced within 5 years from the date of insertion.
Copper Sulphate Crystal	D08A000183F9901XX	No	No	C	Wounds		The tip of the crystal should be moistened by dipping in water and applied carefully to the lesion
Corifollitropin Alfa 100mcg/0.5ml solution for injection	G03GA09-000-P50-01-XXX	No	No	A*	Controlled Ovarian Stimulation (COS) in combination with a GnRH antagonist for the development of multiple follicles in woman participating in an Assisted Reproductive Technology (ART) program	None	Women with Body Weight ≤60 kg: A single dose of 100 mcg should be administered. Women with Body Weight >60 kg: A single dose of 150 mcg should be administered. Details : Refer to Product Information

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Corifollitropin Alfa 150mcg/0.5ml solution for injection	G03GA09-000-P50-02-XXX	No	No	A*	Controlled Ovarian Stimulation (COS) in combination with a GnRH antagonist for the development of multiple follicles in woman participating in an Assisted Reproductive Technology (ART) program	None	Women with Body Weight ≤60 kg: A single dose of 100 mcg should be administered. Women with Body Weight >60 kg: A single dose of 150 mcg should be administered. Details : Refer to Product Information
Crotamiton 10 % Cream	P03A000000G1001XX	Yes		B	i) Pruritus ii) Scabies iii) Insect bite reactions		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 0.1 mg Injection	B03BA01000P3001XX	Yes		B	i) Prophylaxis of anaemia ii) Uncomplicated pernicious anaemia or Vitamin B12 malabsorption		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). Maintenance: 100 mcg monthly to sustain remission OR AS PRESCRIBED.
Cyanocobalamin 1 mg Injection	B03BA01000P3002XX	Yes		B	i) Prophylaxis of anaemia associated with Vitamin B12 deficiency ii) Uncomplicated pernicious anaemia or Vitamin B12 malabsorption		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.
Cyanocobalamin 50 mcg Tablet	B03BA01000T1002XX	No		B	Vitamin B12 deficiency of dietary origin		ADULT 50-150 mcg daily. CHILD 50-105 mcg daily in 1-3 divided doses
Cyclopentolate 0.2% with Phenylephrine 1% Eye Drops	S01GA55-990-D20-01-XXX	No	No	A	Dilating agent for premature babies	None	1 drop every 5 - 10 minutes; not exceeding three times to produce rapid mydriasis. Observe infants closely for at least 30 minutes
Cyclopentolate 1% Eye Drops	S01FA04-000-D20-02-XXX	Yes	No	A/KK	Mydriasis and cycloplegia	None	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	L01AA01000P4002XX	Yes	Yes	A	i) Solid tumours; ii) Leukaemia, non-Hodgkin's lymphoma, multiple myeloma; iii) Severe lupus nephritis (Class III and IV); iv) Other systemic vasculitis; v) Systemic lupus erythematosus, rheumatoid arthritis, polyarteritis nodosa, wegener granulomatosis; vi) Pemphigus vulgaris.		i)& ii) ADULT: 600 - 750 mg/m2 IV once every 3 weeks as part of combination regime. CHILD: Dose variable depending on disease and protocol. Range 600 mg/m2 to 2 g/m2 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/m2. Higher doses are used in haematopoetic stem cell transplant-refer to specific protocols iii) 750 mg/m2 BSA monthly for 18 months iv) 750 mg/m2 BSA monthly for 6 months. Dose can be adjusted up to 1,000 mg/m2 BSA to achieve adequate leucocyte suppression v) 500 - 1000 mg intravenously (Regime varies according to indication). Starting dose may be given fortnightly then at monthly intervals followed by 3 monthly intervals; vi) 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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Cyclophosphamide 200 mg Injection	L01AA01000P4001XX	Yes	Yes	A	i) Solid tumours; ii) Leukaemia, non-Hodgkin's lymphoma, multiple myeloma; iii) Severe lupus nephritis (Class III and IV); iv) Other systemic vasculitis; v) Systemic lupus erythematosus, rheumatoid arthritis, polyarteritis nodosa, wegener granulomatosis; vi) Pemphigus vulgaris.		i)& ii) ADULT: 600 - 750 mg/m2 IV once every 3 weeks as part of combination regime. CHILD: Dose variable depending on disease and protocol. Range 600 mg/m2 to 2 g/m2 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/m2. Higher doses are used in haematopoetic stem cell transplant-refer to specific protocols iii) 750 mg/m2 BSA monthly for 18 months iv) 750 mg/m2 BSA monthly for 6 months. Dose can be adjusted up to 1,000 mg/m2 BSA to achieve adequate leucocyte suppression v) 500 - 1000 mg intravenously (Regime varies according to indication). Starting dose may be given fortnightly then at monthly intervals followed by 3 monthly intervals; vi) 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	L01AA01000T1001XX	Yes	Yes	A	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		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
Cycloserine 250mg Capsule	J04AB01-000-C10-01-XXX	Yes	No	A*	Multi-Drug Resistance Tuberculosis treatment failure. (For respiratory physicians)	None	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
Cyproterone Acetate 2 mg & Ethinyloestradiol 0.035 mg Tablet	G03HB01-954-T10-01-XXX	No	No	A*	i. Treatment androgen dependent diseases (including PCOS) in women ii.Treatment of acne as second line treatment following failure of topical therapy or systemic antibiotic treatment iii.Hormonal contraceptive	None	1 tablet daily for 21 consecutive days, followed by a 7 -day tablet free interval before the next pack is started
Cyproterone Acetate 50mg Tablet	G03HA01-122-T10-01-XXX	No	Yes	A*	Carcinoma of prostate	None	i) After orchidectomy, 100 mg once daily or twice daily ii) If used together with LHRH agonists, the initial dose is 100 mg twice daily for 5 to 7 days before the start of LHRH agonist, then 100 mg twice daily for 3 to 4 weeks together with the LHRH agonist
Cytarabine 100 mg/mL Injection	L01BC01000P4002XX	Yes	Yes	A	i) Central nervous system lymphoma ii) Meningeal leukemia iii) Non Hodgkin's Lymphoma iv) High dose cytarabine as conditioning to cytoreduce 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		Standard doses 100 - 200 mg/m2 daily over 5 - 10 days. Higher doses for intensification/consolidation: 1000 - 3000 mg/m2 daily over 3 - 5 days depending on specific protocols. CHILD: Dose variable depending on disease and protocol. Range from 100 mg/m2 to 3 g/m2 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)
D-Penicillamine 0.25g Capsule	M01CC01-000-C10-01-XX	Yes	No	A	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	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Dabigatran Etexilate 110 mg Capsule	B01AE07999C1002XX	Yes	Yes	A*	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.		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 Etexilate 75 mg Capsule	B01AE07999C1001XX	Yes	Yes	A*	Prevention of venous thromboembolic events in patients who have undergone total knee replacement or total hip replacement surgery		Following total knee replacement: Initially ADULT 110 mg (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
Dabigatran Etexilate150 mg Capsule	B01AE07999C1003XX	Yes	Yes	A*	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.		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	L01AX04000P4001XX	Yes	Yes	A*	i) Malignant melanoma, sarcomas, neuroblastomas and other childhood solid tumours ii) Hodgkin's Disease		i) 250 mg/m2 for 5 days, may be repeated every 3 weeks ii) 375 mg/m2 IV every 2 weeks
Daclatasvir 30mg tablet	J05AP07-110-T32-02-XXX	Yes	No	A/KK	To be used in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults.		60 mg once daily, to be taken orally with or without meals. Dose recommendation when taking concomitant medicines: i. Strong inhibitors of cytochrome P450 enzyme 3A4 (CYP3A4): Reduce dose to 30 mg once daily when co-administered with strong inhibitors of CYP3A4. ii. Moderate inducers of CYP3A4: Increase dose to 90 mg once daily when co-administered with moderate inducers of CYP3A4. Daclatasvir must be administered in combination with other medicinal products for the treatment of hepatitis C infection. Dose modification of daclatasvir to manage adverse reactions is not recommended.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Daclatasvir 60mg tablet	J05AP07-110-T32-01-XXX	Yes	No	A/KK	To be used in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults.	None	60 mg once daily, to be taken orally with or without meals. Dose recommendation when taking concomitant medicines: i. Strong inhibitors of cytochrome P450 enzyme 3A4 (CYP3A4): Reduce dose to 30 mg once daily when co-administered with strong inhibitors of CYP3A4. ii. Moderate inducers of CYP3A4: Increase dose to 90 mg once daily when co-administered with moderate inducers of CYP3A4. Daclatasvir must be administered in combination with other medicinal products for the treatment of hepatitis C infection. Dose modification of daclatasvir to manage adverse reactions is not recommended.
Dacomitinib monohydrate 15mg film-coated tablet	L01XE47-010-T32-01-XXX	No	Yes	A*	First-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations.	To be prescribed by Oncologist and Consultant Respiratory Physician only	45mg once daily to be taken with or without food
Danazol 100mg Capsule	G03XA01-000-C10-01-XXX	No	No	A/KK	i) Endometriosis ii) Benign breast disorders including gynaecomastia fibrocystic breast disease and pubertal breast hypertrophy iii) Menorrhagia iv) Prophylaxis of hereditary angioedema	None	i. 400mg daily in 2 to 4 divided doses, starting on the 1st day of the menstrual cycle; daily doses of 800mg are also employed. ii. 100mg to 400mg daily in divided dose. iii. 200 mg BD iv. 400 mg daily. Reduce to 200 mg daily after 2 months attack free period. General dosing range: 200-800mg daily in 2 or 4 divided doses. Dosing is individualised and according to product insert/protocol
Danazol 200mg Capsule	G03XA01-000-C10-02-XXX	No	No	A/KK	i) Endometriosis ii) Benign breast disorders including gynaecomastia fibrocystic breast disease and pubertal breast hypertrophy iii) Menorrhagia iv) Prophylaxis of hereditary angioedema	None	i. 400mg daily in 2 to 4 divided doses, starting on the 1st day of the menstrual cycle; daily doses of 800mg are also employed. ii. 100mg to 400mg daily in divided dose. iii. 200 mg BD iv. 400 mg daily. Reduce to 200 mg daily after 2 months attack free period. General dosing range: 200-800mg daily in 2 or 4 divided doses. Dosing is individualised and according to product insert/protocol
Dapagliflozin 10mg Tablet	A10BX09-999-T32-01-XXX	Yes	Yes	A/KK	Indication 1: Dapagliflozin is indicated for use as an add-on combination therapy in combination with other glucose-lowering medicinal products including insulin, to improve glycemic control in adult patients with type 2 diabetes mellitus when these, together with diet and exercise, do not provide adequate glycaemic control. Indication 2: Dapagliflozin is indicated to reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and established cardiovascular disease (CVD). Indication 3: To reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure (NYHA class II-IV) with reduced ejection fraction. Indication 4: For cardiorenal protection in adult patients with chronic kidney disease, with or without Type 2 Diabetes Mellitus, with eGFR≥25mL/min/1.73m2 and urine albumin creatinine ratio (UACR) ≥200-5,000mg/m2 (or the equivalent in uPRC/u-dipstick) receiving stable treatment with ACEi or ARB (unless they are contraindicated or not tolerated).	Indication 1: Patients with HbA1c between 6.5%-10.0% while on single / combination anti-diabetic therapy. Indication 2: Patients with HbA1c not more than 10.0% while on adequate trial of metformin. Indication 3: Treatment to be initiated in hospital setting before continuation of treatment for stable patients by Family Medicine Specialist (FMS) in the primary care setting; All patients must be counselled regarding risk of euglycemic ketoacidosis before initiation of treatment. Indication 4: In adult patients with underlying Type 2 Diabetes Mellitus, to be used only if HbA1c level <10%. All patients must be counselled regarding risk of euglycemic ketoacidosis before initiation of treatment.	10 mg once daily
Dapsone 100mg Tablet	J04BA02-000-T10-01-XXX	Yes	No	B	i)Leprosy ii) Dermatitis herpetiformis	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Darbepoetin alfa 120mcg/0.5ml injection	B03XA02-000-P50-04-XXX	Yes	Yes	A*	i. Treatment of anaemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis. ii. Anemia with myelodysplastic syndrome	For indication (i): Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.	Indication (i): Haemodialysis patients: Initial dose: 20mcg IV once weekly Initial dose for switched ESA-treated patient: 15 – 60mcg IV once weekly Maintenance dose: 15 – 60mcg IV once weekly, then 30 – 120mcg IV biweekly. Peritoneal dialysis patients and patients with chronic kidney disease not on dialysis: Initial dose: 30mcg IV or SC biweekly Initial dose for switched ESA-treated patient: 30 – 120mcg IV or SC biweekly Maintenance dose: 30 – 120mcg IV or SC biweekly, then 60 – 180mcg IV or SC once every four weeks. Indication (ii): Adults: 240mcg administered as a single subcutaneous injection once weekly. The dose should be decreased in view of the degree of anemic symptoms and the patient's age.
Darbepoetin alfa 20mcg/0.5ml injection	B03XA02-000-P50-01-XXX	Yes	Yes	A*	i. Treatment of anaemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis. ii. Anemia with myelodysplastic syndrome	For indication (i): Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents	Indication (i): Haemodialysis patients: Initial dose: 20mcg IV once weekly Initial dose for switched ESA-treated patient: 15 – 60mcg IV once weekly Maintenance dose: 15 – 60mcg IV once weekly, then 30 – 120mcg IV biweekly. Peritoneal dialysis patients and patients with chronic kidney disease not on dialysis: Initial dose: 30mcg IV or SC biweekly Initial dose for switched ESA-treated patient: 30 – 120mcg IV or SC biweekly Maintenance dose: 30 – 120mcg IV or SC biweekly, then 60 – 180mcg IV or SC once every four weeks. Indication (ii): Adults: 240mcg administered as a single subcutaneous injection once weekly. The dose should be decreased in view of the degree of anemic symptoms and the patient's age.
Darbepoetin alfa 40mcg/0.5ml injection	B03XA02-000-P50-03-XXX	Yes	Yes	A*	i. Treatment of anaemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis. ii. Anemia with myelodysplastic syndrome	For indication (i): Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.	Indication (i): Haemodialysis patients: Initial dose: 20mcg IV once weekly Initial dose for switched ESA-treated patient: 15 – 60mcg IV once weekly Maintenance dose: 15 – 60mcg IV once weekly, then 30 – 120mcg IV biweekly. Peritoneal dialysis patients and patients with chronic kidney disease not on dialysis: Initial dose: 30mcg IV or SC biweekly Initial dose for switched ESA-treated patient: 30 – 120mcg IV or SC biweekly Maintenance dose: 30 – 120mcg IV or SC biweekly, then 60 – 180mcg IV or SC once every four weeks. Indication (ii): Adults: 240mcg administered as a single subcutaneous injection once weekly. The dose should be decreased in view of the degree of anemic symptoms and the patient's age.
Daunorubicin HCl 20 mg Injection	L01DB02110P4001XX	Yes	Yes	A*	i) Acute myeloblastic leukaemia (AML) ii) Acute lymphoblastic leukemia (ALL)		i) 45 - 60 mg/m2 IV daily for 3 - 5 days ii) 25 - 45 mg/m2 once a week for first 4 weeks during induction phase. Caution: Total cumulative dose of daunorubicin and doxorubicin must not exceed 500 mg/m2 due to risk of cardiotoxicity. CHILD: 30-45 mg/m2/dose infusion over 6 hours. Schedule depends on protocol. Need to check cardiac function closely by echocardiography every cumulative dose of 100mg/m2 to max. 360 mg/m2
Decitabine 50 mg Injection	L01BC08000P3001XX	No	Yes	A*	Myelodysplastic syndromes (MDS)		3-day Regimen 15 mg/m2 by continuous IV infusion over 3 hours repeated every 8 hours for 3 days. Repeat this treatment cycle every 6 weeks for a minimum of 4 cycles. 5-day Regimen Dose of 20 mg/m2 by continuous intravenous infusion over 1 hour repeated daily for 5 days. This cycle should be repeated every 4 weeks Dosing is according to product insert /protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Deferasirox 125mg Dispersible Tablet	V03AC03-000-T40-01-XXX	Yes	No	A*	Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and pediatric patients aged 2 years and above.		Initial 20 mg/kg/day. Starting dose can also be based on transfusion rate and existing iron burden. In patients not adequately controlled with doses of 30mg/kg/day (e.g serum ferritin levels persistently above 2,500 microgram/L and not showing a decreasing trend over time), doses up to 40mg/kg/day may be considered.
Deferasirox 180mg Film Coated Tablets	V03AC03-000-T32-02-XXX	Yes	No	A*	Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and paediatric patients aged 2 years and above.	i. Exclude patients with renal impairment and moderate to severe transaminitis. ii. To be prescribed by consultant hematologist, consultant physician and consultant paediatrician	Recommended initial daily dose is 14mg/kg body weight. An initial daily dose of 21mg/kg may be considered for patients receiving more than 14 mL/kg/month of packed red blood cells (approximately >4 units/month for an adult), and for whom the objective is reduction of iron overload. An initial daily dose of 7 mg/kg may be considered for patients receiving less than 7 mL/kg/month of packed red blood cells (approximately <2 units/month for an adult), and for whom the objective is maintenance of the body iron level. For patients already well-managed on treatment with deferoxamine, a starting dose of Deferasirox Film Coated Tablets that is numerically one third of the deferoxamine dose could be considered. In patients not adequately controlled with doses of 21 mg/kg (e.g., serum ferritin levels persistently above 2500 µg/L and not showing a decreasing trend over time), doses of up to 28 mg/kg may be considered. Doses above 28 mg/kg are not recommended because there is only limited experience with doses above this level.
Deferasirox 250mg Dispersible Tablet	V03AC03-000-T40-02-XX	Yes	No	A*	Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and pediatric patients aged 2 years and above.	None	Initial 20 mg/kg/day. Starting dose can also be based on transfusion rate and existing iron burden. In patients not adequately controlled with doses of 30mg/kg/day (e.g serum ferritin levels persistently above 2,500 microgram/L and not showing a decreasing trend over time), doses up to 40mg/kg/day may be considered.
Deferasirox 360mg film coated tablet	V03AC03-000-T32-03-XXX	Yes	No	A*	Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and paediatric patients aged 2 years and above.	None	• Recommended initial dose is 14mg/kg body weight. • An initial dose of 21mg/kg may be considered for patients receiving more than 14ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • An initial dose of 7mg/kg may be considered for patients receiving less than 7ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • For patients already well-managed on treatment with Deferoxamine, a starting dose of Deferasirox film- coated tablets that is numerically one third of the Deferoxamine dose could be considered. In patients not adequately controlled with doses of 21mg/kg (e.g. serum ferritin levels persistently above 2,500 mcg/L and not showing a decreasing trend over time), doses of up to 28mg/kg may be considered. Doses above 28 mg/kg are not recommended because there is only limited experience with doses above this level.
Deferasirox 500 mg Dispersible Tablet	V03AC03-000-T40-03-XXX	Yes	No	A*	Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and pediatric patients aged 2 years and above.	None	Initial 20 mg/kg/day. Starting dose can also be based on transfusion rate and existing iron burden. In patients not adequately controlled with doses of 30mg/kg/day (e.g serum ferritin levels persistently above 2,500 microgram/L and not showing a decreasing trend over time), doses up to 40mg/kg/day may be considered.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Deferasirox 90mg film coated tablet	V03AC03-000-T32-01-XXX	Yes	No	A*	Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and paediatric patients aged 2 years and above.		• Recommended initial dose is 14mg/kg body weight. • An initial dose of 21mg/kg may be considered for patients receiving more than 14ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • An initial dose of 7mg/kg may be considered for patients receiving less than 7ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • For patients already well-managed on treatment with Deferoxamine, a starting dose of Deferasirox film- coated tablets that is numerically one third of the Deferoxamine dose could be considered. In patients not adequately controlled with doses of 21mg/kg (e.g. serum ferritin levels persistently above 2,500 mcg/L and not showing a decreasing trend over time), doses of up to 28mg/kg may be considered. Doses above 28 mg/kg are not recommended because there is only limited experience with doses above this level.
Deferiprone 500 mg Tablet	V03AC02-000-T10-01-XXX	Yes	No	A*	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	None	25 mg/kg 3 times a day for total daily dose of 75 mg/kg. Doses greater 100 mg/kg are not recommended
Degarelix 120mg Injection	L02BX02-000-P40-01-001	No		A*	Treatment of adult male patients with advanced hormone- dependent prostate cancer	Patients who are contraindicated to Gonadotrophin Releasing Hormone (GnRH) agonist	240 mg administered as two consecutive subcutaneous injections of 120 mg each. Maintenance dose* – monthly administration: 80 mg administered as one subcutaneous injection *The first maintenance dose should be given one month after the starting dose.
Degarelix 80mg Injection	L02BX02-000-P40-01-002	No		A*	Treatment of adult male patients with advanced hormone- dependent prostate cancer.	Patients who are contraindicated to Gonadotrophin Releasing Hormone (GnRH) agonist	240 mg administered as two consecutive subcutaneous injections of 120 mg each. Maintenance dose* – monthly administration: 80 mg administered as one subcutaneous injection *The first maintenance dose should be given one month after the starting dose.
Denosumab in 1.0 mL solution (60 mg/mL) Pre-filled syringe (subcutaneous injection)	M05BX04000P4001XX	No		A*	Post-Menopausal Osteoporosis.	To be used by Orthopaedic Specialist, Rheumatologist, Endocrinologist and Geriatricians	A single subcutaneous injection of 60 mg administered once every 6 months. Patients should receive calcium and vitamin D supplements whilst undergoing treatment.
Desferrioxamine B Methanesulphonate 0.5g Injection	V03AC01-196-P30-01-XX	Yes	No	A	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	None	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	N01AB07000L5001XX	No		A	i) Induction and maintenance of anaesthesia in adult ii) Maintenance of anaesthesia in infants & children		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 2.5mg/5ml syrup	R06AX27-000-L90-01-XXX	No	No	A*	Allergic rhinitis and chronic idiopathic urticaria.	For use in children 1-2 years old only.	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)
Desloratadine 5mg Tablet	R06AX27-000-T10-01-XXX	No	No	A*	Allergic rhinitis and chronic idiopathic urticaria	None	Adults and Adolescents (12 years of age and older): 5mg once a day regardless of mealtime.
Desmopressin 0.1 mg Tablet	H01BA02122T1001XX	No	Yes	A	i)Central diabetes insipidus ii)Primary nocturnal enuresis iii)Treatment of nocturia associated with nocturnal polyuria in adult		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Desmopressin 0.2 mg Tablet	H01BA02122T1002XX	No	Yes	A	i) Central diabetes insipidus ii) Primary nocturnal enuresis iii)Treatment of nocturia associated with nocturnal polyuria in adult		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 100mcg/ml Nasal Spray	H01BA02-122-A41-01-XXX	No	Yes	A	i) Central Diabetes Insipidus ii) Primary nocturnal enuresis	None	i) ADULT : 10 - 20 mcg 1-2 times daily. CHILD: 5 - 10mcg 1-2 times daily ii) 10-40 mcg nocte
Desmopressin 120mcg Sublingual Tablet	H01BA02-122-T70-02-001	No	Yes	A	i) Central diabetes insipidus ii) Primary nocturnal enuresis iii) Treatment of nocturia associated with nocturnal polyuria in adults		i) 60mcg 3 times daily sublingually (daily dose range from 120mcg to 720mcg) ii) 120mcg once daily at bedtime, sublingually (maximum dose 240mcg) iii) 60mcg once daily at bedtime (dose range from 120mcg to 240mcg)
Desmopressin 60mcg Sublingual Tablet	H01BA02-122-T70-01-001	No	Yes	A	i) Central diabetes insipidus ii) Primary nocturnal enuresis iii) Treatment of nocturia associated with nocturnal polyuria in adults		i) 60mcg 3 times daily sublingually (daily dose range from 120mcg to 720mcg); ii) 120mcg once daily at bedtime, sublingually (maximum dose 240mcg); iii) 60mcg once daily at bedtime (dose range from 120mcg to 240mcg).
Desmopressin Acetate 4mcg/ml Injection	H01BA02-122-P30-01-XXX	No	Yes	A	Central Diabetes Insipidus.	None	Adults 1-4 mcg 1-2 times daily. Children above the age of 1 year 0.4-1 mcg 1-2 times daily. Children below the age of 1 year 0.2-0.4 mcg 1-2 times daily.
Desogestrel 0.075mg Tablet	G03AC09-000-T10-01-XXX	No	No	A*	Contraception. Only for women who should not take combined oral contraceptives (COCs) eg Obese, smoker, migraine, breast feeding	None	Tablets must be taken in the order directed on the package every day at about the same time with some liquid as needed. One tablet is to be taken daily for 28 consecutive days. Each subsequent pack is started immediately after finishing the previous pack.
Desogestrel 150mcg & Ethinylestradiol 20mcg Tablet	G03AA09-954-T10-02-XX	No	No	A/KK	Oral contraception	None	One tablet daily for 21 days starting on 1st day of menses followed by 7 tablet-free days.
Desogestrel 150mcg & Ethinylestradiol 30mcg Tablet	G03AB05-954-T10-01-XXX	Yes	No	C+	Contraception	None	1 tablet daily for 21 days, subsequent courses repeated after 7 day interval (during which withdrawal bleeding occurs)
Desvenlafaxine 50 mg Extended Release Tablet	N06AX23999T5002XX	No	Yes	A*	Major depression		Recommended dose is 50mg once daily, with or without food.
Dexamethasone 0.5mg Tablet	H02AB02-000-T10-01-XXX	Yes	No	A	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.	None	0.5mg to 10mg daily is given for oral administration. Dose can be titrated up to 20mg daily in severe disease depending on the condition being treated. The dosing is individualized according to product insert / protocol
Dexamethasone 4mg Tablet	H02AB02-000-T10-03-XXX	Yes	No	A	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.	None	0.5mg to 10mg daily is given for oral administration. Dose can be titrated up to 20mg daily in severe disease depending on the condition being treated. The dosing is individualized according to product insert / protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Dexamethasone 700mcg intravitreal implant	S01BA01-000-P11-01-XXX	No	No	A*	i) Treatment of adult patients with visual impairment due to diabetic macular oedema (DME) who are pseudophakic. ii) Treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO)	For indication (ii): a) First line therapy for patient with contraindication to anti-VEGF treatment. b) Second line therapy for patient refractory to anti-VEGF treatment. c) To be prescribed by Ophthalmologist only	Indication (i): The recommended dose is one dexamethasone intravitreal implant to be administered to the affected eye. Administration to both eyes concurrently is not recommended. Patients treated with dexamethasone intravitreal implant who have experienced an initial response and in the physician's opinion may benefit from retreatment without being exposed to significant risk should be considered for retreatment. Retreatment may be performed after approximately 6 months if the patient experiences decreased vision and/or an increase in retinal thickness, secondary to recurrent or worsening diabetic macular oedema. There is currently no experience of the efficacy or safety of repeat administrations in DME beyond 7 implants. Indication (ii): 700 mcg injected intravitreally into one affected eye. Administration to both eyes concurrently is not recommended. Repeat doses at 6 months interval should be considered when a patient experiences a response to treatment followed subsequently by a loss in visual acuity.
Dexamethasone and Neomycin Sulphate and Polymyxin B Eye Ointment	S01CA01-990-G51-01-XXX	No	No	A	Treatment of ocular inflammation when concurrent use of an antimicrobial is judged necessary	None	Apply a small amount into the conjunctival sac(s) 3 – 4 times daily, may be used adjunctively with drops at bedtime
Dexamethasone and Neomycin Sulphate and Polymyxin B Sulphate Ophthalmic Suspension	S01CA01-990-D20-01-XXX	No	No	A	Treatment of ocular inflammation when concurrent use of an antimicrobial is judged necessary	None	1 - 2 drops hourly for severe cases and 4 - 6 hourly for mild infection
Dexamethasone Sodium Phosphate 0.1% Eye Drops	S01BA01-162-D20-01-XXX	No	No	A	Acute steroid responsive inflammatory and allergic conditions	None	1 - 2 drops 4 - 6 times a day
Dexamethasone Sodium Phosphate 4 mg/ml Injection	H02AB02-162-P30-01-XXX	Yes	No	B	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.	None	i-iii) Initial dosage: 0.5 mg to 20 mg per day depending on the specific disease entity being treated. The total daily dosage should not exceed 80 mg. The dosing is individualized according to product insert / protocol
Dexlansoprazole 30 mg delayed release capsule	A02BC06-000-C30-01-XXX	Yes	No	A*	i) Treatment of erosive esophagitis (EE); ii) Maintenance of healed erosive esophagitis (EE); iii) Symptomatic treatment of non-erosive gastroesophageal reflux disease.	As a second-line therapy for: i) Patients with refractory EE; ii) Geriatrics; iii) Patients with polypharmacy.	i) Treatment of EE – 60 mg once daily for 8 weeks; ii) Maintenance of healed EE – 30 mg once daily for 6 months; iii) Symptomatic non-erosive gastroesophageal reflux disease – 30 mg once daily for 4 weeks.
Dexlansoprazole 60 mg delayed release capsule	A02BC06-000-C30-02-XXX	Yes	No	A*	i) Treatment of erosive esophagitis (EE); ii) Maintenance of healed erosive esophagitis (EE); iii) Symptomatic treatment of non-erosive gastroesophageal reflux disease.	As a second-line therapy for: i) Patients with refractory EE; ii) Geriatrics; iii) Patients with polypharmacy.	i) Treatment of EE – 60 mg once daily for 8 weeks; ii) Maintenance of healed EE – 30 mg once daily for 6 months; iii) Symptomatic non-erosive gastroesophageal reflux disease – 30 mg once daily for 4 weeks.
Dexmedetomidine HCl 100mcg/ml Injection	N05CM18-110-P40-01-XXX	No	No	A*	i) Sedation of intubated and mechanically ventilated ICU patients. ii) For use only by specialist anaesthetist: For sedation of non-intubated patients prior to and/or during surgical and other procedures	None	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 10% Injection	B05BA03000P6002XX	Yes		B	For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient		According to the needs of the patient
Dextrose 20% Injection	B05BA03000P6003XX	Yes		B	For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient		According to the needs of the patient
Dextrose 30% Injection	B05BA03000P3004XX	Yes		B	For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient		According to the needs of the patient
Dextrose 5% Injection	B05BA03000P6001XX	Yes		B	For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient		According to the needs of the patient
Dextrose 50% Injection	B05BA03000P3005XX	Yes		B	For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient		According to the needs of the patient
Dextrose Powder	V04CA02000F2101XX	No	No	B	Use as a diagnostic agent for diabetes		75 g stat

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Diatrizoate Meglumine and Sodium Amidotrizoate Solution	V08AA01254L9901XX	No	No	A	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 Mecolinium ileus		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
Diazepam 2mg Tablet	N05BA01-000-T10-01-XXX	Yes	Yes	B	i) Muscle spasm of varied aetiology, including tetanus ii) Anxiety disorders	None	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 delibitated) half adult dose. CHILD (night terrors), 1 - 5 mg at bedtime
Diazepam 5mg Rectal Solution	N05BA01-000-G20-01-XXX	Yes	Yes	B	i) Status epilepticus ii) Skeletal muscle spasm	None	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 5mg Tablet	N05BA01-000-T10-02-XXX	Yes	Yes	B	i) Muscle spasm of varied aetiology, including tetanus ii) Anxiety disorders	None	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 5mg/ml Injection	N05BA01-000-P30-01-XXX	Yes	Yes	B	i) Status epilepticus ii) Skeletal muscle spasm iii) Anxiety disorders	None	i) ADULT: initial dose 10-20mg IV, in the following hours 20mg IM or by intravenous drip infusion as necessary. CHILD 2 to 5 years of age: slow IV 0.2 - 0.5mg every two to five minutes up to a maximum of 5mg. If necessary, dose can be repeated in two to four hours. CHILD 5 years and older: slow IV 1mg every two to five minutes up to a maximum of 10mg. If necessary, dose can be repeated in two to four hours. ii) ADULT: 10mg once or twice IV. CHILD 2 to 5 years of age: IM or IV, 1 to 2mg the dosage being repeated every three to four hours as needed. CHILD 5 years and older: IM or IV, 5 to 10mg, the dosage being repeated every three to four hours as needed. iii) ADULT: 10-20mg three times daily IM or IV until acute symptoms subside.
Diclofenac 1% Gel	M02AA15-520-G30-01-XXX	No	Yes	A	i) Post-traumatic inflammation of the tendons,ligaments & joints. ii) Localised forms of soft tissue rheumatism and degenerative rheumatism	None	Apply 3 - 4 times daily and gently rubbed in
Diclofenac 12.5mg Suppository	M01AB05-520-S20-01-XXX	No	Yes	A	Pain and inflammation in rheumatic disease and juvenile arthritis	None	ADULT: 100 mg usually at night, max total daily dose 150 mg. CHILD ABOVE 1 YEAR AND ADOLESCENT: 0.5-2mg/kg daily divided to 2-3 doses. Maximum dose for juvenile RA is 3mg/kg/day in divided doses
Diclofenac 25mg Suppository	M01AB05-520-S20-02-XXX	No	Yes	A	Pain and inflammation in rheumatic disease and juvenile arthritis	None	ADULT: 100 mg usually at night, max total daily dose 150 mg. CHILD ABOVE 1 YEAR AND ADOLESCENT: 0.5-2mg/kg daily divided to 2-3 doses. Maximum dose for juvenile RA is 3mg/kg/day in divided doses
Diclofenac 50mg Tablet	M01AB05-520-T10-01-XXX	No	Yes	B	Pain and inflammation in rheumatic disease and of non-rheumatic origin	None	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. CHILD more than 6 months : 1 - 3 mg/kg body weight daily in divided doses. Maximum: 3mg/kg/day (150mg/day).

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Diclofenac Sodium 50 mg Suppository	M01AB05-520-S20-03-XXX	No	Yes	A	Pain and inflammation in rheumatic disease and juvenile arthritis	None	ADULT: 100 mg usually at night, max total daily dose 150 mg. CHILD ABOVE 1 YEAR AND ADOLESCENT: 0.5-2mg/kg daily divided to 2-3 doses. Maximum dose for juvenile RA is 3mg/kg/day in divided doses
Diclofenac Sodium 75 mg/3ml Injection	M01AB05-520-P30-01-XXX	No	Yes	A/KK	Pain and inflammation in rheumatic disease and of non-rheumatic origin	None	IM 75 mg once daily (2 times daily in severe cases) for not more than 2 days. Max 150mg/day. Not suitable for children.
Didanosine 100 mg Tablet (ddI)	J05AF02000T1002XX	Yes		A*	HIV infection, in combination with other antiretrovirals		ADULT less than 60 kg: 125 mg twice daily or 250 mg once daily; more than 60 kg: 400 mg once daily or 200 mg twice daily. CHILD: 2 weeks to less than 3 months: 50mg/m2 twice daily; 3-8 months: 100mg/m2 twice daily
Didanosine 2 g Oral Solution (ddI)	J05AF02000F2101XX	Yes		A*	HIV infection, in combination with other antiretrovirals		ADULT less than 60 kg: 125 mg twice daily or 250 mg once daily; more than 60 kg: 400 mg once daily or 200 mg twice daily. CHILD: 2 weeks to less than 3 months: 50mg/m2 twice daily; 3-8 months: 100mg/m2 twice daily
Didanosine 25 mg Tablet (ddI)	J05AF02000T1001XX	Yes		A*	HIV infection, in combination with other antiretrovirals		ADULT less than 60 kg: 125 mg twice daily or 250 mg once daily; more than 60 kg: 400 mg once daily or 200 mg twice daily. CHILD: 2 weeks to less than 3 months: 50mg/m2 twice daily; 3-8 months: 100mg/m2 twice daily
Didanosine 250 mg Enteric Coated Capsule	J05AF02000C1001XX	Yes		A*	HIV infection, in combination with other antiretrovirals		ADULT less than 60 kg: 250 mg once daily; 60 kg or greater: 400 mg once daily. Dose may varies if taken in combination with tenofovir
Didanosine 400 mg Enteric Coated Capsule	J05AF02000C1002XX	Yes		A*	HIV infection, in combination with other antiretrovirals		ADULT less than 60 kg: 250 mg once daily; 60 kg or greater: 400 mg once daily. Dose may varies if taken in combination with tenofovir
Dienogest 2mg tablet	G03DB08-000-T10-01-XXX	No	No	A/KK	Treatment of endometriosis	None	One tablet daily. Treatment can be started on any day of menstrual cycle. Tablets must be taken continously without regard to vaginal bleeding.
Diethylcarbamazine Citrate 50mg Tablet	P02CB02-136-T10-01-XXX	Yes	No	B	i) Bancrofti filariasis, onchocerciasis, loasis, creeping eruption ii) Ascariasis iii) Tropical eosinophilia	None	i) 1 mg/kg on the first day and increased gradually over 3 days to 6 mg/kg daily in divided doses. This dosage is maintained for 21 days. ii) 13 mg/kg once daily for 7 days. CHILD : 6 - 10 mg/kg 3 times daily for 7 days iii) 6 mg/kg/day in 3 divided doses for 21 days
Digoxin 0.25mg Tablet	C01AA05-000-T10-01-XX	Yes	Yes	B	Heart failure , with atrial fibrillation, supraventricular arrhythmias (particularly, atrial fibrillation)	None	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 250mcg/ml Injection	C01AA05-000-P30-01-XX	Yes	Yes	A	Heart failure with atrial fibrillation, supraventricular arrhythmias (particularly atrial fibrillation)	None	Rapid digitilisation: ADULT & CHILD over 10 years, initially 0.75 - 1.5 mg, followed by 250 mcg 6 hourly until digitilisation is complete
Digoxin 50mcg/ml Elixir	C01AA05-000-L10-01-XX	Yes	Yes	B	Heart failure, supraventricular arrhythmias (particularly atrial fibrillation)	None	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 62.5mcg Tablet	C01AA05-000-T10-02-XX	Yes	Yes	B	Heart failure, with atrial fibrillation, supraventricular arrhythmias (particularly, atrial fibrillation)	None	Rapid digitalisation: 1-1.5 mg in divided doses over 24 hours; less urgent digitalisation, 250 mcg-500 mcg daily (higher dose may be divided). Maintenance: 62.5 - 500 mcg daily (higher dose may be divided) according to renal function, and in atrial fibrillation, on heart-response; usual range :125 - 250 mcg daily (lower doses may be appropriate in the elderly)

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Dihydrocodeine Tartrate 30 mg Tablet	N02AA08-123-T10-01-XXX	Yes	No	B	For the control of moderate to severe chronic pain	None	ADULT: 30 - 60 mg every 4 - 6 hours. CHILD, over 4 yrs: 0.5 - 1 mg/kg body weight every 4-6 hours
Diltiazem HCl 100mg sustained release capsule	C08DB01-110-C20-05-001	Yes	Yes	A/KK	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	None	Usually, for adults, 100 mg to 200 mg to be administered orally once daily. If the effect is insufficient, the dosage may be increased to 200 mg once daily.
Diltiazem HCl 30 mg Tablet	C08DB01-110-T10-01-XX	Yes	Yes	B	i) Treatment of angina ii) Hypertension	None	Initially 30mg tds, may increase to 60mg tds (elderly initially twice daily; increased if necessary to 360 mg daily.
Dimenhydrinate Injection 10ml/vial (50mg/ml)	N07CA00000P2001XX	No		B	Prevention and relief of motion sickness, treatment of vertigo, nausea or vomiting associated with electroshock therapy, anaesthesia and surgery; labyrinthine disturbances and radiation sickness.		Usual Adult & Adolescent Dose: Antiemetic; or Antivertigo agent ? Intramuscular, 50 mg repeated every four hours as needed. Intravenous, 50 mg in 10 mL of 0.9% sodium chloride injection, administered slowly over a period of at least two minutes, repeated every four hours as needed. Usual Pediatric Dose: Antiemetic; or Antivertigo agent ? Intramuscular, 1.25 mg per kg of body weight or 37.5 mg per square meter of body surface, every six hours as needed, not to exceed 300 mg per day. Intravenous, 1.25 mg per kg of body weight or 37.5 mg per square meter of body surface, in 10 ml of 0.9% sodium chloride injection, administered slowly over a period of at least two minutes, every six hours as needed, not to exceed 300 mg per day.
Dimenhydrinate Syrup 15mg/5ml	N07CA00000L9003XX	No		B	For prevention and treatment of motion sickness. Also used as anti-emetic agent in irradiation sickness, postoperative vomiting, drug induced nausea and vomiting, and for symptomatic treatment of nausea and vertigo due to Meniere`s disease and other labyrinthine disturbances.		ADULT: 50-100 mg every 4 hours as needed. For motion sickness, take medicine at least 30 minutes, and preferably 1-2 hours before travelling. Usual adult prescribing limit: Up to 400 mg daily. CHILD: Children 6-12 years: 25-50 mg every 6-8 hours as needed (maximum of 150 mg daily).
Dimercaprol 50 mg/ml Injection	V03AB09-000-P30-01-XXX	Yes	No	B	Poisoning by antimony, arsenic, bismuth, gold, mercury, possibly thallium; adjunct (with calcium disodium edetate) in lead poisoning	None	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
Dinoprostone (Prostagladin E2) 3mg Vaginal Tablet	G02AD02-000-S10-01-XXX	No	No	A	Induction of labour	None	3 mg vaginal tablet to be inserted high into the posterior formix. A second 3 mg tablet may be inserted after 6-8 hours if labour is not established. Max 6 mg
Diosmin 450mg and Hesperidin 50mg Tablet	C05CA533-931-T10-01-XX	No	No	B	i) Haemorrhoids ii) Chronic venous insufficiency	None	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 14mg/5ml Expectorant	R06AA52-110-L21-01-XXX	Yes	No	C	Cough	None	ADULT : 5 - 10 ml 2 - 3 times daily.
Diphenhydramine Hydrochloride 7 mg/5 ml Expectorant	R06AA52-110-L90-03-XXX	Yes	No	C	Cough	None	CHILD 6-12 years: 2.5 to 5 ml 2-3 times daily CHILD 2-5 years: 2.5 ml 2-3 times daily NOT to be used in children less than 2 years in age
Diphenoxylate HCl 2.5mg with Atropine Sulphate 0.025mg Tablet	A07DA01-922-T10-01-XXX	Yes	No	B	Symptomatic treatment of acute and chronic diarrhoea	None	ADULT: 2 tablets 4 times daily, later reduced when diarrhoea is controlled. Maintenance: 2 tablets once daily as needed (Max: 8 tablets daily)
Diphtheria and Tetanus Vaccine Injection	J07AM51963P3001XX	Yes	No	C+	Immunisation against diphtheria and tetanus.		0.5ml by deep SC or IM injection. Dosing is according to Immunisation Schedule under NIP.
Diphtheria Antitoxin Injection	J07AF01000P3001XX	Yes	No	B	Diphtheria		Therapeutic: 10,000 - 30,000 units by IM or IV. Increase to 40,000 - 100,000 units in severe cases. Doses up to 30,000 units may be given IM
Diphtheria, Pertussis, Tetanus Vaccine Injection	J07AJ52963P3001XX	No	No	C+	Immunisation against diphtheria, pertussis and tetanus.		0.5ml by IM. Dosing is according to Immunisation Schedule under NIP.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Diphtheria, tetanus and pertussis (acellular, component) vaccine (adsorbed, reduced antigen(s) content) Suspension for injection (Tdap)	J07AJ52-963-P30-01-XXX	No	No	C+	Indicated for passive protection against pertussis in early infancy following maternal immunisation during pregnancy.	None	A single 0.5 ml dose of the vaccine is recommended for pregnant women during the second or the third trimester of pregnancy. For deep intramuscular injection, preferably in the deltoid region
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Virus, Haemophilus Influenza Type B (DTaP-IPV-HiB) Vaccine Injection	J07CA06963P3001XX	Yes	No	C+	Immunisation of children against Diphtheria, Tetanus, Acellular Pertussis, Polio and Haemophilus Influenza Type B infection.		0.5ml by IM. Dosing is according to Immunisation Schedule under NIP.
Diphtheria, Tetanus, Pertussis (Acellular, component), Hepatitis B (rDNA), Poliomyelitis (Inactivated) and Haemophilus Influenzae Type B Conjugate Vaccine (adsorbed) (DTaP- IPV-HB-Hib) Injection	J07CA09-963-P30-02-001	No	No	C+	For primary and booster vaccination of infants and toddlers from six weeks to 24 months of age against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and invasive diseases caused by Haemophilus influenzae type b (Hib).	Not applicable	Dosing is according to Immunisation Schedule under NIP: Primary: Dose of 0.5ml to be given by IM at 2, 3 & 5 months of age. Booster: Dose of 0.5ml to be given by IM at 18 months of age.
Dipyridamole 75 mg Tablet	B01AC07000T1001XX	No		B	As an adjunct to oral anticoagulation/ antiplatelet therapy in the prophylaxis of cerebrovascular events		75-150 mg 3 times daily to be taken 1 hour before meals
Dithranol 0.1 - 5% in Vaseline/ Ointment	D05AC01000G5001XX	No	No	A	Short contact treatment for plaque psoriasis and alopecia areata		For application to skin or scalp. 0.1-0.5% suitable for overnight treatment. 1-2% for max 1 hour.
Dithranol 1 % in Lassars Paste	D05AC01000G6001XX	No	No	A	Treatment of quiescent or chronic psoriasis of the skin, scalp and alopecia areata		Apply liberally and carefully to the lesions with a suitable applicator. A dressing may be applied
Dobutamine 12.5mg/ml Injection	C01CA07-110-P30-01-XX	Yes	Yes	A	Hypotension and heart failure	None	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 20mg/ml Injection	L01CD02-000-P30-03-XXX	Yes	Yes	A*	i) Breast Cancer ii) Non-small cell lung cancer iii) Prostate cancer iv) Gastric adenocarcinoma v) Head and neck cancer vi)Ovarian cancer		Two dosing regimens: a. 50 mg/m2 every 2 weeks, intravenous b. 75 to 100 mg/m2 every 3 weeks, intravenous. Dosing is according to product insert/protocol.
Docetaxel 40mg/ml Injection	L01CD0-000-P30-02-XXX	Yes	Yes	A*	i) Breast Cancer ii) Non-small cell lung cancer iii) Prostate cancer iv) Gastric adenocarcinoma v) Head and neck cancer vi)Ovarian cancer		Two dosing regimens: a. 50 mg/m2 every 2 weeks, intravenous b. 75 to 100 mg/m2 every 3 weeks, intravenous. Dosing is according to product insert/protocol.
Dolutegravir 50mg Tablet	J05AX12-000-T32-01-XXX	Yes	No	A/KK	Dolutegravir is indicated in combination with other anti-retroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV) infected adults and adolescents above 12 years of age.	For patients who are : - not able to tolerate; or - failing treatment or resistant to first line therapy (efavirenz and nevirapine).	i) HIV-1 patients without documented or clinically suspected resistance to the integrase class: 50 mg (one tablet), once daily, orally. ii) HIV-1 patients with resistance to the integrase class: 50 mg (one tablet), twice daily, orally.
Dolutegravir 50mg, Lamivudine 300mg, Tenofovir Disoproxil Fumarate 300mg Film-Coated Tablets	J05AR27-964-T32-01-XXX	Yes	No	A/KK	Indicated for use alone as a complete regimen for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults and adolescents above 12 years of age weighing 40 kg or greater.	None	One tablet once daily
Domperidone 1 mg/ml Suspension	A03FA03000L8001XX	No		B	Nausea, vomiting, dyspepsia, gastro-esophageal reflux		Adults and adolescents ≥ 12 years of age and weighing ≥ 35kg & children < 12 years of age and weighing ≥ 35kg: 10ml three to four times per day. Maximum dose: 40mg/day. Adults and adolescents (≥ 12 years of age) weighing < 35kg: 0.25mg/kg three to four times per day. Maximum dose: 35mg/day.
Domperidone 10 mg Tablet	A03FA03253T1001XX	No		B	Nausea, vomiting, dyspepsia, gastro-esophageal reflux		Adults and adolescents ≥ 12 years of age and weighing ≥ 35kg & children < 12 years of age and weighing ≥ 35kg: 10mg three to four times per day. Maximum dose: 40mg/day
Donepezil HCl 10 mg Tablet	N06DA02-110-T10-02-XXX	Yes	Yes	A/KK	Treatment of mild, moderate and severe dementia in Alzheimer's disease	Psychiatrists, Neurologists, Geriatricians, Family Medicine Specialists trained in Mental Health Disorders	5 - 10 mg once daily at bedtime. Maximum 10 mg daily
Donepezil HCl 10mg Orodispersible Tablet	N06DA02-110-T40-02-XXX	Yes	Yes	A*	Treatment of mild to moderate dementia in Alzheimer's disease, as well as in patients with severe Alzheimer's disease	Psychiatrists, neurologists and geriatricians only	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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Donepezil HCl 5 mg Tablet	N06DA02-110-T10-01-XXX	Yes	Yes	A/KK	Treatment of mild, moderate and severe dementia in Alzheimer's disease.	Psychiatrists, Neurologists, Geriatricians, Family Medicine Specialists trained in Mental Health Disorders	5 - 10 mg once daily at bedtime. Maximum 10 mg daily
Donepezil HCl 5mg Orodispersible Tablet	N06DA02-110-T40-01-XXX	Yes	Yes	A*	Treatment of mild to moderate dementia in Alzheimer's disease, as well as in patients with severe Alzheimer's disease	Psychiatrists, neurologists and geriatricians only	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	C01CA04110P3001XX	Yes	Yes	B	Non-hypovolemic hypotension	None	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	S01EC03-110-D20-01-XXX	No	No	A*	All glaucoma patients where beta-blockers are contraindicated and when intraocular pressure is not well controlled by other drugs	None	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
Dothiepin HCl 25 mg Capsule	N06AA16110C1001XX	No		A	Depression of any aetiology		Initially 75 mg (ELDERLY 50-75 mg) daily in divided doses or single dose at bedtime, increased gradually as necessary to 150 mg daily (ELDERLY 75 mg may be sufficient), up to 225 mg daily in some circumstances. CHILD is not recommended
Dothiepin HCl 75 mg Tablet	N06AA16110T1001XX	No		A	Depression of any aetiology		Initially 75 mg (ELDERLY 50-75 mg) daily in divided doses or single dose at bedtime, increased gradually as necessary to 150 mg daily (ELDERLY 75 mg may be sufficient), up to 225 mg daily in some circumstances. CHILD is not recommended
Doxazosin Mesilate 4mg CR Tablet	C02CA04196T5001XX	No	No	A*	Benign Prostatic Hyperplasia	None	4 mg once daily to maximum 8mg/day
Doxorubicin HCl 2mg/mL Injection	L01DB01110P4002XX	Yes	Yes	A	i) Solid tumours, leukaemia, non-Hodgkin's lymphoma ii) Leukaemia (ALL induction) iii) Multiple myeloma		i) 30 - 75 mg/m2 IV as a single dose at 21 day intervals ii) 25 - 45 mg/m2 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/m2 due to risk of cardiotoxicity. CHILD: 30 mg/m2/dose over 6 - 24 hours for 1 - 2 days. Need to check cardiac function closely by echocardiography every cumulative dose of 100 mg/m2 to maximum 360 mg/m2 iii) 9 mg/m2 over 24 hours infusion for 4 days at monthly intervals
Doxycycline 100mg Capsule	J01AA02-000-C10-01-XXX	Yes	No	B	Prophylaxis and treatment for infections due to susceptible organisms.	None	Prophylaxis 100-200mg daily or weekly Treatment 100-300mg daily Dosing is individualised based on type of infections and according to product insert/protocol
Doxycycline 100mg Tablet	J01AA02-000-T10-01-XXX	Yes	No	B	Prophylaxis and treatment for infections due to susceptible organisms	None	Prophylaxis 100-200mg daily or weekly Treatment 100-300mg daily Dosing is individualised based on type of infections and according to product insert/protocol
Duloxetine 30 mg Capsule	N06AX21110C1001XX	No		A*	i) Major depressive disorder ii) Diabetic peripheral neuropathic pain iii) Generalised Anxiety Disorder		i) & ii) ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended iii) Generalised Anxiety: Initial dose: 30 mg OD with or without food Maintenance dose: 60 mg OD
Duloxetine 60 mg Capsule	N06AX21110C1002XX	No		A*	i) Major depressive disorder ii) Diabetic peripheral neuropathic pain iii) Generalised Anxiety Disorder		i) & ii) ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended iii) Generalised Anxiety: Initial dose: 30 mg OD with or without food Maintenance dose: 60 mg OD

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Dupilumab 200mg Solution for Injection in Prefilled Syringe	D11AH05-000-P50-01-xxx	No		A*	Dupilumab is indicated in adults and adolescents 12 years and older as an add on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO). Dupilumab is indicated as maintenance therapy for oral corticosteroid-dependent asthma.	i.Raised blood eosinophils (150 cells/microlitre or more) and/or raised (25 parts per billion or more) fraction of exhaled nitric oxide (FeNO). ii.To be prescribed by Respiratory Physician (Pulmonologist) only	• An initial dose of 400 mg (two 200 mg injections) followed by 200 mg given every other week as subcutaneous injection • For patients with severe asthma and who are on oral corticosteroids or for patients with severe asthma and co-morbid moderate-to-severe atopic dermatitis or adults witsh co-morbid severe chronic rhinosinusitis with nasal polyposis, an initial dose of 600 mg (two 300 mg injections), followed by 300 mg every other week as subcutaneous injection
Dupilumab 300mg Solution for Injection in Pre-filled Syringe	D11AH05-000-P50-01-XXX	No	Yes	A*	(i) Indicated for the treatment of adult patients with severe atopic dermatitis (AD) whose disease is not adequately controlled with systemic immunosuppressants and / or phototherapy or when those therapies are not advisable. Dupilumab can be used with or without topical corticosteroids. (ii) Dupilumab is indicated in adults and adolescents 12 years and older as an add on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO). Dupilumab is indicated as maintenance therapy for oral corticosteroid-dependent asthma.	Indication (i): As fourth line of treatment in patients who have failed / have contraindications / experienced adverse events to: - Intensive and optimized topical treatment - Phototherapy - At least two immunosuppressants (To be prescribed by Dermatologists only) Indication (ii): i.Raised blood eosinophils (150 cells/microlitre or more) and/or raised (25 parts per billion or more) fraction of exhaled nitric oxide (FeNO). ii.To be prescribed by Respiratory Physician (Pulmonologist) only	Indication (i): The recommended dose is an initial dose of 600 mg (two 300 mg injections), followed by 300 mg given every other week. Indication (ii): • An initial dose of 400 mg (two 200 mg injections) followed by 200 mg given every other week as subcutaneous injection • For patients with severe asthma and who are on oral corticosteroids or for patients with severe asthma and co-morbid moderate-to-severe atopic dermatitis or adults witsh co-morbid severe chronic rhinosinusitis with nasal polyposis, an initial dose of 600 mg (two 300 mg injections), followed by 300 mg every other week as subcutaneous injection
Dutasteride 0.5mg and Tamsulosin 0.4mg Capsule	G04CA52-953-C10-01-XXX	No	No	A*	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	None	One capsule daily
Dutasteride 0.5mg Capsule	G04CB02-000-C10-01-XXX	No	No	A*	Benign prostatic hyperplasia in men with an enlarged prostate gland	None	0.5 mg daily
Dydrogesterone 10mg Tablet	G03DB01-110-T10-01-XXX	No	No	A/KK	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)	None	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 estrogen 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
Ear Wax Softener	S02DA30-900-D10-XX-XX	No	No	B	Occlusion or partial occlusion of the external auditory meatus by soft wax or wax plug	None	Instill 5 drops into the ears. Refer product information leaflet
Edoxaban 30mg Film Coated Tablets	B01AF03-707-T32-02-XXX	Yes	Yes	A*	Indicated in prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, and age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA).	None	The recommended dose is 60 mg edoxaban once daily. Therapy with edoxaban in NVAF patients should be continued long term. The recommended dose is 30 mg once daily in patients with one or more of the following clinical factors: • Moderate or severe renal impairment (creatinine clearance (CrCL) 15 - 50 mL/min) • Low body weight ≤ 60 kg • Concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole.
Edoxaban 60mg Film Coated Tablets	B01AF03-707-T32-03-XXX	Yes	Yes	A*	Indicated in prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, and age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA).	None	The recommended dose is 60 mg edoxaban once daily. Therapy with edoxaban in NVAF patients should be continued long term. The recommended dose is 30 mg once daily in patients with one or more of the following clinical factors: • Moderate or severe renal impairment (creatinine clearance (CrCL) 15 - 50 mL/min) • Low body weight ≤ 60 kg • Concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Edrophonium Chloride 10 mg/ml Injection	N07AA00100P3001XX	No		B	i) For reversal of neuromuscular block ii) Diagnosis of myasthenia gravis		i) Intravenous injection on over several minutes, 500 - 700 mcg/kg (after or with atropine sulphate 600 mcg) ii) Intravenous injection 2 mg followed by 8 mg if no response occurs within 30 seconds. CHILD: 20 mcg followed by 80 mcg/kg after 30 seconds
Efavirenz 100mg Capsule	J05AG03-000-C10-02-XXX	Yes	No	A*	Combination therapy for HIV infections with a protease inhibitor and or Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	None	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
Efavirenz 200mg Capsule	J05AG03-000-C10-03-XXX	Yes	No	A/KK	Combination therapy for HIV infections with a protease inhibitor and or Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	None	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
Efavirenz 200mg Tablet	J05AG03-000-T10-03-XXX	Yes	No	A/KK	Combination therapy for HIV infections with a protease inhibitor and or Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	-	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
Efavirenz 50mg Capsule	J05AG03-000-C10-01-XXX	Yes	No	A*	Combination therapy for HIV infections with a protease inhibitor and or Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	None	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
Efavirenz 600mg Tablet	J05AG03-000-T10-01-XXX	Yes	No	A/KK	Combination therapy for HIV infections with a protease inhibitor and or Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	None	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	B02BX05999T1001XX	No		A*	Short term use in idiopathic thrombocytopenic purpura patients as bridging therapy for splenectomy or surgery and in cases of severe bleeding.		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.
Emicizumab 150mg/ml solution for Injection	B02BX06-000-P30-02-XXX	Yes	No	A*	For routine prophylaxis of bleeding episodes in patients with hemophilia A (congenital factor VIII deficiency) with factor VIII inhibitors	To be prescribed by consultant haematologists only	3 mg/kg once weekly for the first 4 weeks (loading dose), followed by maintenance dose of either 1.5 mg/kg once weekly, 3 mg/kg every two weeks, or 6 mg/kg every four weeks
Emicizumab 30mg/ml solution for injection	B02BX06-000-P30-01-XXX	Yes	No	A*	For routine prophylaxis of bleeding episodes in patients with hemophilia A (congenital factor VIII deficiency) with factor VIII inhibitors	To be prescribed by consultant haematologists only	3 mg/kg once weekly for the first 4 weeks (loading dose), followed by maintenance dose of either 1.5 mg/kg once weekly, 3 mg/kg every two weeks, or 6 mg/kg every four weeks

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Empagliflozin 10mg tablet	A10BK03-000-T32-01-XXX	Yes	Yes	A/KK	Indication 1: 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. Indication 2: Indicated in patients with type 2 diabetes mellitus (T2DM) and established cardiovascular disease (CVD) to reduce the risk of cardiovascular (CV) death: As an adjunct to diet, exercise and standard of care, to reduce the risk of cardiovascular (CV) death. Indication 3: Indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure (NYHA class II-IV).	Indication 1: Patients with HbA1c between 6.5%-10.0% while on single / combination anti-diabetic therapy. Indication 2: Patients with HbA1c not more than 10.0% while on adequate trial of metformin. Indication 3: i. Treatment to be initiated in hospital setting before continuation of treatment for stable patients by Family Medicine Specialist (FMS) in the primary care setting. ii. All patients must be counselled regarding risk of euglycemic ketoacidosis before initiation of treatment	Indication 1 & 2: - Starting dose is 10 mg empagliflozin once daily for monotherapy and add-on combination therapy with other glucose-lowering medicinal products including insulin. - In patients tolerating empagliflozin 10 mg once daily and need tighter glycaemic control, the dose can be increased to 25 mg once daily. - The maximum daily dose is 25 mg. Indication 3: 10mg once daily
Empagliflozin 25mg tablet	A10BK03-000-T32-02-XXX	No	Yes	A/KK	Indication 1: 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. Indication 2: Indicated in patients with type 2 diabetes mellitus (T2DM) and established cardiovascular disease (CVD) to reduce the risk of cardiovascular (CV) death: As an adjunct to diet, exercise and standard of care, to reduce the risk of cardiovascular (CV) death.	Indication 1: Patients with HbA1c between 6.5%-10.0% while on single / combination anti-diabetic therapy. Indication 2: Patients with HbA1c not more than 10.0% while on adequate trial of metformin.	- Starting dose is 10 mg empagliflozin once daily for monotherapy and add-on combination therapy with other glucose-lowering medicinal products including insulin. - In patients tolerating empagliflozin 10 mg once daily and need tighter glycaemic control, the dose can be increased to 25 mg once daily. - The maximum daily dose is 25 mg
Emulsificants Ointment	D02AC00-952-G50-01-XXX	No	No	C	As an emollient for the symptomatic relief of dry skin conditions and as soap-substitute for skin-bathing.	None	Apply to the affected area as required or as in package insert
Enalapril 10mg Tablet	C09AA02-253-T10-02-XX	Yes	Yes	B	i) Hypertension ii) Heart failure iii) Prevention of coronary ischemic events in patients with left ventricular dysfunction	None	i) Initial: 5mg once daily. Maintenance: 10-20mg once daily Max. 40mg daily in 1-2 divided doses ii) & iii) Initial: 2.5mg once daily Maintenance: 20mg in 1-2 divided doses Max. 40mg daily in 2 divided doses Dosing is individualised and according to product insert / protocol.
Enalapril 20mg Tablet	C09AA02-253-T10-03-XX	Yes	Yes	B	i) Hypertension ii) Heart failure iii) Prevention of coronary ischemic events in patients with left ventricular dysfunction	None	i) Initial: 5mg once daily. Maintenance: 10-20mg once daily Max. 40mg daily in 1-2 divided doses ii) & iii) Initial: 2.5mg once daily Maintenance: 20mg in 1-2 divided doses Max. 40mg daily in 2 divided doses Dosing is individualised and according to product insert / protocol.
Enalapril 5mg Tablet	C09AA02253T1001XX	Yes	Yes	B	i) Hypertension ii) Heart failure iii) Prevention of coronary ischemic events in patients with left ventricular dysfunction	None	i) Initial: 5mg once daily. Maintenance: 10-20mg once daily Max. 40mg daily in 1-2 divided doses ii) & iii) Initial: 2.5mg once daily Maintenance: 20mg in 1-2 divided doses Max. 40mg daily in 2 divided doses Dosing is individualised and according to product insert / protocol.
Enoxaparin Sodium 20 mg Injection	B01AB05520P5001XX	Yes	Yes	A*, A/KK	KATEGORI PRESKRIBER A*: i. Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE ii. Treatment of venous thromboembolic diseases (DVT and PE). iii. Acute coronary syndrome: a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid. b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI). KATEGORI PRESKRIBER A/KK: Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is necessary prior treatment initiation. Healthcare facilities are advised to refer to “Panduan Penggunaan Ubat- Ubatan yang Mengandungi Unsur Tidak Halal”.		KATEGORI PRESKRIBER A* i. Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily High risk: 40mg SC 12 hours before surgery then 40mg SC once daily Medical patients: 40mg once daily ii. 1.5mg/kg once daily or 1mg/kg twice daily iii. 1 mg/kg every 12 hours KATEGORI PRESKRIBER A/KK: <50 kg: 20mg OD 50-90 kg: 40mg OD 91-130 kg: 60mg OD 131-170 kg: 80mg OD >170 kg: 0.6mg/kg/day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Enoxaparin Sodium 40 mg Injection	B01AB05520P5002XX	Yes	Yes	A*, A/KK	KATEGORI PRESKRIBER A*: i. Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE ii. Treatment of venous thromboembolic diseases (DVT and PE). iii. Acute coronary syndrome: a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid. b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI). KATEGORI PRESKRIBER A/KK: Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is necessary prior treatment initiation. Healthcare facilities are advised to refer to “Panduan Penggunaan Ubat- Ubatan yang Mengandungi Unsur Tidak Halal”.		KATEGORI PRESKRIBER A* i. Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily High risk: 40mg SC 12 hours before surgery then 40mg SC once daily Medical patients: 40mg once daily ii. 1.5mg/kg once daily or 1mg/kg twice daily iii. 1 mg/kg every 12 hours KATEGORI PRESKRIBER A/KK: <50 kg: 20mg OD 50-90 kg: 40mg OD 91-130 kg: 60mg OD 131-170 kg: 80mg OD >170 kg: 0.6mg/kg/day
Enoxaparin Sodium 60 mg Injection	B01AB05520P5003XX	Yes	Yes	A*, A/KK	KATEGORI PRESKRIBER A*: i. Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE ii. Treatment of venous thromboembolic diseases (DVT and PE). iii. Acute coronary syndrome: a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid. b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI). KATEGORI PRESKRIBER A/KK: Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is necessary prior treatment initiation. Healthcare facilities are advised to refer to “Panduan Penggunaan Ubat- Ubatan yang Mengandungi Unsur Tidak Halal”.		KATEGORI PRESKRIBER A* i. Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily High risk: 40mg SC 12 hours before surgery then 40mg SC once daily Medical patients: 40mg once daily ii. 1.5mg/kg once daily or 1mg/kg twice daily iii. 1 mg/kg every 12 hours KATEGORI PRESKRIBER A/KK: <50 kg: 20mg OD 50-90 kg: 40mg OD 91-130 kg: 60mg OD 131-170 kg: 80mg OD >170 kg: 0.6mg/kg/day
Entacapone 200 mg Tablet	N04BX02000T1001XX	Yes	Yes	A	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		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 0.5mg Tablet	J05AF10-000-T10-01-XXX	Yes	No	A*	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	None	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	M03BX09110T1001XX	No		A	Myotonic symptoms associated with cervical syndrome, periarthritis of shoulder and lumbago spastic paralysis		50 mg 3 times daily
Ephedrine HCl 30mg/ml Injection	R03CA02-110-P30-01XXX	Yes	Yes	B	Treatment of bronchial spasm in asthma, adjunct to correct haemodynamic imbalances and treat hypotension in epidural and spinal anaesthesia	None	By IM, SC or IV. Severe, acute bronchospasm : 12.5-25 mg. Further dosage should be determine 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/m2 SC or IV daily, in 4 - 6 divided doses
Epirubicin 2mg/mL Injection	L01DB03-110-P40-02-XXX	No		A*	i. Solid tumour ii. Non-Hodgkin's lymphoma iii. Leukaemia (ALL induction) iv. Lymphoma		75 - 90mg/m2 body area injected IV in 3 - 5 min, repeated at 21 day intervals.Higher doses up to 135mg/m2 as single agent and 120mg/m2 as combination (effective in treatment of breast cancer) CHILD: 50 mg/m2 over 6 hours. Schedule depends on protocol.Refer to specific product for dosing information

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Erlotinib 100 mg Tablet	L01XE03-110-T10-03-XXX	No	Yes	A*	Second line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) who have previously failed one line of chemotherapy, and who have activating mutations of epidermal growth factor receptor (EGFR).	Prescribing restrictions: - Adenocarcinoma histology - ECOG Performance Status 0-1 - Must be prescribed by an oncologist or oncology-trained respiratory physician. - Must not have received prior TKI for this condition.	150 mg taken at least one hour before or two hours after the ingestion of food once daily. Reduce in steps of 50 mg when necessary. Continue treatment until disease progression or unacceptable toxicity occurs. May require dose modifications when coadministered with strong CYP3A4 inhibitors or inducers; or in cigarette smoking patients.
Erlotinib 150 mg Tablet	L01XE03-110-T10-02-XXX	No	Yes	A*	Second line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) who have previously failed one line of chemotherapy, and who have activating mutations of epidermal growth factor receptor (EGFR).	Prescribing restrictions: - Adenocarcinoma histology - ECOG Performance Status 0-1 - Must be prescribed by an oncologist or oncology-trained respiratory physician. - Must not have received prior TKI for this condition.	150 mg taken at least one hour before or two hours after the ingestion of food once daily. Reduce in steps of 50 mg when necessary. Continue treatment until disease progression or unacceptable toxicity occurs. May require dose modifications when coadministered with strong CYP3A4 inhibitors or inducers; or in cigarette smoking patients.
Ertapenem 1g Injection	J01DH03520P4001XX	No		A*	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.		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	J01FA01-238-F21-01-XXX	Yes	No	B	Treatment of susceptible bacterial infections	None	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	J01FA01-238-T10-01-XXX	Yes	No	B	Treatment of susceptible bacterial infections	none	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 Ethylsuccinate 400 mg/5 ml Suspension	J01FA01-238-F21-02-XXX	Yes	No	B	Treatment of susceptible bacterial infections	None	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 Lactobionate 500 mg Injection	J01FA01-129-P30-01-XX	Yes	No	A*	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	None	Adult & Child: 25 - 50mg/kg /day infusion every 6 hours. Maximum: 4 g/day.
Erythropoietin Human Recombinant 10,000 IU Injection	B03XA01-000-P50-05-XXX	Yes	Yes	A*	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who have haemoglobin less than 10 g/dL or are exhibiting symptoms of anaemia although haemoglobin more than 10 g/dL and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy		a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly Dosing is according to product insert.
Erythropoietin Human Recombinant 1000 IU Injection	B03XA01-000-P50-01-XXX	Yes	Yes	A*	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who have haemoglobin less than 10 g/dL or are exhibiting symptoms of anaemia although haemoglobin more than 10 g/dL and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy		a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly Dosing is according to product insert.
Erythropoietin Human Recombinant 2000 IU Injection	B03XA01-000-P50-02-XXX	Yes	Yes	A	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who have haemoglobin less than 10 g/dL or are exhibiting symptoms of anaemia although haemoglobin more than 10 g/dL and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy		a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly Dosing is according to product insert.
Erythropoietin Human Recombinant 3000 IU Injection	B03XA01-000-P50-03-XXX	Yes	Yes	A*	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who have haemoglobin less than 10 g/dL or are exhibiting symptoms of anaemia although haemoglobin more than 10 g/dL and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy		a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly Dosing is according to product insert.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Erythropoietin Human Recombinant 4000 IU Injection	B03XA01-000-P50-04-XXX	Yes	Yes	A	i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who have haemoglobin less than 10 g/dL or are exhibiting symptoms of anaemia although haemoglobin more than 10 g/dL and pre-transplant cases ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy		a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly Dosing is according to product insert.
Escitalopram 10mg Tablet	N06AB10-124-T10-01-XXX	Yes	Yes	B	i) Major depression ii) Treatment of panic disorder with or without agoraphobia iii) Treatment of social anxiety disorder (social phobia) iv) Treatment of obsessive-compulsive disorder (OCD) v) Treatment of generalised anxiety disorder	None	i) Initial: 10mg once daily. Increase gradually if necessary up to a maximum of 20mg daily ii) Initial: 5mg daily for the first week and then increase to 10mg daily Increase if necessary up to a maximum of 20mg daily ELDERLY Initial: half the adult dose, lower maximum dose should be considered iii) Usual dose: 10mg once daily Adjust as necessary based on patient response to either 5mg or up to a maximum of 20mg daily iv) & v) Usual dose: 10mg once daily Adjust as necessary based on patient response up to a maximum of 20mg daily Dosing is individualised and according to product insert/ protocol. Should not be used in patients under 18 years old. If, based on clinical need, a decision to treat is nevertheless taken; the patient should be carefully monitored for appearance of suicidal symptoms.
Esmolol HCl 10mg/ml Injection	C07AB09-110-P30-01-XX	Yes	Yes	A*	i) Supraventricular tachycardia ii) Intraoperative and postoperative tachycardia and/or hypertension	None	i) & ii) 50-200 mcg/kg/min Dosing is invidualised and according to product insert/protocol.
Esomeprazole 20 mg Tablet	A02BC05-000-T10-02-XXX	Yes	No	A	i) Gastro-oesophageal reflux disease ii) H. pylori eradication	- First-line therapy for patients on Ryle's tube or unable to tolerate oral therapy - Second-line therapy for patients who are not suitable to take or did not respond well to pantoprazole despite optimal duration of treatment	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	A02BC05-000-P30-01-XXX	Yes	No	A*	i) Acute erosive/ ulcerative oesophagitis ii) Non-variceal upper gastrointestinal bleeding	-	i) 20- 40 mg once daily for 2-5 days ii) 80 mg by IV bolus followed by 8mg/hour infusion for 72 hours
Esomeprazole 40 mg Tablet	A02BC05-000-T10-01-XXX	Yes	No	A	i) Gastro-oesophageal reflux disease ii) H. pylori eradication	- First-line therapy for patients on Ryle's tube or unable to tolerate oral therapy - Second-line therapy for patients who are not suitable to take or did not respond well to pantoprazole despite optimal duration of treatment	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
Essential Phospholipids, nicotinamide, cyanocobalamine, tocopheryl, pyridoxine, thiamine, riboflavine capsule	A05BA00-924-C10-01-XXX	No		A/KK	Nutritional support in the management of damaged liver (due to chronic liver disease, liver cirrhosis, fatty liver & intoxication by hepatotoxic substances).	-	1-2 capsules 3 times a day
Estradiol 1mg & Estradiol 1mg with Dydrogesterone 10mg Tablet	G03FB08-954-T10-01-XXX	No	No	A*	Hormone Replacement Therapy for women with disorders due to natural or surgically induced menopause with intact uterus.	None	One tablet daily without pill-free interval, starting with 1 mg of Estradiol for first 14 days, followed by 1mg Estradiol with 10 mg Dydrogestrone daily for the next 14 days
Estradiol 1mg with Dydrogesterone 5mg Tablet	G03FB08-954-T10-02-XXX	No	No	A*	i) Hormone replacement therapy for the relief of symptoms due to oestrogen deficiency in women with a uterus ii) Prevention of postmenopausal osteoporosis in women with a uterus	None	One tablet is to be taken daily for a 28-day cycle.
Estradiol Valerate 1mg Tablet	G03CA03-256-T10-02-XXX	No	No	A*	i. Hormone replacement therapy (HRT) for the treatment of signs and symptoms of estrogen deficiency due to natural menopause or castration. ii. Prevention of postmenopausal osteoporosis.	None	1-2 mg daily continuously. Titrate to the minimum effective dose necessary to control symptoms.
Estradiol Valerate 2mg and Norgestrel 500mcg with Estradiol Valerate 2mg Tablet	G03FB01-953-T10-01-XXX	No	No	B	i. Hormone replacement therapy (HRT) for the treatment of signs and symptoms of estrogen deficiency due to menopause or hypogonadism, castration or primary ovarian failure in women with an intact uterus. ii. Prevention of postmenopausal osteoporosis. iii. Control of irregular menstrual cycles. iv. Treatment of primary or secondary amenorrhea.	None	One white tablet daily for the first 11 days, followed by one light brown tablet daily for 10 days then stop for a 7- day tablet-free interval before commencing next pack.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Etanercept 25 mg Injection	L04AA11-000-P40-01-XXX	Yes	No	A*	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		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. 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.
Etanercept 50 mg Injection	L04AB01-000-P40-02-XXX	Yes	No	A*	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		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. 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 200 mg Tablet	J04AK02-110-T10-01-XXX	Yes	No	B	Tuberculosis	None	Adult: 15-25mg/kg daily (max 1200mg) or 50mg/kg biweekly (max2000mg). Children: 15-25mg/kg daily or 50 mg/kg twice weekly.
Ethambutol HCl 400 mg Tablet	J04AK02-110-T10-02-XXX	Yes	No	B	Tuberculosis	None	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	N01AA01000L9901XX	No		C	To remove adhesive plaster from the skin		Dose depending on the route and procedure
Ethinylestradiol 20mcg & Drospirenone 3mg Tablet	G03AA12-954-T10-02-XXX	No	No	A*	i)Oral contraception ii)Treatment of acne vulgaris in women seeking oral contraception. iii) Treatment of symptoms of premenstrual dysphoric disorder (PMDD) in women who choose to use an oral contraceptive as their method of contraception.	None	1 tab daily for 28 consecutive days starting on 1st day of menstrual bleeding.
Ethinylestradiol 20mcg & Levonorgestrel 100mcg Tablet	G03AA07-954-T10-02-XXX	Yes	No	A/KK	i) Oral Contraceptive. 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.	None	1 tablet daily for 21 consecutive days, followed by a 7 -day tablet free interval before the next pack is started
Ethionamide 250mg Tablet	J04AD03-000-T10-01-XXX	Yes	No	A*	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.	None	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	N01BX01000A4001XX	Yes		C	For minor surgical procedures including lancing boils, incision and drainage of small abscesses, pain due to athletic injuries and pain due to injection administration		Spray to affected area at a distance of about 30cm until a fine white film is produced
Etomidate 20 mg/10 ml Injection	N01AX07000P3001XX	No		A*	Induction of general anaesthesia for haemodynamically unstable patients		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 68mg Implant	G03AC08-000-P10-01-XXX	Yes	No	A/KK	Contraception	None	Subdermal insertion: A single implant is effective for 3 years (to be removed 3 years from the date of insertion)
Etoposide 100 mg/5 ml Injection	L01CB01000P3001XX	Yes	Yes	A*	i) For treatment of children with solid tumours, juvenile myelomonocytic leukemia (JMML) and Langerhan cell histiocytosis ii) Leukaemia, lymphoma iii) solid tumour		i) CHILD: 60-120 mg/m2/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/m2 by IV every other day for 3 doses repeated every 3-4 weeks

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Etoposide 50mg capsule	L01CB01000C1003XX	Yes	Yes	A*	Treatment of small cell lung cancer and malignant lymphomas		Normal adult dose is 175mg-200mg daily for 5 consecutive days orally, followed by recession (withdrawal) interval of 3 weeks. Repeat administration as necessary. Increase or reduce dose as appropriate, according to the particular disease or symptoms.
Etoricoxib 120 mg Tablet	M01AH05000T1002XX	No		A*	i)Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA) ii)Acute gouty arthritis iii)Acute pain		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)
Etoricoxib 60 mg Tablet	M01AH05000T1003XX	No		A*	i)Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA) ii)Acute gouty arthritis iii)Acute pain		i) OA: 60 mg once daily. RA: 60mg once daily and may be increased to 90mg once daily if needed.Once the patient is stabilized, down-titration to 60mg once daily may be appropriate. 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)
Etoricoxib 90 mg Tablet	M01AH05000T1001XX	No		A/KK	i)Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA) ii)Acute gouty arthritis iii)Acute pain		i) OA: 60 mg once daily. RA: 60mg once daily and may be increased to 90mg once daily if needed.Once the patient is stabilized, down-titration to 60mg once daily may be appropriate. 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 tablet	L04AA18000T1001XX	Yes	Yes	A*	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.		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.).
Everolimus 0.75mg tablet	L04AA18000T1003XX	Yes	Yes	A*	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.		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	L02BG06000T1001XX	Yes	Yes	A*	Treatment of post-menopausal women with advanced breast cancer whose disease has progressed following tamoxifen and non-steroidal aromatase inhibitors		25 mg once daily
Ezetimibe 10 mg Tablet	C10AX09000T1001XX	No	Yes	A*	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		10 mg once daily. Not recommended for children less than 10 years old
Ezetimibe 10mg & Simvastatin 20mg Tablet	C10BA02-000-T10-01-XX	No	Yes	A*	Primary hypercholesterolemia	None	Usual starting dose: 10/20 mg/day
Ezetimibe 10mg & Simvastatin 40mg Tablet	C10BA02-000-T10-03-XX	No	Yes	A*	Primary hypercholesterolemia	None	Usual starting dose: 10/20 mg/day
Factor IX Injection	B02BD04-000-P99-01-XXX	Yes	No	A	Prevention and control of bleeding in patients with factor IX deficiency due to haemophilia B		Number of factor IX units required = body weight (kg) x desired factor IX increase (%) x 1.0 IU/kg Dosing is individualised and according to product insert/protocol.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Factor IX, Factor II & Factor X in combination 500IU/vial injection	B02BD01000P4002XXX	No		A*	i) Treatment and perioperative prophylaxis of bleeding in acquired deficiency of prothrombin complex 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 prophylaxis of bleeding in patients with single or multiple congenital deficiencies of factor IX, II or X when purified specific coagulation factor product is not available. Cautionary Notes: i) in serious life threatening haemorrhage, or if urgent immediate clinical requirement for reversal of anticoagulated state is required (especially if baseline INR >4), a 3-factor PCC lacking factor VII may not be as effective as 4-factor PCC in providing timely haemostasis. ii) The use of pure factor IX concentrates is recommended for the treatment of Haemophilia B (factor IX deficiency) as opposed to PCC in view of risks of thrombosis or disseminated intravascular coagulation (DIC). PCC should not be used in patients with inhibitors.		25 – 50 IU/kg, depending on the INR
Factor IX, Factor II, Factor VII and Factor X In Combination Injection	B02BD01000P4001XX	No		A*	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.		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.
Factor VIIa (Recombinant) eptacog alfa (activated) 100 KIU (2 mg) Injection	B02BD08000P4005XX	No		A*	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		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
Factor VIIa (Recombinant) eptacog alfa (activated) 50 KIU (1 mg) Injection	B02BD08000P4004XX	No		A*	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		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Factor VIII (Human blood coagulation factor) & Von Willebrand factor Injection	B02BD06000P4002XX	No		A*	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.		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 haemorrage: 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.
Factor VIII Inhibitor Bypassing Activity Injection	B02BD03000P4001XX	No		A	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.		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.
Factor VIII Injection	B02BD02999P9901XX	Yes	No	A	Prevention and control of bleeding in patients with factor VIII deficiency due to classical haemophilia 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.
Famotidine 20mg Film-Coated Tablet	A02BA03-000-T10-01-XXX	Yes	No	B	1. Duodenal and gastric ulcer 2. Gastro Esophageal Reflux Disease (GERD) 3. Zollinger Ellison Syndrome	None	1. Duodenal ulcer: 40 mg once daily at bedtime or 20 mg 2 times daily. Gastric ulcer: 40 mg once daily at bedtime. 2. Gastro-oesophageal reflux: Oral, 20 mg 2 times daily for up to 6 weeks. The recommended oral dose for oesophagitis due to gastro-oesophageal reflux disease is 20 to 40 mg 2 times daily for up to 12 weeks. 3. Gastric hypersecretory conditions (eg. Zollinger-Ellison syndrome): Oral, 20 mg every 6 hours, the dosage being adjusted as needed and therapy continued for as long as clinically indicated. Doses up to 160 mg every 6 hours have been administered to some patients with severe Zollinger Ellison syndrome.
Famotidine 40mg Film-Coated Tablet	A02BA03-000-T10-02-XXX	Yes	No	B	1. Duodenal and gastric ulcer 2. Gastro Esophageal Reflux Disease (GERD) 3. Zollinger Ellison Syndrome	None	1. Duodenal ulcer: 40 mg once daily at bedtime or 20 mg 2 times daily. Gastric ulcer: 40 mg once daily at bedtime. 2. Gastro-oesophageal reflux: Oral, 20 mg 2 times daily for up to 6 weeks. The recommended oral dose for oesophagitis due to gastro-oesophageal reflux disease is 20 to 40 mg 2 times daily for up to 12 weeks. 3. Gastric hypersecretory conditions (eg. Zollinger-Ellison syndrome): Oral, 20 mg every 6 hours, the dosage being adjusted as needed and therapy continued for as long as clinically indicated. Doses up to 160 mg every 6 hours have been administered to some patients with severe Zollinger Ellison syndrome.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Fat Emulsion 10% for IV Infusion Injection	B05BA02000P6001XX	No		A	Source of lipid in patients needing IV nutrition		Dose to be individualised. ADULT usual lipid requirement 2-3 g/kg/day. INFANT 0.5 - 1 g/kg/day
Fat Emulsion 20% for IV Infusion Injection	B05BA02000P6002XX	No		A	Source of lipid in patients needing IV nutrition		Dose to be individualised. ADULT usual lipid requirement 2-3 g/kg/day. INFANT 0.5-1 g/kg/day
Febuxostat 80 mg tablet	M04AA03-000-T32-01-XXX	No	No	A*	Treatment of chronic hyperuricaemia in adult patients, in conditions where urate deposition has already occurred (including a history, or presence of, tophus and/or gouty arthritis).	i) As second line for patients who are allergic or intolerant to allopurinol, or ii) Fail to achieve serum uric acid target despite dose escalation and good compliance to allopurinol	The recommended starting dose is 40 mg once daily. The recommended oral dose is 40 mg or 80 mg once daily. If serum uric acid is > 6.0 mg/dL (357 µmol/L) after 2-4 weeks, 80 mg once daily may be considered.
Felodipine 10mg Extended Release Tablet	C08CA02-000-T10-02-XX	No	Yes	A/KK	Hypertension	None	Initiate at 5 mg once daily. Usual dose, 5 - 10 mg once daily in the morning
Felodipine 5mg Extended Release Tablet	C08CA02-000-T10-01-XX	No	Yes	A/KK	Hypertension	None	Initiate at 5 mg once daily. Usual dose, 5 - 10 mg once daily in the morning
Fenofibrate 145mg tablet	C10AB05-000-T10-02-XXX	Yes	Yes	A/KK	1) As second line therapy after failed gemfibrozil in patients: a) Hypercholesterolemia and hypertriglyceridemia alone or combined [type IIa,IIb,III and V dysplipidemias] in patients unresponsive to dietary and other non-pharmacological measures especially when there is evidence of associated risk factors b) Treatment of secondary hyperlipoproteinemias if hyperlipoprotenemia persists despite effective treatment of underlying disease c) Dyslipidemia in Type 2 Diabetes Mellitus 2) Diabetic retinopathy - indicated for the reduction in the progression of diabetic retinopathy in patients with type 2 diabetes and existing diabetic retinopathy.	For indication (2): For mild to moderate non-proliferative diabetic retinopathy only.	145mg once daily, with or without food
Fentanyl 12mcg/h Transdermal Patch	N02AB03-136-M70-05-XXX	Yes		A*	As a second line drug in the management of opioid responsive, moderate to severe chronic cancer pain.	None	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 25 mcg/h Transdermal Patch	N02AB03-136-M70-01-XXX	Yes		A*	As a second line drug in the management of opioid responsive, moderate to severe chronic cancer pain	None	Patients who have not previously received a strong opioid analgesic, initial dose , one 25 mcg/hour patch to be replaced after 72 hours. Patients who have received a strong opioid analgesic, initial dose based on previous 24 hours opioid requirement (oral morphine sulphate 90 mg over 24 hours = one 25 mcg/hour patch). Not recommended in children.
Fentanyl 50mcg/h Transdermal Patch	N02AB03-136-M70-02-XXX	Yes		A*	As a second line drug in the management of opioid responsive, moderate to severe chronic cancer pain	None	Patients who have not previously received a strong opioid analgesic, initial dose , one 25 mcg/hour patch to be replaced after 72 hours. Patients who have received a strong opioid analgesic, initial dose based on previous 24 hours opioid requirement (oral morphine sulphate 90 mg over 24 hours = one 25 mcg/hour patch). Not recommended in children.
Fentanyl Citrate 50mcg/ml Injection	N01AH01-136-P30-01-XXX	No		A	Short duration analgesia during pre-medication induction and maintenance of anaesthesia, and in the immediate post-operative period.		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 additinal 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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ferric derisomaltose 100 mg/ml solution for injection /infusion	B03AC00-000-P30-01-XXX	No	No	A*	Indicated for the treatment of iron deficiency in the following conditions: - when oral iron preparations are ineffective or cannot be used - where there is a clinical need to deliver iron rapidly The diagnosis must be based on laboratory tests.	For cases where less number of administration and fewer medical visits or quick achievement of Hb target are imperative / crucial	Intravenous bolus injection: Up to 500 mg up to three times a week at an administration rate of up to 250 mg iron/minute. Intravenous drip infusion: Up to 20 mg iron/kg body weight or as weekly infusions until the cumulative iron dose has been administered. If the cumulative iron dose exceeds 20 mg iron/kg body weight, the dose must be split in two administrations with an interval of at least one week.
Ferrous controlled release 525 mg, Vitamin B1, Vitamin B2, Vitamin B6, Vitamin B12, Vitamin C, Niacinamide, Calcium Pantothenate, Folic Acid 800 mcg Tablet	B03AE10903T1001XX	No		A/KK	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.		One tablet daily
Ferrous Fumarate 200 mg Tablet	B03AA02138T1001XX	Yes	Yes	C+	Prevention and treatment of iron-deficiency anaemias		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
Ferrous iron (elemental iron ≥ 100mg), vitamin & mineral Capsule	B03AE02-903-C10-01-XXX	Yes		B	i) Iron deficiency anaemia ii) Nutritional deficiency anaemia and anaemia associated with pregnancy, worm infestation etc. iii) Prophylaxis against iron deficiency and megaloblastic anaemia of pregnancy during the second and third trimester of pregnancy		1 capsule daily
Filgrastim (G-CSF) 30 MU/ml Injection	L03AA02000P3001XX	Yes	Yes	A*	i) Prevention and treatment of febrile neutropenia due to cancer chemotherapy (except chronic myeloid leukaemia and myelodysplastic syndrome) ii) Haemopoeitic stem cell transplantation (HSCT)/stem cell harvesting		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 109/L on 2 consecutive days) ii) Refer to protocol
Filgrastim 30 MU in 0.5 ml Injection	L03AA02000P5001XX	Yes	Yes	A*	i) Prevention and treatment of febrile neutropenia due to cancer chemotherapy (except chronic myeloid leukaemia and myelodysplastic syndrome) ii) Haemopoeitic stem cell transplantation (HSCT)/stem cell harvesting		i) ADULT: 5 mcg/kg/day by SC or IV. Initiation: 24 - 72 hours after chemotherapy. Duration: Until a clinically adequate neutrophil recovery is achieved (absolute neutrophil count of at least 1 x 109/L on 2 consecutive days) ii) Refer to protocol
Finasteride 5mg Tablet	G04CB01-000-T10-01-XXX	Yes	No	A*	Treatment and control of benign prostatic hyperplasia	Consultant/specialists for specific indications only, including Geriatricians	5mg once daily.
Fingolimod 0.5mg Capsule	L04AA27-110-C10-01-XXX	No	No	A*	Treatment of patients with relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability	None	0.5mg orally once daily
Flecainide Acetate 100mg Tablet	C01BC04-122-T10-01-XX	No	Yes	A*	i) Sustained monomorphic ventricular tachycardias ii) Preexcited atrial fibrillation associated with Wolff-Parkinson White Syndrome iii) Reciprocating Atrio-Ventricular tachycardias (AVT) associated with Wolff-Parkinson White Syndrome iv) Supraventricular tachycardias due to Intra-Atrio Ventricular Nodul Reentry	None	Ventricular arrhythmias: 100 mg twice daily, maximum 400 mg/day (usually reserved for rapid control or in heavily built patients), reduced after 3 - 5 days if possible. Supraventricular arrhythmias: 50 mg twice daily, increased if required to maximum of 150 mg twice daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Fluconazole 100 mg Capsule	J02AC01-000-C10-02-XX	Yes	No	A	i) Cryptococcosis a) cryptococcal meningitis and infections of other sites (e.g.,pulmonary, cutaneous) b) Prevention of relapse of cryptococcal meningitis in patients in AIDS after a full course of primary therapy ii) Systemic candidiasis, including candidemia, disseminated candidiasis and other forms of invasive candidal infections. These include infections of the peritoneum, endocardium, eye, and pulmonary and urinary tracts. iii) Mucosal candidiasis. a) Oropharyngeal candidiasis b) Chronic oral atrophic candidiasis (denture sore mouth) c) Oesophageal, non-invasive bronchopulmonary infections, candiduria, mucocutaneous candidiasis d) Prevention of relapse of oropharyngeal candidiasis in patients with AIDS, after a full course of primary therapy iv) Genital candidiasis. a) Vaginal candidiasis (acute or recurrent) b) Prophylaxis of recurrent vaginal candidiasis (three or more episodes a year) c) Candidal balanitis. v) Prevention of fungal infections in patients with malignancy who are predisposed to such infections as a result of cytotoxic chemotherapy or radiotherapy. vi) Dermatomycosis a) Tinea pedis, tinea corporis, tinea cruris and dermal Candida infections b) Tinea versicolor	None	i) a) 400mg on Day1 followed by 200mg to 400mg once daily usually at least 6 to 8 weeks for cryptococcal meningitis. CHILD ≥4 weeks-11 years: Treatment:6-12mg/kgoncedaily. b) 200 mg once daily indefinitely. CHILD:- Maintenance: 6mg/kg once daily ii) 400 mg on Day 1 followed by 200 mg once daily CHILD ≥ 4weeks-11years: 6-12mg/kg once daily. iii) a) 50mg to 100mg once daily for 7 to 14 days CHILD:- Loading dose: 6mg/kg on Day 1 followed by 3mg/kg daily. b) 50 mg once daily for 14 days concurrently with local antiseptic measures to the denture c) 50 mg to 100 mg once daily for 14 to 30 days. CHILD:- 0-14days: Initially, 6mg/kg, followed by 3mg/kg every 72 hours. Max: 12 mg/kg 72 hourly. 15-27 days: Initially, 6mg/kg, followed by 3 mg/kg every 48 hours. Max: 12 mg/kg 48 hourly. 28 days-11 years: Initially, 6 mg/kg, followed by 3 mg/kg once daily. d)150 mg once weekly. iv) a) 150 mg as a single oral dose. b) 150 mg once-monthly dose may be used for usually4 to 12 months c) 150 mg as a single oral dose. v) 50 mg to 400 mg once daily vi) a) 150 mg once weekly or 50 mg once daily for normally 2 to 6 weeks b)300mg once weekly for 2weeks; a third weekly dose of 300-400mg. An alternate dosing regimen is 50mg once daily for 2 to 4 weeks. Dosing is individualised and according to product insert/protocol.
Fluconazole 2 mg/ml Injection	J02AC01-000-P99-01-XXX	Yes	No	A	i) Cryptococcosis a) cryptococcal meningitis and infections of other sites (e.g.,pulmonary, cutaneous) b) Prevention of relapse of cryptococcal meningitis in patients in AIDS after a full course of primary therapy ii) Systemic candidiasis, including candidemia, disseminated candidiasis and other forms of invasive candidal infections. These include infections of the peritoneum, endocardium, eye, and pulmonary and urinary tracts. iii) Mucosal candidiasis. a) Oropharyngeal candidiasis b) Chronic oral atrophic candidiasis (denture sore mouth) c) Oesophageal, non-invasive bronchopulmonary infections, candiduria, mucocutaneous candidiasis d) Prevention of relapse of oropharyngeal candidiasis in patients with AIDS, after a full course of primary therapy iv) Genital candidiasis. a) Vaginal candidiasis (acute or recurrent) b) Prophylaxis of recurrent vaginal candidiasis (three or more episodes a year) c) Candidal balanitis. v) Prevention of fungal infections in patients with malignancy who are predisposed to such infections as a result of cytotoxic chemotherapy or radiotherapy. vi) Dermatomycosis a) Tinea pedis, tinea corporis, tinea cruris and dermal Candida infections b) Tinea versicolor	None	i) a) 400mg on Day1 followed by 200mg to 400mg once daily usually at least 6 to 8 weeks for cryptococcal meningitis. CHILD ≥4 weeks-11 years: Treatment:6-12mg/kgoncedaily. b) 200 mg once daily indefinitely. CHILD:- Maintenance: 6mg/kg once daily ii) 400 mg on Day 1 followed by 200 mg once daily CHILD ≥ 4weeks-11years: 6-12mg/kg once daily. iii) a) 50mg to 100mg once daily for 7 to 14 days CHILD:- Loading dose: 6mg/kg on Day 1 followed by 3mg/kg daily. b) 50 mg once daily for 14 days concurrently with local antiseptic measures to the denture c) 50 mg to 100 mg once daily for 14 to 30 days. CHILD:- 0-14days: Initially, 6mg/kg, followed by 3mg/kg every 72 hours. Max: 12 mg/kg 72 hourly. 15-27 days: Initially, 6mg/kg, followed by 3 mg/kg every 48 hours. Max: 12 mg/kg 48 hourly. 28 days-11 years: Initially, 6 mg/kg, followed by 3 mg/kg once daily. d)150 mg once weekly. iv) a) 150 mg as a single oral dose. b) 150 mg once-monthly dose may be used for usually4 to 12 months c) 150 mg as a single oral dose. v) 50 mg to 400 mg once daily vi) a) 150 mg once weekly or 50 mg once daily for normally 2 to 6 weeks b)300mg once weekly for 2weeks; a third weekly dose of 300-400mg. An alternate dosing regimen is 50mg once daily for 2 to 4 weeks. Dosing is individualised and according to product insert/protocol.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Fluconazole 50 mg Capsule	J02AC01-000-C10-01-XXX	Yes	No	A	i) Cryptococcosis a) cryptococcal meningitis and infections of other sites (e.g.,pulmonary, cutaneous) b) Prevention of relapse of cryptococcal meningitis in patients in AIDS after a full course of primary therapy ii) Systemic candidiasis, including candidemia, disseminated candidiasis and other forms of invasive candidal infections. These include infections of the peritoneum, endocardium, eye, and pulmonary and urinary tracts. iii) Mucosal candidiasis. a) Oropharyngeal candidiasis b) Chronic oral atrophic candidiasis (denture sore mouth) c) Oesophageal, non-invasive bronchopulmonary infections, candiduria, mucocutaneous candidiasis d) Prevention of relapse of oropharyngeal candidiasis in patients with AIDS, after a full course of primary therapy iv) Genital candidiasis. a) Vaginal candidiasis (acute or recurrent) b) Prophylaxis of recurrent vaginal candidiasis (three or more episodes a year) c) Candidal balanitis. v) Prevention of fungal infections in patients with malignancy who are predisposed to such infections as a result of cytotoxic chemotherapy or radiotherapy. vi) Dermatomycosis a) Tinea pedis, tinea corporis, tinea cruris and dermal Candida infections b) Tinea versicolor	None	i) a) 400mg on Day1 followed by 200mg to 400mg once daily usually at least 6 to 8 weeks for cryptococcal meningitis. CHILD ≥4 weeks-11 years: Treatment:6-12mg/kgoncedaily. b) 200 mg once daily indefinitely. CHILD:- Maintenance: 6mg/kg once daily ii) 400 mg on Day 1 followed by 200 mg once daily CHILD ≥ 4weeks-11years: 6-12mg/kg once daily. iii) a) 50mg to 100mg once daily for 7 to 14 days CHILD:- Loading dose: 6mg/kg on Day 1 followed by 3mg/kg daily. b) 50 mg once daily for 14 days concurrently with local antiseptic measures to the denture c) 50 mg to 100 mg once daily for 14 to 30 days. CHILD:- 0-14days: Initially, 6mg/kg, followed by 3mg/kg every 72 hours. Max: 12 mg/kg 72 hourly. 15-27 days: Initially, 6mg/kg, followed by 3 mg/kg every 48 hours. Max: 12 mg/kg 48 hourly. 28 days-11 years: Initially, 6 mg/kg, followed by 3 mg/kg once daily. d)150 mg once weekly. iv) a) 150 mg as a single oral dose. b) 150 mg once-monthly dose may be used for usually4 to 12 months c) 150 mg as a single oral dose. v) 50 mg to 400 mg once daily vi) a) 150 mg once weekly or 50 mg once daily for normally 2 to 6 weeks b)300mg once weekly for 2weeks; a third weekly dose of 300-400mg. An alternate dosing regimen is 50mg once daily for 2 to 4 weeks. Dosing is individualised and according to product insert/protocol.
Flucytosine 2.5 g/250 ml Injection	J02AX01-000-P99-01-XXX	Yes	No	A*	Treatment of systemic fungal infection	None	ADULT: 100 - 200 mg/kg daily in 4 divided doses by IV infusion over 20 - 40 minutes not more than 7 days
Flucytosine 500 mg Tablet	J02AX01-000-T10-01-XXX	Yes	No	A*	Only for the treatment of fungal meningitis	None	ADULT: 50 - 150 mg/kg/day in 4 divided doses
Fludarabine Phosphate 50 mg Injection	L01BB05162P4001XX	No	Yes	A*	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		25 mg/m2 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	H02AA02122T1001XX	Yes	No	A	As an adjunct to glucocorticoids in the management of primary adrenocortical insufficiency in Addison's disease and treatment of salt-losing adrenogenital syndrome		Adrenocorticoid insufficiency (chronic): ADULT 1 tablet daily. Salt-losing adrenogenital syndrome: ADULT 1 - 2 tablets daily. CHILD and INFANT 0.5 - 1 tablet daily Dosing is individualised and according to product insert / protocol.
Flumazenil 0.1mg/ml Injection	V03AB25-000-P30-01-XX	Yes	No	B	i) Diagnosis and/or management of benzodiazepine overdose due to self-poisoning or accidental overdose ii) Reversal of sedation following anaesthesia with benzodiazepine	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Flunarizine HCl 5 mg Capsule	N07CA03-110-C10-01-XXX	Yes	No	B	i) Migraine prophylaxis ii) Maintenance treatment of vestibular disturbances and of cerebral and peripheral disorders	-	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 1mg Ophthalmic Strip	S01JA01-520-M99-01-XXX	Yes	No	B	Used in diagnostic examinations	None	Moisten tip with tear fluid from lower fornix, sterile water or ophthalmic solution and gently stroke across the conjunctiva
Fluorescein Sodium 10% Injection	S01JA01-520-P30-01-XXX	No	No	A	Diagnostic fluorescein angiography or angioscopy of the fundus and of the iris vasculature	None	ADULT: Inject 5 mL of Fluorescein 10% solution for injection rapidly into the antecubital vein after taking precautions to avoid extravasation. Dosing is individualised and according to product insert/protocol
Fluorometholone 0.1% Ophthalmic Suspension	S01BA07-000-D20-01-XXX	No	No	A*	Treatment of steroid responsive ocular inflammation	None	1-2 drops 2 to 4 times daily. During the initial 24-48 hr, dose may be increased to 2 drops 2 hourly.
Fluorouracil 50 mg/ml Injection	L01BC02000P4001XX	Yes	Yes	A*	Solid tumours. Ophtalmological indication: trabeculectomy		Intravenous Infusion: 15 mg/kg bodyweight (to a maximum of 1 g daily) diluted in 300-500mL of 5% glucose given over a period of 4 hours. 12 mg/kg bodyweight daily for 3 consecutive days. Providing there are no signs of toxic effects, the patient may then be given 6mg/kg I.V. on the 5th, 7th and 9th days. If after the 9th day there is still no sign of toxicity, the patient may be placed on maintenance therapy. Maintenance Therapy: 5 - 10mg/kg bodyweight by I.V. injection once a week.
Fluoxetine HCl 20 mg Capsule	N06AB03-110-C10-01-XXX	Yes	Yes	A/KK	i) Depression ii) Obsessive-compulsive disorder	None	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	N05AF01135P2001XX	Yes	Yes	B	Chronic psychoses		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
Fluphenazine Decanoate 25mg/ml Injection	N05AB02135P3001XX	Yes	Yes	B	Long term management of psychotic disorders		By deep IM : Test dose 12.5 mg (6.25 mg in ELDERLY), then after 4-7 days 12.5 mg-100 mg repeated at intervals of 14-35 days, adjusted according to response. CHILD not recommended
Flutamide 250mg Tablet	L02BB01000T1001XX	No		A*	Androgen deprivation therapy in advanced prostate cancer in combination with luteinising hormone-releasing hormone (LHRH) analogue therapy or surgical castration.		250 mg 3 times daily
Fluticasone Furoate 27.5mcg/dose Nasal Spray	R01AD08-139-A41-01-XXX	No	No	A*	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.	None	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
Fluticasone Propionate 125mcg and Formoterol Fumarate Dihydrate 5mcg per actuation pressurized inhalation, suspension	R03AK11-989-A21-01-XXX	Yes	Yes	A/KK	Indicated in the regular treatment of asthma where the use of a combination product (an inhaled corticosteroid and a long-acting β2 agonist) is appropriate: - For patients not adequately controlled with inhaled corticosteroids and "as required" inhaled short-acting β2 agonist. - For patients already adequately controlled on both an inhaled corticosteroid and a long-acting β2 agonist.	None	Two inhalations (puffs) twice daily normally taken in the morning and in the evening.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Fluticasone Propionate 125mcg/dose Inhaler	R03BA05-133-A21-01-XXX	Yes	Yes	B	Prophylactic treatment for asthma	None	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.
Fluticasone Propionate 250mcg and Formoterol Fumarate Dihydrate 10mcg per actuation pressurized inhalation, suspension	R03AK11-989-A21-02-XXX	Yes	Yes	A/KK	Indicated in the regular treatment of asthma where the use of a combination product (an inhaled corticosteroid and a long-acting β2 agonist) is appropriate: i) For patients not adequately controlled with inhaled corticosteroids and 'as required' inhaled short-acting β2 agonist. ii) For patients already adequately controlled on both an inhaled corticosteroid and a long-acting β2 agonist.	None	Two inhalations (puffs) twice daily normally taken in the morning and in the evening.
Fluvoxamine 100mg Tablet	N06AB08-253-T10-02-XXX	Yes	Yes	B	i) Depression ii) Obsessive Compulsive Disorder (OCD)		i) Initial: 50 – 100 mg per day in the evening Increase gradually if necessary up to a maximum of 300mg per day Dose over 150mg per day given in 2 – 3 divided doses Recommended dose to prevent recurrence: 100mg per day ii) ADULT Initial: 50mg per day for 3 – 4 days Increase gradually if necessary up to a maximum of 300mg per day Dose over 150mg per day given in 2 – 3 divided doses CHILD (8 years on and adolescents) Initial: 25mg per day, preferably at bedtime Increase in 25mg increments every 4 – 7 days if necessary up to a maximum of 200mg per day Dose over 50mg per day given in 2 divided doses Dosing is individualised and according to product insert/ protocol. Should not be used in patients under 18 years old except for the treatment of OCD. If, based on clinical need, a decision to treat is nevertheless taken; the patient should be carefully monitored for appearance of suicidal symptoms.
Fluvoxamine 50mg Tablet	N06AB08-253-T10-01-XXX	Yes	Yes	B	i) Depression ii) Obsessive Compulsive Disorder (OCD)		i) Initial: 50 – 100 mg per day in the evening Increase gradually if necessary up to a maximum of 300mg per day Dose over 150mg per day given in 2 – 3 divided doses Recommended dose to prevent recurrence: 100mg per day ii) ADULT Initial: 50mg per day for 3 – 4 days Increase gradually if necessary up to a maximum of 300mg per day Dose over 150mg per day given in 2 – 3 divided doses CHILD (8 years on and adolescents) Initial: 25mg per day, preferably at bedtime Increase in 25mg increments every 4 – 7 days if necessary up to a maximum of 200mg per day Dose over 50mg per day given in 2 divided doses Dosing is individualised and according to product insert/ protocol. Should not be used in patients under 18 years old except for the treatment of OCD. If, based on clinical need, a decision to treat is nevertheless taken; the patient should be carefully monitored for appearance of suicidal symptoms.
Folic Acid 5 mg Tablet	B03BB01000T1001XX	Yes	Yes	C+	i) For the prevention and treatment of folate deficiency states ii) For the prevention of neural tube defect in the foetus		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) 300IU/0.5ml Injection	G03GA05-000-P30-02-XXX	No	No	A*	For the treatment of infertility in the following clinical situations: i. Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to treatment with clomiphene citrate. ii. Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART).	None	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. Dosing is individualised and according to product insert/protocol.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Follitropin Alpha (Recombinant Human FSH) 75IU Injection	G03GA05-000-P30-01-XXX	No	No	A*	For the treatment of infertility in the following clinical situations: i. Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to treatment with clomiphene citrate. ii. Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART).	None	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. Dosing is individualised and according to product insert/protocol
Follitropin Beta (Recombinant Human FSH) 300IU Injection	G03GA06-000-P30-02-XXX	No	No	A*	In females: For the treatment of infertility in the following clinical situations: i. Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to treatment with clomiphene citrate. ii. Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART). In males: iii.Deficient spermatogenesis due to hypogonadotrophic hypogonadism.	None	i. Recommended starting dose: 50 IU daily, maintaining the starting dose for at least 7 days. ii. Recommended starting dose: 100-225IU daily, maintaining the starting dose for at least the first 4 days. iii. 450 IU per week preferrably divided into 3 doses i.e. 150 IU three times a week (concomitantly with hCG). Dosing is individualised and according to product insert/protocol
Follitropin Beta (Recombinant Human FSH) 50IU Injection	G03GA06-000-P30-01-XXX	No	No	A*	In females: For the treatment of infertility in the following clinical situations: i. Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to treatment with clomiphene citrate. ii. Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART). In males: iii.Deficient spermatogenesis due to hypogonadotrophic hypogonadism.	None	i. Recommended starting dose: 50 IU daily, maintaining the starting dose for at least 7 days. ii. Recommended starting dose: 100-225IU daily, maintaining the starting dose for at least the first 4 days. iii. 450 IU per week preferrably divided into 3 doses i.e. 150 IU three times a week (concomitantly with hCG). Dosing is individualised and according to product insert/protocol.
Fondaparinux Sodium 12.5mg/ml Injection in Prefilled Syringe	B01AX05520P5002XX	No		A*	i) Treatment of acute Deep Vein Thrombosis (DVT) ii) Treatment of acute Pulmonary Embolism (PE)		The recommended dose to be administered by SC injection once daily is: 5mg for body weight less than 50kg, 7.5mg for body weight 50 to 100kg, 10mg for body weight greater than 100kg. Treatment should be continued for at least 5 days and until adequate oral anticoagulation is established (INR 2 to 3). Concomitant treatment with vitamin K antagonists should be initiated as soon as possible, usually within 72 hours. The usual duration of treatment is 5 to 9 days
Fondaparinux Sodium 2.5 mg/0.5 ml Injection	B01AX05520P5001XX	No	Yes	A*, A	Prescribing Category A*: 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. Precribing Category A: i) Treatment of unstable angina or non-ST segment elevation myocardial infarction [UA/NSTEMI] in patients for whom urgent invasive management (PCI) is not indicated. ii) Treatment of ST segment elevation myocardial infarction (STEMI) in patients managed with thrombolytics or are not receiving other forms of reperfusion therapy	None	Prescribing Category 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. Precribing Category A: i) 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. ii) 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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Fosfomycin trometamol 3g granules	J01XX01-239-F10-01-XXX	No		A*	Treatment of acute uncomplicated lower urinary tract infections (acute cystitis) in females of 18 years of age and older caused by multidrug resistant (MDR) Escherichia coli or Enterococcus faecalis who are candidates for carbapenems or colistin.		Acute uncomplicated lower UTI: - 1 sachet as single dose. Recurrent or other clinically problematic cystitis - Up to 2 doses every 24 hr. On empty stomach at bedtime.
Frusemide 10mg/ml Injection	C03CA01-000-P30-01-XXX	Yes	No	B	Oedema	None	Initial: 20-50mg once via slow IV or IM Maintenance: Increase by 20mg every 2 hours and titrate to an effective dose if necessary. CHILD: 0.5 - 1.5 mg/kg 6-24hourly. Dosing is individualised and according to product insert / protocol.
Frusemide 10mg/ml oral solution	C03CA01-000-L90-01-XXX	Yes	No	B	Oedema	None	ADULT: Initial: 20-80mg daily. Max. 600mg/day. CHILD: 1-3mg/kg daily. Max. 40mg/day. Dosing is individualised and according to product insert / protocol.
Frusemide 40mg Tablet	C03CA01000-T10-01-XXX	Yes	No	B	Oedema	None	ADULT: Initial: 20-80mg daily Max. 600mg/day CHILD: 1-3mg/kg daily Max. 40mg/day Dosing is individualised and according to product insert / protocol.
Fuller's Earth Powder	V03AB00000F2101XX	No	No	C	Adsorbent in pesticide poisoning		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)
Fusidic Acid 1% Eye Drops	S01AA13-000-D20-01-XXX	No	No	A	Bacterial eye infections caused by susceptible organisms	None	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	D06AX01-000-G10-01-XXX	Yes	No	B	Treatment of impetigo, infected wounds, folliculitis, boils, sycosis barbae, carbuncles, hidradenitis, paronychia and erythrasma where skin infections caused by Staphylococci, Streptococci, Propionibacterium acnes, Corynebacterium minutissimum, and other organisms sensitive to fusidic acid.	None	Apply to affected area 2 - 3 times daily for a duration of 7 days. Do not use for more than 2 weeks.
Fusidic Acid 2% in Betamethasone Valerate 0.1% Cream	D07CC01-948-G10-01-XXX	No	No	A/KK	Inflammatory dermatosis where bacterial infection is likely to occur eg atopic eczema, discoid eczema, stasis eczema, seborrhoic dermatitis, contact dermatitis, lichen simplex chronicus, psoriasis, discoid lupus erythematosus	None	Uncovered lesion- Apply 2 to 3 times daily. Covered lesions- Less frequent applications may be adequate
Fusidic Acid 50 mg/ml Suspension	J01XC01000L8001XX	No	No	A*	Treatment of infections caused by staphylococcal especially Methicillin Resistant Staphylococcus aureus (MRSA)		ADULT : 15 ml 3 times daily. CHILD 1 - 5 years: 5 ml 3 times daily; 5 - 12 years: 10 ml 3 times daily. INFANT : 1 ml/kg body weight daily in 3 - 4 divided doses
Fusidic Acid 500mg Injection	J01XC01520P4001XX	No		A*	Treatment of severe staphylococcal infections especially Methicillin Resistant Staphylococcus aureus (MRSA). To be used in combination therapy only		ADULT : 500 mg 3 times daily diluted to 250 - 500 ml infused slowly over 2 hours. Maximum : 2 g daily. CHILD and INFANT : 20 mg/kg/day divided into 3 equal doses infused slowly over 2 - 4 hours
Gabapentin 100 mg Tablet	N03AX12-000-T10-02-XXX	Yes	Yes	A*	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	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Gabapentin 300 mg Capsule	N03AX12-000-C10-01-XX	Yes	Yes	A*, A/KK	PRESCRIBER CATEGORY A*: Add-on therapy for intractable partial epilepsy, refractory to standard anti-epileptic drugs. PRESCRIBER CATEGORY A/KK: Treatment of various types of neuropathic pain, both peripheral (which includes diabetic neuropathy, post-herpetic neuralgia, trigeminal neuralgia) in adult more than 18 years.	None	ADULT & CHILD > 12 yrs: 900-3600mg/day. Therapy may be initiated by administered 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, 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
Gabapentin 600 mg Tablet	N03AX12-000-T10-01-XXX	Yes	Yes	A*	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 over 18 years	None	ADULT & CHILD > 12 yrs: 900-3600mg/day. Therapy may be initiated by administered 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, 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
Gadobenate Dimeglumine Injection Solution	V08CA08996P3001XX	No	No	A*	i) MRI of the liver for the detection of focal liver lesions in patients with known or suspected primary liver cancer (e.g. Hepatocellular carcinoma) or metastatic disease; ii) MRI of the brain and spine where it improves the detection of lesion and provides diagnostic information additional to that obtained with unenhanced MRI; iii) Contrast-enhanced MR-angiography where it improves the diagnostic accuracy for detecting clinically significant steno-occlusive vascular disease in patients with suspected or known vascular disease of the abdominal or peripheral arteries.		i) MRI of liver: 0.05ml/kg body weight. This corresponds to 0.1ml/kg of the 0.5M solution ii) MRI of brain & spine: 0.1mmol/kg body weight. This corresponds to 0.2ml/kg of the 0.5M solution iii) MRA: 0.1mmol/kg body weight. This corresponds to 0.2ml/kg of the 0.5M solution
Gadobutrol 1 mmol/ml injection	V08CA09000P3001XX	No	No	A*	In adults, adolescents and children aged 2 years and older with diagnostic difficulty especially in patients with renal impairment for: i) Contrast enhancement in cranial and spinal magnetic resonance imaging (MRI). ii) Contrast enhanced MRI of liver or kidneys in patients with high suspicion or evidence of having focal lesion to classify these lesions as benign or malignant. iii)Contrast enhancement in Magnetic Resonance Angiography (CE-MRA).		A single intravenous injection of 0.1 mmol/kg (equivalent to 0.1 ml/kg body weight). Max: 0.3 mmol/kg (equivalent to 0.3 ml/kg body weight)
Gadoterate Meglumine (Gadoteric Acid) 0.5 mmol/ ml Injection	V08CA02254P3001XX	No	No	A	High risk patients undergoing Magnetic Resonance Imaging for cerebral and spinal disease, diseases of the vertebral column and other whole body pathology		The recommended dose is 0.1 mmol/kg (equivalent to 0.2 mL/kg in adults, children and infants. In angiography, depending on the results of the examination being performed, a second injection may be administered during the same session if necessary
Gadoxetic acid disodium 0.25 mmol/ml solution for injection (10ml pre-filled syringe)	V08CA10520P3001XX	No	No	A*	For use in adults for the enhancement of magnetic resonance imaging (MRI) of focal liver lesions		0.1ml/kg body weight (equivalent to 25 µmol per kg body weight). Not recommended for patients younger than 18 years
Gamma Benzene Hexachloride 1% Cream/Lotion	P03AB02100G1002XX	Yes		A/KK	i) Only for scabies in adult weighing more than 50kg. Use should be restricted to patients who have failed treatment with or cannot tolerate other medications that pose less risk. ii) Treatment of head lice.		i) Only for single application. Adult: Apply a thin layer of 1% topical preparation onto all skin areas from the neck to toes. Completely wash off from the body with warm water after 8-12 hr. ii) Apply lotion into the scalp and hair. Leave the lotion for 4 minutes. Remove the lice using comb afterwards.
Ganciclovir Sodium 50mg/ ml Injection	J05AB06520P3001XX	No		A*	Treatment of cytomegalovirus (CMV) disease in immunocompromised patients, prevention of CMV disease during immunosuppressive therapy following organ transplantation		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ganirelix 0.25 mg/0.5ml Injection	H01CC01000P2001XX	No		A*	Prevention of premature luteinizing hormone surges in women undergoing controlled ovarian hyperstimulation for assisted reproduction technique		Given by SC 0.25 mg once daily, starting on day 6 of ovarian stimulation and continued until ovulation induction
Gefitinib 250 mg tablet	L01XE02000T1001XX	Yes	Yes	A*	i) First line treatment of adult patients with locally advanced or metastatic Non Small Cell Lung Cancer (NSCLC) who have activating mutations of the EGFR TK. ii) For second line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) who have previously failed chemotherapy, and who have activating mutation of epidermal growth factor receptor (EGFR).	Indication (i): - Adenocarcinoma histology - Patient's ECOG Performance Status 0-1 - Must be prescribed by an oncologist or oncology-trained respiratory physician. Indication (ii) - Adenocarcinoma histology - Patient's ECOG Performance Status 0-1 - Must be prescribed by an oncologist or oncology-trained respiratory physician. - Must not have received prior TKI for this condition.	250mg tablet once a day, taken with or without food
Gemcitabine HCl 1 g Injection	L01BC05110P4002XX	Yes	Yes	A*	i) Non-small cell lung cancer ii) pancreatic cancer iii) ovarian cancer iv) breast cancer v) bladder cancer		i) Alone or with cisplatin: 1000 mg/m2 day 1 & 8 every 3 weeks or 1000 mg/m2 day 1, day 8, day 15 every 4 weeks ii) Initially 1000 mg/m2 weekly for 7 weeks followed by 1 week rest. Subsequent cycles 1000 mg/ m2 weekly for 3 weeks followed by 1 week rest iii) Gemcitabine 1000 mg/m2 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/m2 on days 1 and 8 of each 21-day cycle, with paclitaxel 175 mg/m2 given as a 3-hour infusion before gemcitabine on day 1 of each 21- day cycle v) With cisplatin: 1000 mg/m2, given by 30 minutes intravenous infusion on days 1, 8 and 15, followed by one-week rest period for a 28-day cycle. This four-week cycle is then repeated. Dosing is according to product insert/ protocol.
Gemcitabine HCl 200 mg Injection	L01BC05110P4001XX	Yes	Yes	A*	(i) Non-small cell lung cancer (ii) pancreatic cancer (iii) ovarian cancer (iv) breast cancer (v) bladder cancer		i) Alone or with cisplatin: 1000 mg/m2 day 1 & 8 every 3 weeks or 1000 mg/m2 day 1, day 8, day 15 every 4 weeks ii) Initially 1000 mg/m2 weekly for 7 weeks followed by 1 week rest. Subsequent cycles 1000 mg/ m2 weekly for 3 weeks followed by 1 week rest iii) Gemcitabine 1000 mg/m2 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/m2 on days 1 and 8 of each 21-day cycle, with paclitaxel 175 mg/m2 given as a 3-hour infusion before gemcitabine on day 1 of each 21- day cycle v) With cisplatin: 1000 mg/m2, given by 30 minutes intravenous infusion on days 1, 8 and 15, followed by one-week rest period for a 28-day cycle. This four-week cycle is then repeated. Dosing is according to product insert/ protocol.
Gemeprost (Prostagladin E1 Synthetic Analogue) 1mg Pessary	G02AD03-000-S10-01-XXX	No	No	A	i. Softening and dilatation of the Cervix uteri prior to trans-cervical intra-uterine operative procedures in pregnant patients in the first trimester of gestation. ii. Therapeutic termination of pregnancy in patients in the second trimester of gestation, in licensed institutions. iii. Induction of abortion of second trimester pregnancies complicated by intrauterine foetal death.	None	i. One pessary 3 hours before surgery ii & iii. One pessary 3-hourly to a maximum of 5 administrations over 24 hours. A second course may be given after 24 hours from the initial commencement of treatment.
Gemfibrozil 300mg Capsule	C10AB04-000-C10-01-XX	Yes	Yes	A/KK	Treatment of hyperlipoprotinaemias (TYPES IIA, IIB, III, IV, V)	None	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	D06AX07-183-G10-01-XXX	No	No	A*	For the treatment of primary and secondary skin infections caused by susceptible bacteria.	None	Apply 2 - 3 times daily
Gentamicin 0.3% Eye Drops	S01AA11-183-D20-01-XXX	Yes	No	A/KK	Bacterial eye infections caused by susceptible organisms	None	1 drops every 4 hours, in severe infection dosage may be increased up to 1 drops every hour Dosing is individualised and according to product insert/protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Gentamicin 0.3% Eye Ointment	S01AA11-183-G51-01-XXX	Yes	No	A/KK	Bacterial eye infections caused by susceptible organisms	None	Apply a small amount (approx. 1/2-inch ribbon) into affected eye(s) 2-3 times daily.
Gentamicin Sulphate 10mg/ml Injection	J01GB03-183-P30-02-XXX	Yes	No	B	Infections due to susceptible organisms	None	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
Gentamicin Sulphate 40mg/ml Injection	J01GB03-183-P30-03-XXX	Yes	No	B	Infections due to susceptible organisms	None	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
Gentamicin Sulphate and Betamethasone Disodium Phosphate Eye/Ear Drops	S01CA05-990-D20-01-XXX	No	No	A/KK	Eye: i. Corticosteroid-responsive allergic and inflammatory conditions of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe such as allergic conjunctivitis, corneal injuries, superficial punctuate keratitis, vernal keratoconjunctivitis and as an adjunct in the treatment of superficial occular infections caused by susceptible organisms. ii. Topical treatment of blepharitis, blepharoconjunctivitis, conjunctivitis, dacryocystitis, keratitis, keratoconjunctivitis and acute meibomianitis. Ear: i. Allergic otitis externa, infective otitis and other corticosteroid-responsive disorders of the external auditory meatus. ii. Indicated in the treatment of mastoidectomy cavity infections, chronic suppurative otitis media, subacute purulent otitis media with tympanic membrane perforation and external otitis.	None	Eye: Mild to moderate infections: 1 drop to the eye(s) every 4 hours. Severe infections: 1 drop to the eye(s) every hour. Ear: 3 or 4 drops to the ear canal 3 times a day, with dosage gradually being decreased as inflammation subsides.
Gliclazide 30 mg Modified Release Tablet	A10BB09000T5002XX	Yes	Yes	B	Diabetes mellitus type 2		Initially, 30mg daily at breakfast time, may increase in successive steps to 60, 90 or 120mg daily at 1 month intervals. Max daily dose: 120mg
Gliclazide 60 mg Modified Release Tablet	A10BB09000T5001XX	Yes	Yes	B	Diabetes mellitus type 2		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	A10BB09000T1001XX	Yes	Yes	B	Diabetes mellitus type 2		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) 1mg/ml Injection	H04AA01000P4001XX	No		B	Management of hypoglycaemia		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.
Glutaraldehyde 2% Solution	V07AV00000L9905XX	No	No	A	High level disinfection for heat sensitive equipments such as endoscopes		20 minutes or more immersion is recommended for endoscopes before the session and between patients after thorough cleaning based on manufacturer recommendation
Glycerin	A06AX01000L5001XX	No	No	C+	As a lubricant and osmotic dehydrating agent		Apply to area when required
Glycerin 25% and Sodium Chloride 15% Enema	A06AG20921G2001XX	Yes	No	C+	Constipation		1 enema as required
Glycerin 25% w/w in aqueous cream	D02AX000G1001XXX	No	No	C	As an emollient for the symptomatic relief of dry skin conditions and as soap-substitute for skin-bathing.	None	Apply to the affected area as required
Glyceryl Trinitrate 0.5mg Sublingual Tablet	C01DA02-221-T10-01-XXX	Yes	Yes	C	Prophylaxis and treatment of angina and left ventricular failure	None	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 5mg/ml Injection	C01DA02-221-P30-01-XXX	No	Yes	A	i) Angina pectoris. ii) Congestive heart failure. ii) Control of hypertensive episodes. iv) Production of controlled hypotension during surgery.	None	Initial: 5-25mcg/min Dosing is individualised and according to product insert or protocol.
Glyceryl Trinitrate Aerosol Spray 400mcg (metered dose)	C01DA02-221-A10-01-XXX	No	Yes	B	i) Angina pectoris ii) Variant angina	None	1-2 metered sprays sublingual every 5 minutes as required or 5-10minutes prior to activities that might precipitate an acute attack. Dosing is according to product insert or protocol.
Glycine 1.5% Irrigation Solution	B05CX03000H3001XX	No		A	Bladder irrigation during genitourinary surgery		The dosage depends on the extent of the procedure and its duration

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Glycopyrrolate 200 mcg/ml Injection	A03AB02-320-P30-01-XXX	No	No	A*	i) To reduce secretions (respiratory tract) for certain types of surgery ii) Reversal of neuromuscular block in patients where atropine is contraindicated	None	i) ADULT: Pre-op: 4 mcg/kg via IM administration 30-60 mins before procedure. Intraoperative: 100 mcg via IV administration, repeat at 2-3 min intervals when needed. Max: 400 mcg/dose. CHILD: 4 to 8 mcg/kg IM or IV (maximum 200mcg), may be repeated if necessary, during operation; ii) ADULT: 200 mcg by IV for each 1 mg of neostigmine or 5 mg pyridostigmine CHILD: 10 mcg/kg IV for each 50 mcg/kg neostigmine or equivalent dose of pyridostigmine. Dosing is individualised and according to product insert/protocol
Glycopyrronium 50mcg, Inhalation Powder Hard Capsules	R03BB06-320-A20-01-XXX	Yes	Yes	A/KK	For maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	The diagnosis of COPD should be confirmed by spirometry.	One capsule daily. The recommended dose is the inhalation of the content of one capsule once daily using inhaler. It is recommended to be administered, at the same time of the day each day. No relevant use of glycopyrronium in pediatric population (<18 years) for COPD.
Golimumab 100mg/ml Solution for Injection	L04AB06000P5001XX	Yes	No	A*	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.		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.
Goserelin 10.8 mg Depot Injection	L02AE03000P2002XX	Yes	Yes	A	Androgen deprivation therapy in prostate cancer.		One 10.8 mg depot injected subcutaneously into the anterior abdominal wall, every 12 weeks.
Goserelin 3.6 mg Depot Injection	L02AE03000P2001XX	Yes	Yes	A	Androgen deprivation therapy in prostate cancer, endometriosis,leiomyoma uteri and assisted reproduction,breast cancer in premenopausal and perimenopausal women suitable for hormonal manipulation		One 3.6 mg depot injected subcutaneously into the anterior abdominal wall, every 28 days.
Granisetron HCl 1mg Tablet	A04AA02-110-T10-01-XX	Yes	No	A	Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy	None	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 1mg/ml Injection	A04AA02-110-P30-01-XX	Yes	No	A	i) Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy ii) Post-operative nausea and vomiting	None	i) ADULT 1-3 mg as an IV bolus not 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 125mg Tablet	D01BA01-000-T10-01-XXX	Yes	No	B	Dermatophyte infections of the skin, scalp, hair and nails, where topical therapy has failed or inappropriate	None	Adults: 500mg-1000mg daily, taken as a single dose or in divided; Children: 10mg-20mg/kg daily in divided doses. The dosing is individualized according to product insert / protocol
Guselkumab 100mg/ml Solution for Injection	L04AC16-000-P30-01-XXX	No	No	A*	Guselkumab is indicated for the treatment of adult patients with moderate-to-severe plaque psoriasis	- As third-line therapy (after failing/intolerant/contraindicated to standard systemic drugs and/or phototherapy and/or IL-17 inhibitors) - To be prescribed by Dermatologists only	100 mg to be given as subcutaneous injection at week 0, week 4 and every 8 weeks thereafter. Consideration should be given to discontinuing treatment in patients who have shown no response after 16 weeks of treatment

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Haemato Polyvalent Snake Antivenom Injection	Nil	Yes	No	B	Passive immunisation against poisonous of a range of haematotoxic snakebites or neurotoxic snakebites, based on the type of snake identified.		For initial does, at least 20mL of reconstituted serum should be given by slow intravenous infusion (not more than 1mL/minute). If symptoms still persist, the second dose should be repeated 2 hours or even earlier after the initial dose. The further dose should be repeated every 6 hours according to the clinical symptoms. Administration: Draw 10mL of the sterile water for injection to the freeze-dried antivenin, shake well to dissolve the contents until the serum became clear colourless or pale yellow liquid, ready for administration.
Haemodialysis Concentrate with Acetate	B05ZA00908H1001XX	Yes		A	For acute renal failure, chronic renal failure, overhydration, intoxication, adjustment of acid-base and electrolyte balance		Dose depending on clinical cases
Haemodialysis Concentrate with Bicarbonate	B05ZA00908H1002XX	Yes		A	For acute renal failure, chronic renal failure, overhydration, intoxication, adjustment of acid-base and electrolyte balance		Dose depending on clinical cases
Haemophilus Influenza Type B Conjugate Vaccine Injection	J07AG01000P4001XX	Yes	No	C+	Immunisation of infants against Haemophilus Influenzae Type B		0.5ml by IM. In patients with thrombocytopenia or bleeding disorders, vaccine can be administered by SC.
Haloperidol 1.5 mg Tablet	N05AD01-000-T10-01-XXX	Yes	Yes	B	i) Psychotic disorder – management of acute and chronic psychotic disorders including schizophrenia, manic states and drug-induced psychoses ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation. iii) Gilles de la Tourette's syndrome - for the control of tics and vocalisations of Tourette's syndrome in children and adults.	None	ADULT: moderate symptoms: 0.5mg to 2.0mg bid/tid; severe symptoms, chronic or resistant: 3.0mg to 5.0mg bid/ tid Geriatric / dehabilitated : 0.5mg to 2.0mg bid/tid maximum up to 100mg daily CHILD: 3-13 years old (15 to 40 kg): 0.5mg/day increase by 0.5mg at 5 to 7 days in bid/tid, dosing range 0.05mg/kg/day to 0.15mg/kg/day Dosing is according to product insert.
Haloperidol 5 mg Tablet	N05AD01-000-T10-02-XXX	Yes	Yes	B	i) Psychotic disorder – management of acute and chronic psychotic disorders including schizophrenia, manic states and drug-induced psychoses ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation. iii) Gilles de la Tourette's syndrome - for the control of tics and vocalisations of Tourette's syndrome in children and adults.	None	ADULT: moderate symptoms: 0.5mg to 2.0mg bid/tid; severe symptoms, chronic or resistant: 3.0mg to 5.0mg bid/ tid Geriatric / dehabilitated : 0.5mg to 2.0mg bid/tid maximum up to 100mg daily CHILD: 3-13 years old (15 to 40 kg): 0.5mg/day increase by 0.5mg at 5 to 7 days in bid/tid, dosing range 0.05mg/kg/day to 0.15mg/kg/day Dosing is according to product insert.
Haloperidol 5 mg/ml Injection	N05AD01-000-P30-01-XXX	Yes	Yes	B	i) Management of acute psychotic disorders including schizophrenia, manic states, and drug-induced psychosis. ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation.	None	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
Heparin 1000 units/ml Injection	B01AB01520P3001XX	Yes	Yes	B	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		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Heparin 5000 units/ml Injection	B01AB01520P3002XX	Yes	Yes	B	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		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	B01AB01930P3001XX	No	Yes	B	To maintain patency of peripheral venous catheters		Flush with 5 ml (50 units) every 4 hours or as required
Hepatitis A Vaccine Injection	J07BC02000P5001XX	Yes	No	A	Immunisation against Hepatitis A.		0.5 – 1.0 ml by IM. Dosing is according to product insert.
Hepatitis B Immunoglobulin (Human) Injection	J06BB04000P3001XX	Yes	No	A	i) For post-exposure prophylaxis of hepatitis B ii) Prophylaxis against recurrence of hepatitis B infection in chronic hepatitis B post liver transplantation		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
Hepatitis B Vaccine Injection	J07BC01000P4001XX	Yes	No	C+	Immunisation against infections caused by Hepatitis B virus.		0.5 – 1.0 ml by IM. Dosing is according to Immunisation Schedule under NIP and product insert.
Homatropine 2% Eye Drops	S01FA05-330-D20-03-XXX	Yes	No	B	i) Mydriasis and cycloplegia for refraction ii) Treatment of anterior segment inflammation	None	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 Injection	B05AA01000P3001XX	Yes	No	B	i) Acute hypovolemic shock ii) Hypoproteinaemia iii) Restoration and maintenance of circulating blood volume in cases of volume deficiency where the use of a colloid is indicated.		Dosing is according to product insert/ protocol.
Human Normal Globulin Injection	J06BA02-000-P30-01-XXX	Yes	No	A	i. Replacement therapy such as: a) Primary immunodeficiency syndromes b) Severe secondary hypogammabulinaemia and recurrent infections c) Congenital or acquired immune deficiency syndrome with recurrent infections d) Allogeneic haematopoietic stem cell transplantation (HSCT) ii. Immunomodulation such as: a) Immune thrombocytopenic purpura (ITP) in children or adults at high risk of bleeding or prior to surgical interventions to correct the platelet count b) Guillain-Barre syndrome c) Kawasaki disease		0.2-2g/kg as required Dosing and frequency of administration are according to product insert and protocol.
Human Papillomavirus (Types 16, 18) Vaccine Injection	J07BM02000P3001XX	Yes	No	C+	For the prevention of cervical cancer due to papilloma virus.	To be used as part of NIP only.	Given by IM into deltoid region. ADULT and CHILD 10 - 25 years, 3 doses of 0.5 mL, at 0, 1 and 6 months
Human Papillomavirus (Types 6, 11, 16, 18) Vaccine Injection	J07BM01000P3001XX	Yes	No	C+	For the prevention of cervical cancer due to papilloma virus.	To be used as part of NIP only.	Given by IM into deltoid region or higher anterolateral thigh. ADULT and CHILD 9 - 26 years, 3 doses of 0.5 mL, at 0, 2 and 6 months

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Hydralazine HCl 20mg Injection	C02DB02-110-P30-01-XX	Yes	Yes	B	Hypertensive crisis in pregnancy	None	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 25mg Tablet	C03AA03-000-T10-01-XX	Yes	Yes	B	Diuretic, hypertension	None	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
Hydrochlorothiazide 50mg Tablet	C03AA03-000-T10-02-XX	Yes	Yes	B	Diuretic, hypertension	None	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% & Neomycin 0.5% Cream	D07CA01-952-G10-01-XXX	No	No	B	Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses	None	Apply sparingly to the affected area. Adult: 3-4 times daily. Children: 1-2 times daily
Hydrocortisone 1% Cream	D07AA02-000-G10-01-XXX	Yes	No	B	Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses	None	Apply sparingly to the affected area. Adult: 3-4 times daily. Children: 1-2 times daily
Hydrocortisone 1% Ointment	D07AA02-000-G50-01-XX	Yes	No	B	Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses	None	Apply sparingly to the affected area. Adult: 3-4 times daily. Children: 1-2 times daily
Hydrocortisone 10mg Tablet	H02AB09-000-T10-01-XXX	Yes	No	B	i) Glucocorticoid replacement therapy in primary or secondary adrenal insufficiencies ii) Congenital adrenal hyperplasia in children	None	ADULT: 20 - 30 mg daily in divided doses. CHILD: 10-15mg/m2/day in 3 divided dose The dosing is individualized according to product insert / protocol
Hydrocortisone Sodium Succinate 100mg Injection	H02AB09-520-P40-01-XXX	Yes	No	C	Conditions responsive to systemic or local glucocorticoid injection therapy.	None	ADULT: 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 CHILD: 2-4mg/kg/dose every 6 hourly. The dosing is individualized according to product insert / protocol
Hydrogen Peroxide 20 volume Solution	D08AX01241L9901XX	No	No	C	Skin disinfection, particularly cleansing and deodorising wounds and ulcers		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
Hydroxychloroquine Sulphate 200 mg Tablet	P01BA02-183-T10-01-XXX	Yes	No	A	i) SLE and mixed connective tissue disease for skin, joint and serosa ii) Second line therapy for acute rheumatoid arthritis	None	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	V07AY00250G4001XX	No	No	B	For lubricating purpose		Apply sufficiently for lubricating purpose
Hydroxyethyl Starch 6% Injection	B05AA07000P9901XX	No		B	Therapy and prophylaxis of hypovolaemia and shock in connection with surgery trauma, infections and burns		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.
Hydroxyprogesterone Caproate 250mg/ml Injection	G03DA03-128-P20-01-XXX	No	No	A	Habitual abortion	None	IM: 250-500mg weekly as soon as pregnancy has been confirmed by diagnosis.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Hydroxyurea 500 mg Capsule	L01XX05-000-C10-01-XXX	Yes	Yes	A	i)Solid tumours ii) Chronic myelocytic leukaemia and myeloproliferative disease	-	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
Hydroxyzine HCl 25mg Tablet	N05BB01110T1001XX	No		A	Allergic pruritus		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; 2 - 5 years: 12.5 - 25 mg; to be taken daily in divided doses
Hyoscine N-Butylbromide 10mg Tablet	A03BB01-320-T10-01-XXX	Yes	No	C	Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system.	Medical Assistant in health settings without Medical Officer is allowed to prescribe this medicine for adult use only.	ADULT 10-20mg, 3-4 times a day. CHILD 6-12 years old: 10mg 3 times a day.
Hyoscine N-Butylbromide 1mg/ml Liquid	A03BB01-320-L50-01-XX	Yes	No	B	Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system	None	ADULT 10-20mg, 3-4 times a day. CHILD 6-12 years old: 10mg 3 times a day.
Hyoscine N-Butylbromide 20mg/ml Injection	A03BB01-320-P30-01-XXX	Yes	No	B	Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system	None	ADULT: 20 mg IM/IV repeated after 30 min if needed. Max: 100 mg daily. Not recommended for CHILD below 12 years. Dosing is individualised and according to product insert/protocol
Ibandronic Acid 150mg Tablet	M05BA06000T1003XX	No		A*	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.		150 mg once monthly
Ibuprofen 100mg/5ml Suspension	M01AE01-000-L80-01-XXX	Yes	No	B	i. Anti-inflammatory for rheumatic disease ii. Analgesic for treatment of mild to moderate pain	Not indicated in fever due to infection	Children: 5 - 10 mg/kg/dose (max 2.4 gm/day) every 6-8 hourly. Not recommended for <7kg
Ibuprofen 200 mg Tablet	M01AE01000T1001XX	Yes	No	B	Pain and inflammation in rheumatic disease	None	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.
Idarubicin 1mg/mL Injection	L01DB06110P4002XX	No		A*	i) Acute non-lymphocytic leukemia (ANLL) in adults for remission induction in untreated patients or for remission induction in relapsed or refractory patients. ii) Acute lymphocytic leukemia (ALL) as second line treatment in adult and children.		i) Adult: 12mg/m2 IV daily for 3 days in combination with cytarabine. Idarubicin may also be administered as a single agent and in combination, at a dose of 8mg/m2 IV daily for 5 days. ii) Adult: 12mg/m2 IV daily for 3 days as a single agent. Children: 10mg/m2 IV daily for 3 days as a single agent. All of these dosages should take into account the hematological status of the patient and the dosages of other cytotoxic drugs when used in combination.
Idarucizumab 50 mg/ml solution for injection/infusion	V03AB37-000-P30-01-XXX	No	No	A*	Idarucizumab is a specific reversal agent for dabigatran and is indicated in patients treated with dabigatran when rapid reversal of the anticoagulant effects of dabigatran is required: i. For emergency surgery/urgent procedures ii. In life-threatening or uncontrolled bleeding	To be prescribed by cardiologist, haematologist, general medicine physician, anaesthesiologist and emergency physician only	The recommended dose of Idarucizumab is 5 g (2 x 2.5 g/50 ml) to be administered intravenously, as two consecutive infusions over 5 to 10 minutes each or as a bolus injection.
Idursulfase 2mg/ml Injection	A16AB09000P3001XX	No		A*	Hunter syndrome (Mucopolysaccharidosis II, MPS II).		0.5 mg/kg of body weight administered every week as an intravenous infusion.
Ifosfamide 1 g Injection	L01AA06000P4001XX	Yes	Yes	A*	i) Solid tumours ii) Leukaemia iii) Lymphoma		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Imatinib Mesylate 100mg Tablet	L01XE01-196-T10-01-XXX	Yes	Yes	A*	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		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
Imatinib Mesylate 400mg Tablet	L01XE01-196-T10-02-XXX	Yes	Yes	A*	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		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
Imiglucerase 400IU Injection	A16AB02000P4002XX	No		A*	Non-neuronopathic (Type 1) or chronic neuronopathic (Type 3) Gaucher disease and who exhibit clinically significant non-neurological manifestations of the disease. The non-neurological manifestations of Gaucher disease include one or more of the following conditions: - anemia, after exclusion of other causes, such as iron deficiency - thrombocytopenia - bone disease, after exclusion of other causes, such as Vitamin D deficiency - hepatomegaly or splenomegaly		Dosage should be individualized to each patient. Initial dosages range from 2.5 units/kg of body weight 3 times a week to 60 units/kg once every 2 weeks. Administered by intravenous infusion over 1-2 hours.
Imipenem 500mg and Cilastatin 500mg Injection	J01DH51-961-P40-02-XXX	Yes	No	A*	Severe infections caused by susceptible pathogens especially useful in infections involving ESBL organisms. Not to be used for prophylaxis	None	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	D06BB10000G1001XX	No	No	A*	Treatment of external genital and perianal warts or condyloma acuminata in adults		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	J06BB02000P3001XX	Yes	No	B	Passive immunization against tetanus		Prophylaxis of tetanus: IM 250 units. Treatment of tetanus: IM 30 - 300 units/kg
Indacaterol acetate/ glycopyrronium bromide/ mometasone furoate 150/50/160mcg inhalation powder hard capsules	R03AL12-986-A20-01-XXX		Yes	A	As a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta2-agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year.	None	one capsule to be inhaled once daily.
Indacaterol Maleate 110mcg & Glycopyrronium Bromide 50mcg inhalation powder hard capsules	R03AL04-989-C11-01-XXX	No	Yes	A/KK	As a once-daily maintenance bronchodilator treatment to relieve symptoms and reduce exacerbations in adult patients with chronic obstructive pulmonary disease (COPD).	Patients with inhaler coordination problem. (Only applies to Primary Care settings)	One capsule inhalation daily.
Indacaterol Maleate 150mcg Inhalation Capsule	R03AC18-253-C99-01-XXX	No	Yes	A/KK	Maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD).	The diagnosis of COPD should be confirmed by spirometry	Once-daily inhalation of the content of one 150/300 microgram capsule. Maximum dose is 300 microgram once-daily.
Indomethacin 25mg Capsule	M01AB01000C1001XX	Yes	No	B	Pain and inflammation in rheumatic disease		50 - 200 mg daily in divided doses, with food. Child not recommended.
Infliximab 100 mg Injection	L04AB02000P4001XX	Yes	No	A*	i) Rheumatoid arthritis (moderate to severe), in combination with methotrexate ii) Ankylosing spondylitis in patients with active disease despite treatment with methotrexate iii) Crohn's Disease in patients who have an inadequate response to conventional therapies. iv) Fistulizing Crohn's Disease in patients who have an inadequate response to conventional therapies v) Ulcerative Colitis in patients who have an inadequate response to conventional therapies		i) Rheumatoid arthritis: ADULT over 18 years old: 3 mg/kg at 0, 2, 6 weeks, then every 8 weeks; May increase to 10 mg/kg or increase dosing frequency to 4 weekly for patients with incomplete response. Discontinue if no response by 12 weeks of initial infusion or after dose adjustment ii) Ankylosing spondylitis: ADULT over 18 years: 5 mg/kg IV over 2 hour given at week 0, 2, and 6 then every 6-8 weeks. Discontinue if no response by 6 weeks of initial infusion. iii), iv) & v)5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Influenza Vaccine (Inactivated) Injection	J07BB02963P30XXXX	Yes	No	B	i) Prophylaxis of influenza for frontliners (KKM staff and essential services personnel). ii) Prophylaxis of influenza in high risk groups. Refer to current recommendation by WHO for selection of product of inactivated influenza vaccines.		0.25ml to 1.0ml by IM. Dosing is according to product insert and WHO recommendations.
Insulin Aspart 100 IU/ml Injection	A10AB05000P3001XX	Yes	Yes	A/KK	Diabetic Type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin	Tertakluk kepada arahan surat Ketua Pengarah Kesihatan dengan no. ruj.: KKM.600-34/1/3 Jld.4(21) bertarikh 21 Ogos 2024 dan garis panduan berkaitan yang dikeluarkan dari semasa ke semasa.	Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight
Insulin Aspart 30% and Protaminated Insulin Aspart 70% 100 U/ml Injection	A10AD05000P3001XX	Yes	Yes	A/KK	Diabetic type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin		Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight
Insulin Degludec/ Insulin Aspart 70/30 Solution for Injection in Pre- Filled Pen 100 Units/mL	A10AD06-925-P50-01-001	Yes	Yes	A*	Treatment of Type-2 Diabetes Mellitus in adults (A* - Must be prescribed by Endocrinologist)	For patients who remained uncontrolled OR experienced recurrent hypoglycaemia with multiple daily dosing of human/analogue basal-bolus/premixed insulin.	Treatment initiation: 10 units with meal(s) followed by individual dosage adjustments. Once or twice daily with the main meal(s) Treatment switching: Can be administered alone, in combination with oral antidiabetic medicinal products, and in combination with bolus insulin. • Convert unit-to-unit to once or twice daily Insulin Degludec/Insulin Aspart at the same total insulin dose as the patient's previous total daily basal or premix insulin dose. • Patients switching from basal/bolus insulin therapy will need to convert their dose based on individual needs. In general, patients are initiated on the same number of basal units.
Insulin Detemir 100 IU/ml Injection in Prefilled syringe/cartridge	A10AE05000P5001XX	Yes	Yes	A/KK	i)Type 1 Diabetes patients on basal bolus regimen, whom experience hypoglycaemia 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 hypoglycaemia with conventional basal insulin.		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.
Insulin Glargine 300 IU/ 3 ml Injection (Prefilled Pen)	A10AE04-000-P50-01-XXX	Yes	Yes	A/KK	i) Diabetes mellitus type I in adults and child over 6 years ii) Diabetes mellitus type II in adult		ADULT and CHILD over 6 years: individualised dose given by SC, once daily at the same time every day. Adult patients who are insulin naive may be initiated with 10IU daily.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Insulin Glargine 300 IU/ml injection (Prefilled Pen)	A10AE04-000-P50-02-XXX	Yes	Yes	A/KK	Diabetes mellitus type I and II in adults	For usage by Endocrinologists/Physicians (in hospitals): Patient must meet the following criteria: i) Patients on insulin not reaching treatment goals defined as high fasting plasma glucose (FPG ≥ 7 mmol/L) and/or HbA1c ≥ 6.5% after 6 months of therapy and/or; ii) patients with a high risk of hypoglycaemia as determined by the following risk factors: Advancing age; Severe cognitive impairment; Poor health knowledge; Increased A1c; Hypoglycaemia unawareness; long standing insulin therapy; Renal impairment; Neuropathy. Note: Can be prescribed/dispensed only to patients in diabetic clinic/registered under DMTAC programme. For usage by Family Medicine Specialists (in health clinics): Patient must meet all the following criteria: i) Patient on high dose insulin >30units per injection; ii) Patient with BMI >35kg/m2; and iii) Patient who develops significant hypoglycaemia with Insulin Glargine 100units/ml or Insulin Detemir 100units/ml after ruling out other causes of hypoglycaemia. Note: Used for a trial of 3 months, if during this period patients still develop similar episodes of hypoglycaemia, revert back to human insulins or refer patients to Endocrinologist.	Initiation: Patient with type 1 diabetes: Once daily with mealtime insulin and requires individual dose adjustments; Patient with type 2 diabetes: 0.2units/kg followed by individual dose adjustment. Please refer to the product information leaflet for details of dosage information (switching, etc).
Insulin Glulisine 100u/ml solution for injection in pre-filled pen 3ml	A10AB06000P5001XX	No	Yes	A/KK	Treatment of adults, adolescents and children 6 years or older with diabetes mellitus, where treatment with insulin is required.	Tertakluk kepada arahan surat Ketua Pengarah Kesihatan dengan no. ruj.: KKM.600-34/1/3 Jld.4(21) bertarikh 21 Ogos 2024 dan garis panduan berkaitan yang dikeluarkan dari semasa ke semasa.	Glulisine should be given shortly (0-15 min) before or soon after meals. Glulisine should be used in regimens that include an intermediate or long acting insulin or basal insulin analogue and can be used with oral hypoglycaemic agents. The dosage of Apidra should be individually adjusted.
Insulin Lispro 100 IU/ml Injection in Prefilled syringe/cartridge	A10AB04000P5001XX	No	Yes	A*	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		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.
Insulin Lispro 25% & Insulin Lispro Protamine 75% 100 U/ml Suspension for Injection in Prefilled Syringe/Cartridge	A10AD04000P5001XX	No	Yes	A*	Patients with Type 2 diabetes whom experience hypoglycemia with the use of human premixed insulin.		Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight
Insulin Lispro 50% & Insulin Lispro Protamine 50% 100U/ml Suspension for Injection in Prefilled Syringe/Cartridge	A10AD04000P5002XX	No	Yes	A*	Patients with Type 2 diabetes whom experience hypoglycemia with the use of human premixed insulin.		Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight.
Insulin Recombinant Neutral Human Short Acting 100 IU/ml Injection in 10ml vial	A10AB01000P3001XX	Yes	Yes	B	Diabetes mellitus		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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Insulin Recombinant Neutral Human Short-acting 100IU/ml Penfill and Refill	A10AB01000P5001XX	Yes	Yes	B	Diabetes mellitus		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.
Insulin Recombinant Synthetic Human Intermediate-Acting 100IU/ml in Vial for Injection	A10AC01000P3001XX	Yes	Yes	B	Diabetes mellitus		Dose to be individualised. The daily insulin requirement is usually between 0.3 and 1.0IU/kg /day
Insulin Recombinant Synthetic Human Premixed 100IU/ml in Vial for Injection	A10AD01000P3001XX	No	Yes	B	Diabetes mellitus		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.
Insulin Recombinant Synthetic Human, Intermediate-Acting 100 IU/ml Penfill and Refill	A10AC01000P5001XX	Yes	Yes	B	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		Dose to be individualised. The daily insulin requirement is usually between 0.3 and 1.0IU/kg /day
Insulin Recombinant Synthetic Human, Premixed 100 IU/ml Penfill and Refill	A10AD01000P5001XX	No	Yes	B	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		Dose to be individualised. The average daily insulin requirement is between 0.5-1.0 units/kg body weight
Interferon Alfa - 2a 3 MIU Injection	L03AB04000P3001XX	No		A*	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		i) Initial : 3 MIU SC daily. If intolerant, 1.5 MIU daily or 3 MIU 3 times a week or 1.5 MIU 3 times a week. Maintenance : 1.5-3 MIU SC 3 times a week ii) Patient > 18 years : 3 MIU daily (days 1-3), 6 MIU daily (days 4-6), 9 MIU daily (days 7-84) iii) Patient > 18 years : Initially escalating dose to 18-36 MIU SC/IM for 10-12 weeks. Maintenance: up to 36 MIU 3 times a week iv)2.5-5 MIU/m2 SC 3 times a week for 4-6 months. CHILD: up to 10 MIU/m2 BSA v) Monotherapy : Initial : 3 - 6 MIU SC 3 times a week for 6 months. Maintenance : 3 MIU 3 times a week for an additional 6 months. vi) As an adjunct to cytotoxic chemotherapy: An escalating dose of 3 MIU 3 times a week for 1 week, then 9 MIU 3 times a week for 1 week, then 18 MIU 3 times a week thereafter for 3-12 months SC
Interferon Alfa-2b 18 MIU Injection	L03AB05000P5001XX	No		A	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		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
Interferon Alfa-2b 30 MIU Multidose Injection Pen	L03AB05000P5002XX	No		A	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		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Interferon Alpha - 2a 4.5 MIU Injection	L03AB04000P3002XX	No		A*	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		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
Interferon Alpha 2b 3 MIU Injection	L03AB05000P3001XX	No		A*	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		i) 2 MIU/m2 SC or IM 3 times a week ii) 4 - 5 MIU/m2 SC daily. Treatment must be discontinued after 8 to 12 weeks of treatment if at least a partial haematological remission or a clinically meaningful cytoreduction has not been achieved iii) Patient > 18 years : 30 MIU/m2 SC or IM three times a week until disease progression or maximal response has been achieved after 16 weeks of treatment. iv) 5 MIU daily or 10 MIU three times a week for 16 weeks. CHILD : 3 MIU/m2 three times a week for the first week of therapy followed by dose escalation to 6 MIU/m2 (maximum of 10MIU) three times a week SC for a total duration of 16 to 24 weeks v) 3 MIU SC or IM 3 times a week.
Interferon beta -1b 250mcg (8MIU) Injection	L03AB08000P4001XX	Yes	Yes	A*	i)Relapsing-remitting multiple sclerosis (RRMS): Reduction of frequency and degree of severity of clinical relapses in ambulatory patients characterized by at least two attacks of neurological dysfunction over the preceding two year period, followed by complete or incomplete recovery ii)Secondary progressive multiple sclerosis (SPMS):Reduction of frequency and severity of clinical relapses and for slowing the progression of disease		0.25 mg (8 MIU) by SC injection every other day
Interferon Beta-1a 22 mcg Injection	L03AB07000P5001XX	Yes	Yes	A*	Multiple sclerosis of the relapsing remitting type with 2 or more relapses within the last 2 years		22 mcg 3 times weekly
Interferon Beta-1a 44 mcg Injection	L03AB07000P5002XX	Yes	Yes	A*	Multiple sclerosis of the relapsing remitting type with 2 or more relapses within the last 2 years		44 mcg 3 times weekly
Iodine and Potassium Iodide Solution	H03CA00-200-L99-01-XXX	Yes	No	B	i) Pre-operative treatment of thyrotoxicosis ii) Thyrotoxicosis crisis	None	i) 1 ml daily in divided doses ii) 2 - 3 ml daily
Iodixanol 320 mg I/ml Injection	V08AB09000P3001XX	No	No	A	X-ray contrast medium for cardioangiography, cerebral angiography, peripheral arteriography, abdominal angiography, urolography, venography, CT enhancement, lumbar, thoracic and cervical myelography		Depending on type of examination
Iohexol Injection	V08AB02-000-P30-01-XXX	Yes	No	A	X-ray contrast medium for use in adults and children for cardioangiography, arteriography, urography, phlebography and CT-enhancement. Lumbar, thoracic, cervical myelography and computed tomography of the basal cisterns, following subarachnoid injection. Arthrography, endoscopic retrograde pancreatography (ERCP), herniography, hysterosalpingography, sialography and studies of the gastrointestinal tract	-	Dose depending on the route and procedure
Iopamidol Injection	V08AB04000P3001XX	No	No	A	i) Neuroradiology: myeloradiculography, cisternography and ventriculography ii) Angiograph: cerebral arteriography, thoracic aortography, abdominal aortography, angiocardiography, selective visceral arteriography, peripheral arteriography, venography, digital subtraction angiography (DSA) iii) Urography iv) Other diagnostic procedures: Contrast enhancement in CT Scanning, arthrography, fistulography		Dose depending on the route and procedure.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Iopromide 300mg injection (623 mg of iopromide with 300 mg of iodine per mL)	V08AB05000P3001XX	No	No	A	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		Dose depending on the route and procedure
Iopromide 370mg injection (769 mg of iopromide with 370 mg of iodine per mL)	V08AB05000P3002XX	No	No	A	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		Dose depending on the route and procedure
Ipratropium Bromide 0.0125% Nebulising Solution (125 mcg/ml)	R03BB01-320-A30-01-XXX	Yes	Yes	B	Maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. Used concomitantly with inhaled beta-agonists in the treatment of acute bronchospasm associated with chronic obstructive pulmonary disease including chronic bronchitis and asthma.	None	Maintenance treatment: i) Adult and adolescents over 12 years old: 500mcg per dose, 3 to 4 times daily. ii) Children 6 - 12 years old: 250mcg per dose, 3 to 4 times daily. iii) Children less than 6 years old: 100 - 250mcg per dose, 3 to 4 times daily. Acute attacks (in combination with beta-agonist): i) Adult and adolescents over 12 years old: 500mcg per dose, time interval between doses may be determined by the physician. ii) Children 6 - 12 years old: 250mcg per dose, time interval between doses may be determined by the physician. iii) Children less than 6 years old: 100 - 250mcg per dose, time interval between doses may be determined by the physician.
Ipratropium Bromide 0.025% Inhalation Solution (250mcg/ml)	R03BB01-320-A30-02-XXX	Yes	Yes	B	Maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. Used concomitantly with inhaled beta-agonists in the treatment of acute bronchospasm associated with chronic obstructive pulmonary disease including chronic bronchitis and asthma.	None	Maintenance treatment: i) Adult and adolescents over 12 years old: 500mcg per dose, 3 to 4 times daily. ii) Children 6 - 12 years old: 250mcg per dose, 3 to 4 times daily. iii) Children less than 6 years old: 100 - 250mcg per dose, 3 to 4 times daily. Acute attacks (in combination with beta-agonist): i) Adult and adolescents over 12 years old: 500mcg per dose, time interval between doses may be determined by the physician. ii) Children 6 - 12 years old: 250mcg per dose, time interval between doses may be determined by the physician. iii) Children less than 6 years old: 100 - 250mcg per dose, time interval between doses may be determined by the physician.
Ipratropium Bromide 0.5mg and Salbutamol 2.5mg per UDV	R03AK04-320-A30-01-XXX	No	Yes	B	Management of reversible bronchospasm associated with obstructive airway diseases	None	Acute attacks : 1 unit dose vial. In severe cases not relieved by 1 unit dose vial, 2 unit dose vials may require. Maintenance : 1 unit dose vial 3 - 4 times daily
Ipratropium Bromide 20 mcg/dose Inhalation	R03BB01-320-A10-01-XXX	Yes	Yes	B	Maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis, emphysema and asthma.	None	Adult and children more than 6 years of age: 2 puffs 4 times daily. Total daily dose of 12 puffs.
Ipratropium Bromide 20mcg and Fenoterol 50mcg/dose Inhaler	R03AK03-986-A21-01-XXX	No	Yes	B	Management of symptoms in chronic obstructive airway disorders with reversible bronchospasm such as bronchial asthma and chronic bronchitis with or without emphysema	None	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)
Ipratropium Bromide 20mcg and Salbutamol base 100mcg/dose Inhalation	R03AK04-320-A10-01-XXX	No	Yes	B	Management of reversible bronchospasm associated with obstructive airway diseases	None	ADULT and ELDERLY : 2 inhalations 4 times daily. Maximum : 12 inhalations daily. CHILD under 12 years not recommended
Irinotecan HCl Trihydrate 20 mg/ml Injection	L01XX19110P3002XX	Yes	Yes	A*	Metastatic colorectal cancer		In combination therapy (for previously untreated patients): 180 mg/m2 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/m2 administered as an intravenous infusion over 90 minutes period once every 3 weeks
Iron (III) hydroxide sucrose complex 20mg/ml solution for injection	B03AC02250P3001XX	No		B	Treatment of iron deficiency anaemia: a) where there is a clinical need for rapid iron supply b) in patients who cannot tolerate oral iron therapy or who are non-compliant c) in active inflammatory bowel disease where oral iron preparations are ineffective		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. Total cumulative dose: 1000 mg

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Iron (III) Polymaltose Complex 10mg iron/ml syrup	B03AB05000L9001XX	No	No	A/KK	Treatment of latent iron deficiency and iron deficiency anaemia (manifest iron deficiency).	In primary care setting, for pediatrics use only	Infants (up to 1 year): 2.5-5ml daily (25-50mg iron) Children (1-12 years old): 5-10ml daily (50-100mg iron) Children (>12 years), adults: 10-30 ml daily (100-300mg iron) Pregnant woman 20-30ml daily (200-300mg iron)
Iron (III)-hydroxide polymaltose complex (IPC) 100mg iron and 0.35mg folic acid chewable tablet	B03AD04-250-T20-01-XXX	No		A/KK	Treatment of iron deficiency without anaemia and iron deficiency anaemia		Dosage and duration of therapy are dependent upon the extent of iron deficiency. Manifest iron deficiency: 1 chewable tablet two to three times daily until a normalization of the hemoglobin value is achieved. Afterwards the therapy should be continued with 1 chewable tablet daily at least until the end of pregnancy to replenish the iron stores. Latent iron deficiency and prevention of iron and folic acid deficiency: 1 chewable tablet daily
Iron Dextran 50mg Fe/ml Injection	B03AC06000P3001XX	No		B	Severe iron deficiency anaemia		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
Isoflurane Liquid	N01AB06000L5001XX	Yes		B	i) Induction and ii) Maintenance of anaesthesia		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	J04AC01-000-T10-01-XXX	Yes	No	B	i) Tuberculosis ii)Tuberculous meningitis	None	i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg)
Isoniazid 400 mg Tablet	J04AC01-000-T10-02-XXX	Yes	No	B	i) Tuberculosis ii)Tuberculous meningitis		i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg)
Isoprenaline HCl 0.2mg/ml Injection	C01CA02-110-P30-01-XX	No	Yes	B	Complete heart block (third-degree artrioventricular block) not responding to atropine, while waiting for cardiac pacing	None	If given as IM: Initially 0.2 mg (1 ml of 1:5000 solution), followed by 0.02-1 mg depending on clinical response. If given as SC: 0.2 mg (1 ml of 1:5000 solution), followed by 0.15-0.2 mg depending on clinical response. If given as IV : 1-2 mg in 500 ml of dextrose 5%, infused at a rate of 0.5-2 ml/min while the patient's EKG is being monitored. The dose should be titrated to produce the desired clinical response
Isoprenaline HCl 1mg/5 ml Injection	C01CA02-110-P30-02-XX	No	Yes	B	Complete heart block (third-degree artrioventricular block) not responding to atropine, while waiting for cardiac pacing	None	If given as IM: Initially 0.2 mg (1 ml of 1:5000 solution), followed by 0.02-1 mg depending on clinical response. If given as SC: 0.2 mg (1 ml of 1:5000 solution), followed by 0.15-0.2 mg depending on clinical response. If given as IV : 1-2 mg in 500 ml of dextrose 5%, infused at a rate of 0.5-2 ml/min while the patient's EKG is being monitored. The dose should be titrated to produce the desired clinical response
Isosorbide Dinitrate 10mg Tablet	C01DA08-221-T10-01-XXX	Yes	Yes	B	Prophylaxis and treatment for: i) Angina ii) Left ventricular failure	None	i) 30 - 120 mg daily in divided doses ii) 40 - 160 mg, up to 240 mg if required
Isosorbide Dinitrate 1mg/ml Injection	C01DA08-221-P30-01-XX	No	Yes	A	Treatment for angina pectoris and left ventricular failure	None	2-12mg IV per hour after dilution. Dosing is according to product insert or protocol.
Isosorbide-5-Mononitrate 60mg SR Tablet	C01DA14-221-T50-02-XXX	No	Yes	A/KK	Angina pectoris	None	Initial: 30mg daily. Maintenance: 30-60mg once daily. Max. 120mg once daily.
Isotretinoin 10 mg Capsule	D10BA01000C1001XX	No	No	A*	Only for treatment of i) Severe nodulo-cystic acne ii) Acne conglobata iii) Acne fulminans iv) Severe acne vulgaris failing conventional treatment.		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 0f 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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Isotretinoin 20 mg Capsule	D10BA01000C1002XX	No	No	A*	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		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 0f 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 50mg Tablet	A03FA00110T1001XX	No		A*	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		50 mg 3 times daily before meal
Itraconazole 10 mg/ml Oral Solution	J02AC02-000-L99-01-XXX	Yes	No	A*	Treatment of: i) oral and/or oesophageal candidiasis ii) fluconazole resistant and/or oesophageal candidiasis	None	i) 200 mg daily for 1 week. If no response after 1 week, continue treatment for another week ii) 100 - 200 mg twice daily for 2 weeks. If no response after 2 weeks, continue treatment for another 2 weeks. The 400 mg daily dose should not be used for more than 14 days if there are no signs of improvement
Itraconazole 100 mg Capsule	J02AC02-000-C10-01-CXX	Yes	No	A/KK	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	None	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 5mg Tablet	C01EB17-110-T10-01-XX	No	Yes	A*	i) Symptomatic treatment of chronic stable angina pectoris in coronary artery disease adults with normal sinus rhythm and heart rate ≥ 70 bpm. Ivabradine is indicated: - in adults 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. ii) Treatment of chronic heart failure NYHA II to IV class with systolic dysfunction, in patients in sinus rhythm and whose heart rate is ≥ 75 bpm, in combination with standard therapy including beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated.	None	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
Ivabradine 7.5mg Tablet	C01EB17-110-T10-02-XX	No	Yes	A*	i) Symptomatic treatment of chronic stable angina pectoris in coronary artery disease adults with normal sinus rhythm and heart rate ≥ 70 bpm. Ivabradine is indicated: - in adults 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. ii) Treatment of chronic heart failure NYHA II to IV class with systolic dysfunction, in patients in sinus rhythm and whose heart rate is ≥ 75 bpm, in combination with standard therapy including beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated.	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ixekizumab 80mg Solution for Injection	L04AC13-000-P50-01-XXX	No	No	A*	1. Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy with involvement of special sites (face, joint, scalp, nail, genital, and palmoplantar psoriasis) 2. Alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies.	1. Severe plaque psoriasis: i. As third-line therapy (after failed/intolerant/contraindicated to standard systemic drugs and/or phototherapy). ii. To be prescribed by Dermatologist only 2. Active psoriatic arthritis: To be prescribed by Rheumatologist only	1. Severe plaque psoriasis: 160 mg by subcutaneous injection at week 0, followed by 80 mg at weeks 2, 4, 6, 8, 10, and 12, then maintenance dosing of 80 mg every 4 weeks. 2. Active psoriatic arthritis: The recommended dose is 160 mg by subcutaneous injection (two 80 mg injections) at week 0, followed by 80 mg (one injection) every 4 weeks thereafter. For psoriatic arthritis patients with concomitant moderate to severe plaque psoriasis, the recommended dosing regimen is the same as for plaque psoriasis (160mg at week 0, 80mg at week 2,4,6,8,10,12, and 80mg every 4 weeks thereafter).
Japanese Encephalitis (JE) (Live Attenuated) 4.0 - 5.8 log PFU Vaccine in 0.5ml vial injection	J07BA02-000-P40-01-XXX	Yes	No	C+	Prophylaxis of Japanese encephalitis caused by the Japanese encephalitis virus, in individuals from 9 months of age and over.	Children in Sarawak at 9 and 21 months under the National Immunisastion Programme (NIP)	0.5 mL single injection of the reconstituted vaccine.
Kanamycin 1g Injection	J01GB04-183-P40-01-XXX	Yes	No	A*	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.	None	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
Ketamine 10 mg/ml Injection	N01AX03-110-P30-01-XXX	Yes	No	B	Sole anaesthetic for short procedures or induction of anaesthesia in certain types of patients (e.g in shock states)	-	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.
Ketamine 50 mg/ml Injection	N01AX03-110-P30-02-XXX	Yes	No	B	Sole anaesthetic for short procedures or induction of anaesthesia in certain types of patients (e.g in shock states)	-	IV Initially, 1-4.5 mg/kg IV, a dose of 2 mg/kg produces anesthesia for 5-10 mins. IM Initially, 6.5-13 mg/kg IM, a dose of 10 mg/kg produces anesthesia for 12-25 mins.
Ketoconazole 2% Shampoo	D01AC08-000-L52-01-XXX	Yes	No	A/KK	Dandruff, seborrhoeic dermatitis and pityriasis versicolor.	None	Seborrhoeic dermatitis & dandruff: Apply twice weekly for 2 to 4 weeks. Pityriasis versicolor: Apply once daily for up to 5 days. Prophylaxis: Once every 1 or 2 weeks. Both left for 3-5minutes before rinsing.
Ketoconazole 200 mg Tablet	J02AB02000T1001XX	No	No	A/KK	i) Pityriasis versicolor ii) Systemic mycosis (other skin mycoses) iii) Nail infections		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.
Ketoprofen 2.5% Gel	M02AA10-000-G30-01-XXX	No		A/KK	Local treatment of osteoarticular & muscular painful disorders of rheumatic or traumatic origin: Contusions, distortions, muscle strains, stiff neck, lumbago.	-	Apply onto affected areas 2-4 times daily up to 10 days.
Ketoprofen 30mg Transdermal Plaster	M02AA10000M7001XX	No		A	Treatment of signs & symptoms of arthritis deformans, periarthritis humero-scapularis, tendinitis, peritendinitis, sore muscle, swelling, pain resulting from trauma (eg. contusion, distorsion, sprain).		Apply 1 plaster to the affected area twice daily
Ketoprofen 50mg/ml Injection	M01AE03000P3001XX	No		A*	To be used only in treatment of acute inflammatory conditions		By deep IM into gluteal muscle, 50-100 mg every 4 hours. Maximum 200 mg in 24 hours for up to 3 days. Child not recommended
Ketorolac Tromethamine 30mg/ml Injection	M01AB15239P3001XX	No		A*	Short term management of moderate to severe postoperative pain		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.
L-Asparaginase 10,000 IU Injection	L01XX02000P3001XX	Yes	Yes	A*	i) Acute lymphoblastic leukemia ii) Non-hodgkin's lymphoma		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
Labetalol HCl 100mg Tablet	C07AG01-110-T10-01-XX	Yes	Yes	B	i) Mild, moderate or severe hypertension ii) Hypertension in pregnancy	None	i) & ii) Initial: 100mg twice daily Maintenance: 200-400mg twice daily Max. 2400mg daily in 3 or 4 divided doses Dosing is individualised and according to product insert / protocol.
Labetalol HCl 5mg/ml Injection	C07AG01-110-P30-01-XX	Yes	Yes	B	Hypertension crisis	None	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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Lactobacillus Acidophilus 100million viable cells & Estriol 0.03mg vaginal tablet	G03CC06-953-T10-01-XXX	No	No	A/KK	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	None	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 3.35g/5 ml Liquid	A06AD11-000-L50-01-XXX	Yes	No	C+	i) Constipation ii) Hepatic encephalopathy	None	i) ADULT 15-45 ml daily in 1-2 divided doses adjusted to patient's need. Maintenance dose: 15-30ml daily in 1-2 divided doses. CHILD 0.5 ml/kg/dose once or twice daily. ii) ADULT: 30-45 ml 2-4 times daily, dose adjusted to produce 2-3 soft stools daily. CHILD: 1 ml/kg/dose 3-4 times daily.
Lamivudine 100mg Tablet	J05AF05-000-T10-01-XXX	Yes	No	A*	Management of chronic hepatitis B infection associated with evidence of hepatitis B viral replication and active liver inflammation	None	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 10mg/ml Oral Solution	J05AF05-000-L99-01-XXX	Yes	No	A*	HIV infection in combination with other antiretroviral agents	None	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 150mg Tablet	J05AF05-000-T10-02-XXX	Yes	No	A/KK	HIV infection in combination with other antiretroviral agents	None	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 100mg Tablet	N03AX09-000-T10-02-XX	Yes	Yes	A	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	None	i) Up to 200 mg daily in single or divided dosage ii) 25- 200 mg daily
Lamotrigine 25mg Dispersible/Chewable Tablet	N03AX09-000-T20-01-XX	Yes	Yes	A	Add-on therapy in intractable partial seizures	None	25 mg daily - 50 mg twice daily
Lamotrigine 50mg Tablet	N03AX09-000-T10-01-XX	Yes	Yes	A	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	None	i) Up to 200 mg daily in single or divided dosage ii) 25- 200 mg daily
Lamotrigine 5mg Dispersible/Chewable Tablet	N03AX09-000-T20-02-XX	Yes	Yes	A	Management of seizures in children aged 2 - 12 years	None	a) Add-on therapy in patients not taking Valproate: week 1 and 2: 2 mg/kg/day twice daily, week 3 and 4: 5 mg/kg/day twice daily. Maintenance: 5 - 15 mg/kg/day twice daily b) Add-on therapy in patients taking Valproate or other anti-epileptic drugs, week 1 and 2: 0.2 mg/kg/day as a single dose (children less than 25 kg may take 5 mg on alternate days), week 3 and 4: 0.5 mg/kg/day as a single dose. Maintenance dose: 1 -5 mg/kg/day once daily or twice daily
Lanreotide acetate 120mg prolonged-release solution for injection	H01CB03-122-P30-04-XXX	No	Yes	A*	i) Treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastroenteropancreatic neuroendocrine tumours (GEPNETs) of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded, in adult patients with unresectable locally advanced or metastatic disease ii) Treatment of the clinical symptoms of neuroendocrine (particularly carcinoid) tumours	None	i) 120 mg administered every 28 days ii) 60 mg to 120 mg administered every 28 days
Lanreotide acetate 60mg prolonged-release solution for injection	H01CB03-122-P30-02-XXX	No	Yes	A*	Treatment of the clinical symptoms of neuroendocrine (particularly carcinoid) tumours	None	60 mg to 120 mg administered every 28 days
Lanreotide acetate 90mg prolonged-release solution for injection	H01CB03-122-P30-03-XXX	No	Yes	A*	Treatment of the clinical symptoms of neuroendocrine (particularly carcinoid) tumours	None	60 mg to 120 mg administered every 28 days

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Lansoprazole 30 mg Tablet	A02BC03000T1001XX	Yes	No	A*	i) Peptic ulcer disease ii) Reflux oesophagitis iii) Zollinger-Ellison Syndrome iv) For eradication of Helicobacter pylori in combination with antibiotic		i) 30mg daily in the morning for up to 4 weeks (duodenal ulcer) or up to 8 weeks (gastric ulcer). Maintenance: 15mg/day. ii) 30mg OD in the morning for up to 8 weeks if not healed. Maintenance: 15mg OD. iii) Initially 60mg OM & adjust as required. Daily doses >120mg should be given in 2 divided doses. iv) 30 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
Lanthanum Carbonate 1000mg Chewable Tablet	V03AE03130T2004XX	No	No	A*	Phosphate binding agent for the treatment of hyperphosphataemia in dialysis patients with sustained hypercalcaemia of more than three months and secondary hyperparathyroidism		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
Laronidase 2.9mg/5ml Injection	A16AB05000P3001XX	No		A*	Hurler and Hurler-Scheie forms of Mucopolysaccharidosis I (MPS I) and for patients with the Scheie form who have moderate to severe symptoms		0.58 mg/kg of body weight administered once-weekly as an intravenous infusion
Latanoprost 0.005% and Timolol Maleate 0.5% eye drops	S01ED51-990-D20-04-XXX	No	No	A*	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.	None	1 drop in the affected eye(s) once daily
Latanoprost 0.005% Eye Drops	S01EE01-000-D20-01-XXX	Yes	No	A*	Reduction of elevated intraocular pressure in patients with open-angle glaucoma	None	1 drop in the affected eye(s) once daily.
Leflunomide 10mg Tablet	L04AA13000T1001XX	Yes		A*	i) Persistent active rheumatoid arthritis ii) Active psoriatic arthritis		Loading dose: 100 mg once daily for 3 days. Maintenance: 10-20 mg once daily
Leflunomide 20mg Tablet	L04AA13000T1002XX	Yes		A*	i) Persistent active rheumatoid arthritis ii) Active psoriatic arthritis		Loading dose: 100 mg once daily for 3 days. Maintenance: 10-20 mg once daily.
Lenalidomide 10 mg Capsule	L04AX04000C1002XX	Yes	Yes	A*	In combination with dexamethesone is indicated for the treatment of multiple myeloma patients who have received at least one prior therapy		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
Lenalidomide 15 mg Capsule	L04AX04000C1003XX	Yes	Yes	A*	In combination with dexamethesone is indicated for the treatment of multiple myeloma patients who have received at least one prior therapy		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
Lenalidomide 25 mg Capsule	L04AX04000C1004XX	Yes	Yes	A*	In combination with dexamethesone is indicated for the treatment of multiple myeloma patients who have received at least one prior therapy		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
Lenalidomide 5 mg Capsule	L04AX04000C1001XX	Yes	Yes	A*	In combination with dexamethesone is indicated for the treatment of multiple myeloma patients who have received at least one prior therapy		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
Lenvatinib 4mg Hard Capsule	L01EX08-196-C11-01-XXX	No	Yes	A*	Indicated as monotherapy for the treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC) who have received no prior systemic therapy	Only for patients with Child-Pugh A	The recommended daily dose of lenvatinib is 8 mg (two 4 mg capsules) once daily for patients with a body weight of < 60 kg and 12 mg (three 4 mg capsules) once daily for patients with a body weight of ≥ 60 kg. Dose adjustments are based only on toxicities observed and not on body weight changes during treatment (Refer package insert for dosage adjustments) Treatment should continue as long as clinical benefit is observed or until unacceptable toxicity occurs.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Letrozole 2.5 mg Tablet	L02BG04000T1001XX	Yes	Yes	A*	Hormonal therapy in breast cancer in post-menopausal women if failed /contraindicated to Tamoxifen		2.5 mg once daily
Leucovorin Calcium (Calcium Folinate) 10mg/mL Injection	V03AF03-237-P30-02-XXX	Yes	Yes	A	(i) Biochemical modulator for 5-Fluorouracil in the treatment of solid tumour; (ii) As rescue for high dose methotrexate; (iii) Megaloblastic anaemias due to deficiency of folic acid	None	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) Up to 1 mg daily Dosing is individualised and according to product insert/protocol
Leucovorin Calcium (Calcium Folinate) 15 mg Tablet	V03AF03-390-T10-01-XXX	Yes	Yes	A	i) Treatment of folic acid antagonist overdose; ii) Leucovorin (folinic acid) plus tegafur-uracil combination therapy is indicated for the treatment of colorectal cancer in: a) Metastatic stage, b) Adjuvant setting, c) Concurrent setting.	None	i) 15 mg every 6 hours for the next 48 - 72 hours; ii) Metastatic stage: Leucovorin Calcium 30 mg TDS, Day 1-28, rest 7 days for 5 cycles Adjuvant setting: Leucovorin Calcium 30 mg TDS, Day 1-28, rest 7 days for 5 cycles; Concurrent setting: Leucovorin Calcium 25 mg /day, D8-D36, for 4 weeks. Dosing is individualised and according to product insert/protocol
Leuprolide (Leuproreline) Acetate 45mg Injection	L02AE02-122-P40-01-XXX	Yes	Yes	A*	Hormonal therapy in advanced prostate cancer	None	45mg SC every 6 months
Leuprolide (Leuproreline) Acetate 11.25 mg Injection	L02AE02-122-P50-02-XXX	Yes	Yes	A*	i) Endometriosis ii) Hormonal therapy in advanced prostate cancer		11.25 mg every 3 months
Leuprolide (Leuproreline) Acetate 22.5mg injection	L02AE02-122-P20-01-XXXX	Yes	Yes	A*	Hormonal therapy in advanced prostate cancer.		22.5mg SC every 3 months
Leuprolide (Leuproreline) Acetate 3.75mg Injection	L02AE02-122-P50-01-XXX	Yes	Yes	A*	i) Endometriosis ii) Hormonal therapy in advanced prostate cancer	None	i) 3.75 mg monthly for 3 - 6 months ii) 3.75 mg IM or SC injection monthly
Levetiracetam 100 mg/ml Oral Solution	N03AX14-000-L99-01-XXX	Yes	Yes	A*	As adjunctive therapy in the treatment of partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy	None	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 two times daily twice weekly
Levetiracetam 100mg/ml Injection	N03AX14-000-P30-01-XXX	Yes	Yes	A*	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	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Levetiracetam 250 mg Tablet	N03AX14-000-T10-01-XXX	Yes	Yes	A*	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		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
Levetiracetam 500 mg Tablet	N03AX14-000-T10-02-XXX	Yes	Yes	A*	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	None	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	N01BB10-110-P30-01-XXX	No	No	A	Production of local or regional anesthesia for surgery and obstetrics, and for postoperative pain management	None	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 5mg Tablet	R06AE09-110-T10-01-XXX	No	No	A*	Symptomatic treatment of allergic rhinitis (including persistent allergic rhinitis) and chronic idopathic urticaria	None	Children above 12 years and adults: 5 mg orally once daily (Swallow whole, do not chew/crush).
Levodopa 100 mg and Carbidopa 25 mg Tablet	N04BA02000T1001XX	Yes	Yes	B	Parkinson's disease		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	N04BA02977C1001XX	Yes	Yes	B	Parkinson's Disease		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Levodopa 100mg, Carbidopa 25mg and Entacapone 200mg Tablet	N04BA03977T1002XX	No		A*	Idiopathic Parkinson's disease		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	N04BA03977T1003XX	No		A*	Idiopathic Parkinson's disease		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	N04BA02977T1001XX	Yes	Yes	B	Parkinson's Disease		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 200 mg, Carbidopa 50 mg & Entacapone 200 mg Tablet	N04BA03977T1004XX	No		A*	Idiopathic Parkinson's disease		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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Levodopa 250 mg and Carbidopa 25 mg Tablet	N04BA02000T1002XX	Yes	Yes	B	Parkinson's disease		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
Levodopa 50 mg, Carbidopa 12.5 mg & Entacapone 200 mg Tablet	N04BA03977T1001XX	No		A*	Idiopathic Parkinson's disease		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.
Levofloxacin 0.5% ophthalmic solution	S01AX19-000-D20-01-XX	No	No	A*	For the treatment of bacterial conjunctivitis caused by susceptible strains of the designated microorganisms.	None	Adult dose: 1 drop a time 3 times daily. The dosage may be adjusted according to the patient's symptoms. Route of administration: ophthalmic use only.
Levofloxacin 250mg Tablet	J01MA12000T1001XX	Yes	No	A*	Community acquired pneumonia		500 mg daily for 7 - 14 days
Levofloxacin 500mg Injection	J01MA12000P3001XX	No	No	A*	Community Acquired Pneumonia		500 mg daily for 7 - 14 days
Levofloxacin 500mg Tablet	J01MA12-000-T10-02-XXX	Yes	No	A*	Community acquired pneumonia		500 mg daily for 7 - 14 days
Levonorgestrel 1.5mg Tablet	G03AC03-000-T10-01-XXX	Yes	No	A*	Emergency contraception within 72 hours of unprotected sexual intercourse for the female victim of sexual violence to prevent unwanted pregnancy	None	1.5 mg as a single dose as soon as possible, preferably within 12 hours but no later than 72 hours after unprotected sexual intercourse.
Levonorgestrel 150mcg and Ethinyloestradiol 30mcg Tablet	G03AA07-954-T10-01-XXX	Yes	No	C+	Contraception	None	1 tablet daily for 21 days from first day of the cycle, followed by 7 tab free days
Levonorgestrel 52mg Intrauterine System	G02BA03-000-P10-01-XXX	Yes	No	A*	i. Contraception. ii. Idiopathic menorrhagia. iii. Protection from endometrial hyperplasia during oestrogen replacement therapy.	None	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
Levothyroxine Sodium 100 mcg Tablet	H03AA01520T1001XX	Yes	No	B	Hypothyroidism		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Levothyroxine Sodium 25 mcg Tablet	H03AA01152T1003XX	Yes	No	B	Hypothyroidism		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/m2 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 50 mcg Tablet	H03AA01520T1002XX	Yes	No	B	Hypothyroidism		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/m2 body surface area iv) Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism: 50-100mcg v) Suppression therapy in thyroid cancer: 150-300mcg
Lignocaine (Lidocaine) 1% Injection	N01BB02-110-P30-02-XXX	Yes	No	C+	Local or regional anaesthesia for episiotomy repairs	None	According to patients weight and nature of procedures, maximum 200mg. For most obstetric procedures, the preparation is diluted to 0.5%, which gives the maximum effect with the least toxicity. [lignocaine 1%, 1 part and normal saline or sterile distilled water, 1 part]
Lignocaine (Lidocaine) 10 % w/w Spray	N01BB02-110-A40-01-XXX	No	No	B	i) For surface anaesthesia in dental practice, in otorhinolaryngology and paracentesis ii) For obstetric and gynaecology- related procedures as supplementary pain control	None	i) & ii) Spray to affected part
Lignocaine (Lidocaine) 100mg/ml Injection	C01BB01-110-P30-02-XXX	Yes	Yes	B	Ventricular tachycardia and ventricullar fibrillation. To be diluted before use	None	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 (Lidocaine) 2% Intramuscular/ Subcutaneous Injection	N01BB02-110-P30-01-XXX	Yes	No	B	For local or regional anaesthesia and nerve block. Not for IV use.	None	Local anesthesia: ADULT Maximum: 100 mg; CHILD Maximum: 3 mg/kg
Lignocaine (Lidocaine) 2% Jelly	N01BB02-110-G40-01-XXX	No	No	B	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	None	Apply to affected area 10 mins before catheterization.
Lignocaine (Lidocaine) 2% Viscous Solution	N01BB02-110-L50-01-XXX	No	No	A	i) To relief pain associated with irritated or inflamed mucous membranes of the: a) mouth; b) pharynx (post-tonsillectomy) c) upper gastrointestinal tract (e.g esophagitis). ii) Use for instrumentation of the respiratory and digestive tracts (e.g. bronchoscopy, oesophagoscopy). ii) Use for instrumentation of the respiratory and digestive tracts (e.g. bronchoscopy, oesophagoscopy).	-	i) a) For anaesthesia of the mouth: Rinse the mouth with 5-15 ml (100-300 mg lignocaine), then the solution is spat out. In dental practice, 10 ml solution (200 mg lidocaine) are used. The solution should be spat out when adequate anaesthesia has been achieved (after approx. 1 minute). b) For anaesthesia of the pharynx: Gargle with 5-10 ml (100-200 mg lignocaine), after which the solution is slowly swallowed. c) Painful conditions in the upper GI tract: 5-15 ml (100-300 mg lignocaine) are rapidly swallowed all at once. *Daily dose should not exceed 1200 mg (Total of 60 ml) ii) Instrumentations into the stomach: 10-15 ml (200-300 mg lignocaine) are swallowed. Indications (i) & (ii): The daily dose should not exceed 1200mg (60mL) If combined with other lignocaine products, the total dose of lignocaine on one dosing occasion should not exceed 400mg.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Lignocaine (Lidocaine) 2% with Chlorhexidine 0.05% Gel	N01BB52-974-G30-01-XXX	No	No	B	To provide local anaesthesia and lubrication during catheterization, exploration by sound and other endourethral operations and examinations, cytoscopy and symptomatic treatment of painful cystitis and urethritis	None	Adult Male: Instil 20 mL slowly into the urethra until it reaches external sphincter, proximal to the prostrate. Subsequently, apply compression at the corona for several mins. Fill the length of the urethra w/ the remaining gel. Sounding procedure or cytoscopy: Instill 40 mL (in 3-4 portions) into the insertion area then allow 5-10 mins for anaesthesia to take effect. Adult Female: Prior to urological procedure, instill 5-10 mL in small portions to fill the whole urethra & allow anaesth to take effect in 3-5 mins. Children <12 yr: - Up to 6 mg/kg.
Lignocaine (Lidocaine) 20 mg/ml Injection	C01BB01110P3001XX	Yes	Yes	B	Ventricular tachycardia and ventricular fibrillation. For IV use. To be diluted before use	None	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 (Lidocaine) 25mg and Prilocaine 25mg Cream	N01BB52-974-G10-01-XXX	No	No	A	Surface anaesthesia of the skin in connection with needle insertion and for superficial surgical procedures	None	Apply a thick layer under occlusive dressing Dosing is according to product insert.
Lignocaine (Lidocaine) 4 % Solution	N01BB02-110-L50-02-XXX	No	No	B	i) Anaesthesia of mucous membranes ii) Use for instrumentation of the respiratory and digestive tracts	None	i) & ii) Dosing is according to product insert/protocol.
Lignocaine (Lidocaine) 5% and Phenylephrine HCl 0.5% Nasal Spray	N01BB02-984-A41-01-XXX	No	No	A*	Preparation of nasal mucosa for surgery (eg. Cautery to Little's area), aid the treatment of acute nose bleeds and removal of foreign bodies from the nose, topical anaesthesia of the pharynx prior to direct or indirect laryngoscopy, topical anaesthesia and local vasoconstriction prior to endoscopy of the upper airways	None	Adults and children over 12 years : 5 squirts per nostril. Children: 8 to 12 years 3 squirts per nostril, 4 to 8 years 2 squirts per nostril, 2 to 4 years 1 squirt per nostril. Doses are to be administered once only.
Lignocaine (Lidocaine) Medicated Plaster 5% w/w	N01BB02-110-M60-01-XXX	No	No	A*	Indicated for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia, PHN).	i) For elderly patients with polymedication status whom certain treatment was contraindicated or not tolerated. ii)Prescribed by pain specialist only.	1 patch /day (Adults & elderly. Cover the painful area once daily for up to 12 hr w/in 24-hr period. Subsequent plaster-free interval: At least 12 hr. Not more than 3 plasters should be used at the same time)
Lignocaine (Lidocaine), Aluminium Acetate, Zinc Oxide and Hydrocortisone Ointment	C05AX03-931-G50-01-XXX	No	No	A/KK	Anorectal pain, pruritis, inflammation and irritation	None	Apply once or twice daily. Not for prolonged use
Lignocaine (Lidocaine), Aluminium Acetate, Zinc Oxide and Hydrocortisone Suppository	C05AX03-931-S20-01-XXX	No	No	B	Treatment of pain, itching and discomfort arising from irritated anorectal issues	None	1 suppository once or twice daily and as required after each bowel action. Max: 5 suppositories/day.
Linezolid 20mg/ml Suspension	J01XX08-000-L80-01-XX	Yes	No	A*	MRSA patients with severe sepsis requiring intensive care and not clinically responding to vancomycin	None	CHILD: 10 mg/kg 3 times daily. PREMATURE NEONATES less than 7 days: 10 mg/kg twice daily
Linezolid 2mg/ml Injection	J01XX08-000-P30-01-XXX	Yes	No	A*	MRSA patient with severe sepsis requiring intensive care and not clinically responding to vancomycin	None	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 600mg Tablet	J01XX08-000-T10-01-XXX	Yes	No	A*	MRSA patient with severe sepsis requiring intensive care and not clinically responding to vancomycin.	None	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	A06AA01-000-L50-01-XX	No	No	C	Constipation	None	ADULT: 10-30 ml daily at night. CHILD: not recommended.
Lithium Carbonate 300mg Tablet	N05AN01121T1001XX	Yes	Yes	A	i) Prophylaxis and treatment of acute mania and hypomania episodes ii)Prophylaxis of manic depression in bipolar illness or bipolar depression and recurrent depression		Dose depends on the preparation used. Doses should be adjusted to produce a serum-lithium concentration of 0.4-1 mmol/l.
Loperamide 2mg Capsule	A07DA03-110-C10-01-XX	Yes	No	B	i. Adjunct to rehydration in: a. acute diarrhea in adult; and b. chronic diarrhea in adult ii. In patients with an ileostomy, it can be used to reduce the number and volume of stools and to harden their consistency	None	6 – 8 mg per day up to max. of 16mg per day Dosing is individualised and according to product insert / protocol
Lopinavir 100mg and Ritonavir 25mg Tablet	J05AE06-964-T10-02-XXX	Yes	No	A	Second line treatment for HAART regimen in combination with other anti-retroviral agents	None	Adult: - Therapy-naive 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 m2 as adult dose.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Lopinavir 200 mg and Ritonavir 50 mg Tablet	J05AE06-964-T10-01-XXX	Yes	No	A	Second line treatment for HAART regimen in combination with other anti-retroviral agents	None	Adult: - Therapy-naive 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 m2 as adult dose.
Lopinavir 80mg & Ritonavir 20mg (per ml) Oral Solution	J05AE06-964-L99-01-XXX	Yes	No	A	Management of patients with asymptomatic and symptomatic (early or advanced) HIV Infection with CD4 cell counts <50 cubic mm	None	Tab Adult Therapy-naive 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. Can be used w/ no dose adjustment. Childn >40 kg or w/ BSA >1.4 m2 Adult dose. Oral Soln Childn 6 mth-12 yr, 15-40 kg 10/2.5 mg/kg bd; 7 to <15 kg 12/3 mg/kg bd. Max: 5 mL bd in childn >40 kg. W/ efavirenz or nevirapine 15-45 kg 11/2.75 mg/kg bd; 7 to <15 kg 13/3.25 mg/kg.
Loratadine 10mg Tablet	R06AX13-000-T10-01-XXX	Yes	No	B	Allergic rhinitis and allergic dermatoses	None	ADULT and CHILD over 6 years 10 mg once daily. CHILD 2 - 6 years: 5 mg once daily
Loratadine 1mg/ml Syrup	R06AX13-000-L90-01-XXX	Yes	No	A	Allergic rhinitis, chronic urticaria and other allergic dermatological disorders	None	ADULT and CHILD over 6 years : 10 mg once daily. CHILD 2 - 6 years: 5 mg once daily
Loratadine 5mg and Pseudoephedrine Sulphate 120mg Tablet	R01BA52-988-T10-01-XXX	No	No	A/KK	For treatment of allergic rhinitis and allergic dermatoses	None	ADULT and CHILD over 12 years 1 tablet twice daily
Lorazepam 1mg Tablet	N05BA06-000-T10-01-XXX	Yes	Yes	A/KK	i) Severe anxiety ii) Insomnia	None	i) 1 - 4 mg increase to 10 mg daily in divided doses. ELDERLY (or delibitated) half adult dose ii) 1 - 2 mg at bedtime Not recommended in children
Lorlatinib 100mg Film-Coated Tablet	L01ED05-000-T32-02-XXX	No	Yes	A*	As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC).	To be prescribed by Oncologist only	100 mg taken orally once daily. Continue treatment as long as the patient is deriving clinical benefit from therapy
Lorlatinib 25mg Film-Coated Tablet	L01ED05-000-T32-01-XXX	No	Yes	A*	As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC).	To be prescribed by Oncologist only	100 mg taken orally once daily. Continue treatment as long as the patient is deriving clinical benefit from therapy
Losartan 100 mg Tablet	C09CA01-500-T10-02-XXX	Yes	Yes	B	Patients intolerant to ACE inhibitors in: i) Hypertensive patient with left ventricular hypertrophy ii) Type 2 Diabetes Mellitus with chronic kidney disease iii) Hypertension	-	i), ii) & iii) Initial: 50mg once daily Max: 100mg once daily Dosing is individualised and according to product insert / protocol.
Losartan 100mg & Hydrochlorothiazide 25mg Tablet	C09DA01-935-T10-04-XXX	No	Yes	A*	i) Hypertension in patients intolerant to ACE inhibitors ii) Hypertensive patient with left ventricular hypertrophy	None	i) & ii) Initial: Losartan/Hydrochlorothiazide 50/12.5mg once daily Max: Losartan/Hydrochlorothiazide 100/25mg once daily Dosing is individualised and according to product insert / protocol.
Losartan 100mg and Hydrochlorothiazide 12.5mg Tablet	C09DA01-935-T10-03-XXX	No	Yes	A*	i) Hypertension in patients intolerant to ACE inhibitors ii) Hypertensive patient with left ventricular hypertrophy	None	i) & ii) Initial: Losartan/Hydrochlorothiazide 50/12.5mg once daily Max: Losartan/Hydrochlorothiazide 100/25mg once daily Dosing is individualised and according to product insert / protocol.
Losartan 50mg and Hydrochlorothiazide 12.5mg Tablet	C09DA01-935-T10-01-XXX	No	Yes	A/KK	i) Hypertension in patients intolerant to ACE inhibitors ii) Hypertensive patient with left ventricular hypertrophy	None	i) & ii) Initial: Losartan/Hydrochlorothiazide 50/12.5mg once daily Max: Losartan/Hydrochlorothiazide 100/25mg once daily Dosing is individualised and according to product insert / protocol.
Losartan 50mg Tablet	C09CA01-500-T10-01-XXX	Yes	Yes	B	Patients intolerant to ACE inhibitors in: i) Hypertensive patient with left ventricular hypertrophy ii) Type 2 Diabetes Mellitus with chronic kidney disease iii) Hypertension	-	i), ii) & iii) Initial: 50mg once daily Max: 100mg once daily Dosing is individualised and according to product insert / protocol.
Macitentan 10mg Film-coated Tablet	C02KX04-000-T32-01-XXX	No	Yes	A*	As monotherapy or combination for the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients of WHO Functional Class (FC) II to III.	To be prescribed by PAH-trained Respiratory Physician and Cardiologist only.	Recommended daily dose macitentan is 10mg (1 tablet), with or without food. The film-coated tablets are not breakable and must be swallowed whole with water.
Magnesium Sulphate 45% Paste	D11AX05-183-G60-01-XXX	No	No	C	Inflammatory skin conditions such as boils and carbuncles	None	Apply under dressing

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Magnesium Sulphate 50% Injection	B05XA05-183-P30-01-XXX	Yes	No	C	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)	None	i)Mild hypomagnesemia (ADULT): 1gm magnesium sulphate (8mEq) IM every 6 hours for 4 doses. Severe hypomagnesemia (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	A02AA10-912-L21-01-XXX	Yes	No	C	Heartburn, dyspepsia	None	ADULT children over 12 years: 10-20ml 3 times daily or as required; CHILD: 5-11 years: 5-10 ml three times a day or as required
Magnesium Trisilicate Tablet	A02AA10-912-T10-01-XXX	Yes	No	C	Heartburn, dyspepsia	-	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
Magnesium, Aluminium Hydroxide and Simethicone Suspension	V07AB00-900-L80-01-XXX	No	No	C	For the relief from gastric acidity, indigestion, heartburn, flatulence and dyspepsia.	-	5 to 10ml as required or one hour after food and at bedtime
Malathion 1% Shampoo	P03AX03-000-L52-01-XXX	No		C+	Lice infestation	-	Wet hair, apply shampoo and work up lather. Leave for 15 minutes and rinse, comb. Repeat if necessary after 7 - 9 days
Mannitol 10% Injection (10 g/100 ml)	B05BC01-000-P30-01-XXX	Yes	No	A	Cerebral oedema		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)	B05BC01-000-P30-02-XXX	Yes	No	A	Cerebral oedema	-	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 and Rubella Virus Live, Attenuated Vaccine Injection	J07BD52-963-P40-02-XXX	No	No	C+	Immunisation against measles and rubella.	-	0.5ml by deep SC injection. Dosing is according to Immunisation Schedule under NIP and product insert.
Measles Vaccine Injection	J07BD01-000-P40-01-XX	Yes	No	C+	Immunisation against measles.	-	0.5ml by SC or IM. Dosing is according to Immunisation Schedule under NIP.
Measles, Mumps and Rubella (MMR) Vaccine Injection	J07BD52-963-P40-01-XXX	Yes	No	C+	For immunisation of children against measles, mumps and rubella	-	0.5ml by SC or IM. Dosing is according to Immunisation Schedule under NIP.
Mebeverine HCl 135mg Tablet	A03AA04-110-T10-02-XXX	No		B	i) Irritable bowel syndrome ii) Treatment of gastro-intestinal spasm secondary to organic diseases.	-	135 mg 3 times daily
Meclozine HCl 25mg and Pyridoxine 50mg Tablet	R06AE55-919-T10-01-XXX	No	No	B	Nausea and vomiting of pregnancy	None	Optimum dosing: 1 to 2 tablets OD. Maximum dosing: 4 tablets/day.
Mecobalamin 500mcg Tablet	M09AX00-000-T10-01-XXX	No		B	Peripheral neuropathies	-	1 tablet 3 times daily. The dosage should be adjusted according to age of patient and severity of symptoms
Medroxyprogesterone Acetate 100 mg Tablet	L02AB02-122-T10-02-XXX	No	Yes	A	Breast carcinoma, endometrial carcinoma, renal carcinoma	-	200-500 mg orally daily
Medroxyprogesterone Acetate 10mg Tablet	G03DA02-122-T10-02-XXX	Yes	No	B	i) Secondary amenorrhoea ii) Abnormal uterine bleeding due to hormonal imbalance	None	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 500 mg Tablet	L02AB02-122-T10-01-XXX	No	Yes	A	Breast carcinoma, endometrial carcinoma, renal carcinoma	-	200-500 mg orally daily
Medroxyprogesterone Acetate 50mg/ml Injection	G03AC06-122-P30-01-XXX	Yes	No	B	Prevention of pregnancy and to provide long term contraception	None	150mg to be administered once every 3 month
Medroxyprogesterone Acetate 5mg Tablet	G03DA02-122-T10-01-XXX	Yes	No	B	i) Secondary amenorrhoea ii) Abnormal uterine bleeding due to hormonal imbalance	None	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
Mefenamic Acid 250mg Capsule	M01AG01-000-C10-01-XX	Yes	No	C	Mild to moderate pain	None	ADULT: 250 - 500 mg 3 times daily after meals.
Mefenamic Acid 250mg Tablet	M01AG01-000-T10-01-XXX	Yes	No	C	Mild to moderate pain	None	ADULT: 250 - 500 mg 3 times daily after meals.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Mefloquine HCl 250mg Tablet	P01BC02-110-T10-01-XXX	Yes	No	A*	For multi-drug resistant cases of malaria only	None	Treatment of malaria : ADULT and CHILD 25 mg/kg usually given over 2-3 days. Prophylaxis of malaria : ADULT 250 mg once a week. CHILD over 5 kg : 5 mg/kg once a week; prophylaxis should start 1-3 weeks before departure and continue for 4 weeks after last exposure
Meloxicam 7.5mg Tablet	M01AC06-000-T10-01-XXX	No		A/KK	Only for patients not responding to other NSAIDs in the treatment of: i) painful osteoarthritis ii) rheumatoid arthritis	-	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	L01AA03-000-T10-01-XXX	Yes	Yes	A	i) Multiple myeloma ii) Neuroblastoma, rhabdomyosarcoma iii) Recurrent neuroblastoma (palliative)		i) 8 - 10 mg/m2 for 4 days every 4 weeks ii) 10 - 35 mg/m2 once every month For dose regimes, refer to protocols
Melphalan 50 mg Injection	L01AA03-000-P40-01-XXX	Yes	Yes	B	High dose conditioning therapy for stem cell transplantation in multiple myeloma	-	200 mg/ m2 IV infusions in divided doses for Day 1 to day 3 followed by IV infusions of autologous stem cells
Memantine HCl 10mg Tablet	N06DX01-110-T10-01-XXX	No		A*	Treatment of moderate to severe Alzheimer's disease.	-	Initial Week 1: 5mg daily Week 2: 10mg daily Week 3: 15mg daily Week 4 and subsequent: 20mg daily Maintenance 20mg daily Max. dose: 20mg daily
Memantine HCl 20 mg Tablet	N06DX01-110-T10-02-XXX	No		A*	Treatment of moderate to severe Alzheimer's disease	-	nitial Week 1: 5mg daily Week 2: 10mg daily Week 3: 15mg daily Week 4 and subsequent: 20mg daily Maintenance 20mg daily Max. dose: 20mg daily
Meningococcal Group A, C, Y, W 135 Vaccine Injection	J07AH04-000-P40-01-XXX	Yes	No	B	Immunisation against meningococcal diseases caused by Neisseria meningitis Group A, Group C, Group Y or Group W-135.	-	0.5ml by IM.
Menotrophin (highly purified, multidose) 600IU injection	G03GA02-000-P40-01-XXX	No	No	A*	For the treatment of infertility in the following clinical situations: i. Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to treatment with clomiphene citrate. ii. Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART).	None	i. Recommended starting dose: 75-150 IU daily, maintaining the starting dose for at least 7 days. Adjust the dose according to individual response at a minimum interval of 7 days. The recommended dose increment is 37.5 -75 IU per adjustment. Maximum daily dose: 225 IU. ii. Recommended starting dose: 150-225 IU daily, maintaining the starting dose for at least the first 5 days of treatment. Adjust the dose according to individual response. The dose increment should not exceed more than 150 IU per adjustment. Maximum daily dose: 400 IU. Dosing is individualised and according to product insert/protocol
Menotrophin, highly purified 150 IU injection	G03GA02-954-P40-02-XXX	No		A*	i) Anovulation in women who have been unresponsive to treatment with clomiphene citrate ii) Stimulation of follicle growth as part of an assisted reproductive technology (ART)	-	i) Anovulation in women who have been unresponsive to treatment with clomiphene citrate: The recommended initial dose is 75-150 IU daily, which should be maintained for at least 7 days. 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. If a patient fails to respond adequately after 4 weeks of treatment, that cycle should be abandoned and the patient should recommence treatment at a higher starting dose than in the abandoned cycle. When an optimal response is obtained, a single injection of 5,000 IU to 10,000 IU of Human Chorionic Gonadotrophin (hCG) should be given 1 day after the last menotrophin injection, The patient is recommended to have coitus on the day of and the day following hCG administration. ii) Stimulation of follicle growth as part of an assisted reproductive technology (ART): The recommended initial dose is 150-225IU daily injection for at least the first 5 days of treatment. Based on clinical monitoring subsequent dosing should be adjusted according to individual patient response and should not exceed more than 150IU per adjustment. The maximum daily dose should not be higher than 450 IU. In most cases, dosing beyond 20 days is not recommended.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Menotrophin, Highly Purified 75 IU Injection (Follicle Stimulating Hormone 75 IU and Luteinizing Hormone 75 IU)	G03GA02-954-P40-03-XXX	No		A*	For the treatment of infertility in the following clinical situations: i. Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to treatment with clomiphene citrate. ii. Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART).	-	i. Recommended starting dose: 75-150 IU daily, maintaining the starting dose for at least 7 days. Adjust the dose according to individual response at a minimum interval of 7 days. The recommended dose increment is 37.5 -75 IU per adjustment. Maximum daily dose: 225 IU. ii. Recommended starting dose: 150-225 IU daily, maintaining the starting dose for at least the first 5 days of treatment. Adjust the dose according to individual response. The dose increment should not exceed more than 150 IU per adjustment. Maximum daily dose: 400 IU. Dosing is individualised and according to product insert/protocol
Mepivacaine HCl 2% with Adrenaline (1:100,000) Injection	N01BB53-974-P30-01-XXX	No		B	For the production of local anaesthesia for dental procedures including infiltration and nerve blocks	-	ADULT: 2.2ml for routine procedure. Max: 3 cartridges. CHILD: 6-14 years: 1.6ml. Max: 3.3mL. 3-6 years 1.1 to 2.2ml. Dosing is according to product insert.
Mepivacaine HCl 3% Injection	N01BB03-110-P30-01-XXX	No		B	For the production of local anaesthesia for dental procedures by infiltration injection or nerve block.	-	ADULT: 1 cartridge for routine procedure. Max: 3 cartridges. CHILD: 6-14 years: 1.35ml. Max: 2.7ml. 3-6 years: maximum 1.8ml. Dosing is according to product insert
Mercaptopurine 50 mg Tablet	L01BB02-000-T10-01-XXX	Yes	Yes	A	i) Langerhan's cell histocytosis ii) Acute lymphoblastic leukaemia iii) Acute promyelocytic leukaemia APML (maintenance)	-	"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. Maintainance 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. Maintanance dose: 1.5mg/kg -2.5mg.kg p.o once daily or 70-100mg/m2 p.o once daily."
Meropenem 1g Injection	J01DH02-000-P40-02-XXX	Yes	No	A*	i) Nosocomial pneumonia ii) Bacterial Meningitis iii) 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 iv) Septicaemia v) Urinary tract infections vi) Intra-abdominal infections vii) Gynaecological infections	None	ADULT: 1-2g every 8hourly (refer to specific indication dosing) CHILD (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used. Dosing is according to product insert/ protocol.
Meropenem 500mg Injection	J01DH02-000-P40-01-XXX	Yes	No	A*	i) Nosocomial pneumonia ii) Bacterial Meningitis iii) 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 iv) Septicaemia v) Urinary tract infections vi) Intra-abdominal infections vii) Gynaecological infections	None	ADULT: 1-2g every 8hourly (refer to specific indication dosing) CHILD (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used. Dosing is according to product insert/ protocol.
Mesalazine 1 g Suppository	A07EC02-259-S20-02-XXX	Yes	No	A	Inflammatory bowel disease of ulcerative colitis and Crohn's disease.	-	Ulcerative colitis: 1 g suppository insert rectally once daily at bedtime. To achieve maximum benefit, it is recommended that the suppository be retained in the rectum for a minimum of 1 to 3 hours or longer. The usual course of therapy, depending upon response, may last from 3 to 6 weeks. CHILD not recommended
Mesalazine 1.5g Gastro-Resistant Prolonged-Release Granules	A07EC02-259-F14-04-XXX	Yes	No	A*	Treatment of acute episodes and the maintenance of remission of ulcerative colitis	For adults and children 6 years and above	a) Treatment of active disease: • Adults 1.5 g - 3.0 g daily • Children 6 years of age and older: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day. The total dose should not exceed the maximum adult dose b) Maintenance treatment: • Adults: 1.5g daily • Children 6 years of age and older: starting with 15-30 mg/kg/day in divided doses. The total dose should not exceed the recommended adult dose.
Mesalazine 1200mg Gastro-Resistant Prolonged Release Tablets	A07EC02-000-T55-01-XXX	Yes	No	A*	In patients with mild to moderate active ulcerative colitis: i. For the induction of clinical and endoscopic remission ii. For the maintenance of remission	-	Adults: i. Induction of remission: 2.4 to 4.8g once daily. ii. For maintenance of remission: 2.4g once daily.
Mesalazine 1g/100ml enema	A07EC02-259-G20-02-XXX	Yes	No	A	Inflammatory bowel disease of ulcerative colitis and Crohn's disease.		1 tube of enema at bedtime

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Mesalazine 2g Prolonged Release Granules	A07EC02-259-F21-01-XXX	Yes	No	A*	Treatment of mild to moderate ulcerative colitis and Crohn's disease	For adults and children 6 years and above	Ulcerative colitis: a) Treatment of active disease: • Adults: up to 4 g given once daily or in divided doses. • Children 6 years of age and older: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. The total dose should not exceed 4 g/day. b) Maintenance treatment: • Adults: 2g once daily. Can be taken in divided doses. • Children 6 years of age and older: starting with 15-30 mg/kg/day in divided doses. The total dose should not exceed 2 g/day. Crohn's disease: a) Treatment of active disease: • Adults: up to 4g daily in divided doses. • Children 6 years of age and older: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. The total dose should not exceed 4 g/day. b) Maintenance treatment: • Adults: up to 4g daily in divided doses. • Children 6 years of age and older: starting with 15-30 mg/kg/day in divided doses. The total dose should not exceed 4 g/day.
Mesalazine 500mg MR Tablet	A07EC02-259-T10-02-XXX	Yes	No	A	Inflammatory bowel disease of ulcerative colitis and Crohn's disease.	None	Active ADULT: up to 4g given once daily or in divided doses CHILD: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. Total daily dose 4g/day Maintenance ADULT: 1.5g to 2g mesalazine once daily or divided doses CHILD: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. Total daily dose 2g/day Dose is according to product insert and dependent on the product/brand used.
Mesalazine 6.67% w/w Enema	A07EC02-259-G2-001-XXX	Yes	No	A	Inflammatory bowel disease of ulcerative colitis and Crohn's disease.	None	60 ml (4g) at bedtime, retained overnight, approximately 8 hours
Mesna 100 mg/ml Injection	V03AF01520P3001XX	Yes	No	A	For prevention of urotoxic effects of oxazaphosphorines e.g. ifosfamide and cyclophosphamide		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 HCl 500 mg Extended Release Tablet	A10BA02-110-T50-01-XXX	Yes	Yes	B	Diabetes mellitus who experienced gastrointestinal side effects with normal metformin		500 mg once daily. Maximum dose 2000 mg once daily with evening meal
Metformin HCl 500 mg Tablet	A10BA02110T1001XX	Yes	Yes	B	Diabetes mellitus		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.
Metformin HCl 750 mg Extended Release Tablet	A10BA02110T5003XX	Yes	Yes	A/KK	Diabetes mellitus who experienced gastrointestinal side effects with normal metformin		500 mg once daily. Maximum dose 2000 mg once daily with evening meal
Methadone 5mg/ml Syrup	N07BC02-110-L90-01-XXX	Yes	Yes	A/KK	Detoxification treatment or maintenance treatment of narcotic addiction.	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Methotrexate 100mg/mL Injection	L01BA01520P3005XX	Yes	Yes	A	i) Solid tumours ii) Gestational trophoblastic disease iii) Acute leukaemias, lymphomas		i) 50 mg/m2 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/m2 as part of EMA-CO regime iii) High dose regimes: 500 - 3000 mg/m2 per dose may be used, employing the 500 mg preparations. CHILD: Central nervous system prophylaxis for acute leukaemia 2 gm/m2 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/m2 over 36 hours with folinic acid rescue every 3 weeks for 9 doses, maintenance: 50 mg/m2 every 2 weeks. B-cell lymphoma: 3 gm/m2 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
Methotrexate 2.5 mg Tablet	L01BA01000T1001XX	Yes	Yes	A	i. Antineoplastic Chemotherapy - Treatment of gestational choriocarcinoma, and in patients with chorioadenoma destruens and hydatidiform mole. - Palliation of acute lymphocytic leukemia - Treatment and prophylaxis of meningeal leukemia. - Palliation of acute lymphoblastic (stem-cell) leukemias in children. - Alone or in combination with other anticancer agents in the management of breast cancer, epidermoid cancers of the head and neck, and lung cancer, particularly squamous cells and small cell types. - Treatment of the advanced stages (III and IV, Peters Staging System) of lymphosarcoma, particularly in those cases in children; and in advanced cases of mycosis fungoides. ii. Psoriasis Chemotherapy Symptomatic control of severe, recalcitrant, disabling psoriasis which is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as by biopsy and/or after dermatologic consultation. iii. Rheumatoid arthritis		Dosing is individualised and according to product insert / protocol
Methotrexate 25mg/mL Injection	L01BA01520P3001XX	Yes	Yes	A	i) Solid tumours ii) Gestational trophoblastic disease iii) Acute leukaemia/lymphomas iv) Rheumatoid arthritis, psoriatic arthropathy, severe/erythrodermic psoriasis		i) 50 mg/m2 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/m2 as part of EMA-CO regime iii) High dose regimes: 500 - 3000 mg/m2 per dose may be used, employing the 500 mg preparations. CHILD: Central nervous system prophylaxis for acute leukaemia 2 gm/m2 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/m2 over 36 hours with folinic acid rescue every 3 weeks for 9 doses, maintenance: 50 mg/m2 every 2 weeks. B-cell lymphoma: 3 gm/m2 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
Methoxsalen 1% Lotion	D05AD02000L6001XX	No	No	A	Repigmenting agent in vitiligo in conjuction with controlled doses of UVA or sunlight		Apply 0.1% lotion to area to be exposed to the UVA light (need to dilute the 1% lotion to 0.1% lotion, otherwise the skin will burn)

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Methoxsalen 10 mg Capsule	D05BA02000C1001XX	No	No	A	Protection before exposure to sunlight, psoriasis and vitiligo		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	B03XA03000P5001XX	Yes		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.		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.
Methoxy Polyethylene Glycol-epoetin Beta 120 mcg/0.3 ml Injection in Prefilled Syringe	B03XA03000P5005XX	Yes		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.		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.
Methoxy Polyethylene Glycol-epoetin Beta 150 mcg/0.3 ml Injection in Prefilled Syringe	B03XA03000P5006XX	Yes		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.		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
Methoxy Polyethylene Glycol-epoetin Beta 200 mcg/0.3 ml Injection in Prefilled Syringe	B03XA03000P5007XX	Yes		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.		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.
Methoxy Polyethylene Glycol-epoetin Beta 50 mcg/0.3 ml Injection in Prefilled Syringe	B03XA03000P5002XX	Yes		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.		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
Methoxy Polyethylene Glycol-epoetin Beta 75 mcg/0.3 ml Injection in Prefilled Syringe	B03XA03000P5004XX	Yes		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.		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% Cream	M02AC00-969-G10-09-XXX	No	No	C+	Relief of minor aches and pains of muscles and joints associated with simple backache, arthritis and rheumatic conditions.	None	Apply to the affected area, 3-4 times daily.
Methyl Salicylate 25% Ointment	M02AC00-259-G54-01-XXX	No	No	C+	Relief of minor aches and pains of muscles and joints associated with simple backache, arthritis and rheumatic conditions.	None	Apply to the affected area, 3-4 times daily.
Methyldopa 250 mg Tablet	C02AB01110T1001XX	Yes	Yes	B	Hypertension		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/m2 daily in 2-4 divided doses; increase as necessary. Max: 65 mg/kg, 2 g/m2 or 3 g daily, whichever is least.
Methylene Blue (Methylthioninium chloride) 0.5% Injection	V03AB17-100-P30-02-XXX	Yes	No	B	i) For treatment of idiopathic and drug-induced methaemoglobinemia ii) As dye in diagnostic procedures	None	i) Adult and children: 1 to 2 mg/kg IV over 5 minutes. This dosage can be repeated if necessary after one hour. ii) A dose of 5 mg/kg diluted in 500 mL of glucose 5% infused over 1 hour has been used successfully to stain and identify the parathyroid glands. Dosing is individualised and according to product insert/protocol.
Methylene Blue (Methylthioninium chloride) 1% Injection	V03AB17-100-P30-01-XX	Yes	No	B	For treatment of idiopathic and drug-induced methaemoglobinemia	None	Adult and children: 1 to 2 mg/kg IV over 5 minutes. This dosage can be repeated if necessary after one hour. Dosing is individualised and according to product insert/protocol.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Methylphenidate HCl 10 mg Tablet	N06BA04110T1001XX	No		A	Attention deficit hyperactivity disorder (ADHD)		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	N06BA04110T5002XX	No		A*	Attention deficit hyperactivity disorder (ADHD)		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	N06BA04110C2003XX	No		A*	Attention deficit hyperactivity disorder (ADHD)		20 mg once daily to be taken in the morning. Dosage be adjusted in increments to a maximum of 60 mg/day
Methylphenidate HCl 36 mg Extended-release Tablet	N06BA04110T5003XX	No		A*	Attention deficit hyperactivity disorder (ADHD)		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 40mg LA Capsule	N06BA04110C2002XX	No		A*	Attention deficit hyperactivity disorder (ADHD)		20 mg once daily to be taken in the morning. Dosage be adjusted in increments to a maximum of 60 mg/day
Methylprednisolone Acetate 40mg injection	H02AB04-134-P30-01-XX	Yes	Yes	A*	i) Intramuscular administration: anti-inflammatory treatment, treatment of hematological and oncological disorders, endocrine disorders ii) Intrasynovial, periarticular, intrabursal or soft tissue administration: Indicated as adjunctive therapy for short term administration in : Synovitis of osteoarthritis, rheumatoid arthritis, acute and subacute bursitis, acute gouty arthritis, epicondylitis, acute nonspecific tenosynovitis, post-traumatic osteoarthritis iii) Intralesional use in alopecia areata, discoid lupus erythematosus; keloids, localized hypertrophic, infiltrated inflammatory lesions of granuloma annulare, lichen planus, psoriatic plaques, lichen simplex chronicus (neurodermatitis) *Restricted to patients experiencing side effects with triamcinolone acetonide	None	i. Intramuscular route a) Asthma: may be used in place of a short burst of oral steroids in vomiting or non-adherent patients. The recommended dose is 80- 120mg intramuscularly as a one-dose b) Adrenogenital syndrome: 40mg every two weeks c) Rheumatoid arthritis (maintenance): 40-120mg weekly d) Dermatologic lesions (acute severe dermatitis, chronic contact dermatitis, seborrheic dermatitis): 40-120mg weekly for 1-4 weeks ii. Intraarticular route Recommended dose is 4 to 80 milligrams, depending upon the size of the joint. Injections may be repeated at intervals of 1 to 5 or more weeks in chronic cases iii.Intralesional route 20 to 60 milligrams methylprednisolone acetate injected into the lesion
Methylprednisolone Sodium Succinate 0.5g Injection	H02AB04-520-P40-01-XX	Yes	Yes	A	Suppression of inflammatory and allergic disorders, cerebral oedema, immunosuppression treatment of haematological and oncological disorders, treatment of shock states and endocrine disorders	None	15 - 30 mg/kg daily. Large doses may be repeated 4 - 6 hourly for up to 48 hours
Methylprednisolone Sodium Succinate 1g Injection	H02AB04-520-P40-02-XX	Yes	Yes	A	Suppression of inflammatory and allergic disorders, cerebral oedema, immunosuppression treatment of haematological and oncological disorders, treatment of shock states and endocrine disorders	None	15 - 30 mg/kg daily. Large doses may be repeated 4 - 6 hourly for up to 48 hours

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Metoclopramide HCl 10mg Tablet	A03FA01-110-T10-01XXX	Yes	No	B	Use in adults for: i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV) ii) Prevention of radiotherapy induced nausea and vomiting (RINV) iii) Symptomatic treatment of nausea and vomiting, including acute migraine induced nausea and vomiting Use in children aged 1-18 years for: i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV) as a second line option	None	Adult: The recommended single dose is 10mg, repeated up to three times daily. The maximum recommended daily dose is 30mg or 0.5mg/kg body weight. The maximum recommended treatment duration is 5 days. Prevention of delayed CINV (children aged 1-18 years): The recommended dose is 0.1-0.5mg/kg body weight, repeated up to three times daily by oral route. The maximum dose in 24 hours is 0.5mg/kg body weight. Dosing table CHILD age 1-3 years old (body weight 10-14kg): 1mg TDS, 3-5 years old (body weight 15-19kg): 2mg TDS, 5-9 years old (body weight 20-29kg): 2.5mg TDS, 9-18 years old (body weight 30-60kg): 5mg TDS, 15-18 years old (body weight > 60kg): 10mg TDS. Tablets are not suitable for use in children weighing less than 30kg. Other pharmaceutical forms may be more appropriate for administration to this population.
Metoclopramide HCl 1mg/ml Syrup	A03FA01-110-L90-01-XX	Yes	No	B	Use in adults for: i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV) ii) Prevention of radiotherapy induced nausea and vomiting (RINV) iii) Symptomatic treatment of nausea and vomiting, including acute migraine induced nausea and vomiting Use in children aged 1-18 years for: i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV) as a second line option	None	Adult: the recommended single dose is 10mg, repeated up to three times daily. The maximum recommended daily dose is 30mg or 0.5mg/kg body weight. The maximum recommended treatment duration is 5 days. Prevention of delayed CINV (children aged 1-18 years): The recommended dose is 0.1-0.5mg/kg body weight, repeated up to three times daily by oral route. The maximum dose in 24 hours is 0.5mg/kg body weight. Dosing table CHILD age 1-3 years old (body weight 10-14kg): 1mg TDS, 3-5 years old (body weight 15-19kg): 2mg TDS, 5-9 years old (body weight 20-29kg): 2.5mg TDS, 9-18 years old (body weight 30-60kg): 5mg TDS, 15-18 years old (body weight > 60kg): 10mg TDS. Tablets are not suitable for use in children weighing less than 30kg. Other pharmaceutical forms may be more appropriate for administration to this population.
Metoclopramide HCl 5mg/ml Injection	A03FA01-110-P30-01-XX	Yes	No	B	Use in adults for: i) Prevention of post-operative nausea and vomiting ii) Symptomatic treatment of nausea and vomiting, including nausea and vomiting induced by migraine attacks iii) Prevention of radiotherapy-induced nausea and vomiting Use in children aged 1 to 18 years for: i) Prevention of delayed chemotherapy-induced nausea and vomiting as a second-line option ii) Prevention of post-operative nausea and vomiting as a second-line option	None	All indications (adult): A single 10mg dose is recommended for the prevention of post-operative nausea and vomiting. The recommended dose for the symptomatic treatment of nausea and vomiting, including nausea and vomiting induced by migraine attacks and for the prevention of radiotherapy-induced nausea and vomiting is 10mg per dose, 1 to 3 times daily. The maximum recommended daily dose is 30mg or 0.5mg/kg. Treatment duration when administering by injection should be as short as possible and a switch to administration via oral or rectal route should be instituted as quickly as possible. All indications (children aged 1 to 18 years of age) The recommended dosage is 0.1 to 0.15mg/kg, 1 to 3 times daily, by intravenous route. The maximum daily dose is 0.5mg/kg. Dosing table: CHILD age 1-3 years old (body weight 10-14kg): 1mg TDS, 3-5 years old (body weight 15-19kg): 2mg TDS, 5-9 years old (body weight 20-29kg): 2.5mg TDS, 9-18 years old (body weight 30-60kg): 5mg TDS, 15-18 years old (body weight > 60kg): 10mg TDS. For the prevention of delayed CINV, the maximum treatment duration is 5 days. For the prevention of post-operative nausea and vomiting, the maximum treatment duration is 48 hours.
Metolazone 2.5 mg Tablet	C03BA08000T1002XX	No	Yes	A*	Oedema in congestive cardiac failure, nephrotic syndrome and impaired renal function		Adult: 5-10 mg daily, increased if necessary to 20 mg daily. Max: 80 mg in 24 hr. Elderly: Initially, 2.5 mg/day or every other day. Should be taken with food. Take after breakfast.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Metoprolol Tartrate 100 mg Tablet	C07AB02123T1002XX	Yes	Yes	B	i) Hypertension ii) Angina pectoris iii) Myocardial infarct iv) Cardiac arrhythmias v) Migraine prophylaxis vi) Hyperthyroidism		i) Initial: 100mg daily in 1 or 2 divided doses Maintenance: 200mg daily in divided doses Max. 400mg daily ii) 50-100mg 2-3 times daily Max. 400mg daily iii) Initial: 50mg twice daily Maintenance: 100mg twice daily iv) Initial: 50mg 2-3 times daily Maintenance: 300mg daily in divided doses v) 100-200mg daily in 2 divided doses vi) 150-200mg daily in 3-4 divided doses Dosing is invidualised and according to product insert/protocol.
Metoprolol Tartrate 50 mg Tablet	C07AB02123T1001XX	Yes	Yes	B	i) Hypertension ii) Angina pectoris iii) Myocardial infarct iv) Cardiac arrhythmias v) Migraine prophylaxis vi) Hyperthyroidism		i) Initial: 100mg daily in 1 or 2 divided doses Maintenance: 200mg daily in divided doses Max. 400mg daily ii) 50-100mg 2-3 times daily Max. 400mg daily iii) Initial: 50mg twice daily Maintenance: 100mg twice daily iv) Initial: 50mg 2-3 times daily Maintenance: 300mg daily in divided doses v) 100-200mg daily in 2 divided doses vi) 150-200mg daily in 3-4 divided doses Dosing is invidualised and according to product insert/protocol.
Metronidazole 200mg Tablet	P01AB01-000-T10-01-XXX	Yes	No	B	Anaerobic infection	None	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 200mg/5ml Suspension	P01AB01-000-L80-01-XX	Yes	No	B	Anaerobic infection	None	CHILD: 7.5 mg/kg 3 times daily for 7 days
Metronidazole 500mg/100ml Injection	J01XD01-000-P99-01-XXX	Yes	No	A	Anaerobic infections	None	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.
Micafungin Sodium 50mg Injection	J02AX05-520-P41-01-XXX	Yes	No	A*	i) Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to Amphotericin B or Fluconazole. ii) Treatment of invasive candidiasis in children.	None	i) Dosage for adults, adolescents ≥ 16 years of age and the elderly for the treatment of invasive candidiasis: - Body weight > 40kg: 100mg/day* - Body weight ≤ 40kg: 2mg/kg/day* *If 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 > 40kg or 4mg/kg/day in patients weighing ≤ 40kg. Treatment duration for invasive candidiasis: 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. ii) Dosage for children: - Body weight ≤ 40kg: 2mg/kg/day; - Body weight > 40kg: 100mg/day
Miconazole 2% Cream	D01AC02221G1001XX	Yes	No	C	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.	To be used as 2nd line treatment at health facilities without medical officer.	Apply sparingly and rub gently onto affected area 1-2 times daily continuing for 14 days after lesions have healed
Miconazole Nitrate 2% Powder	D01AC02221F2001XX	No	No	A	Skin infections caused by dermatophytes or Candida		Dust powder over infected area 1 - 2 times daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Midazolam 5mg/5ml Injection	N05CD08-110-P30-01-XX	Yes	No	A, A/KK	Prescriber Category A: Pre-operative sedation, induction of general anaesthesia, premedication and sedation in ICU and sedation for minor procedures Prescriber Category A/KK: For induction of intubation and sedation post-intubation	None	Pre-operative sedation, induction of general anaesthesia, premedication and sedation in ICU and sedation for minor procedures : Usual sedative range 2.5 - 7.5 mg (about 70 mcg/kg by IV injection over 30 seconds). Premedication by IM injection 70 - 100 mcg/kg 30 -60 minutes before surgery; ELDERLY: 1 - 1.5 mg/kg. Induction: Induction by slow IV infusion 200 - 300 mcg/kg (ELDERLY 100 - 200 mcg/kg. CHILD over 7 years 150 - 200 mcg/kg); Maximum: 0.35mg/kg. Sedation in ICU 0.03 - 0.2 mg/kg/hour For induction of intubation and sedation post-intubation : Induction: Induction by slow IV infusion 200 - 300 mcg/kg (ELDERLY 100 - 200 mcg/kg. CHILD over 7 years 150 - 200 mcg/kg); Maximum: 0.35mg/kg. Sedation: 0.03 - 0.2 mg/kg/hour
Midazolam 5mg/ml Injection	N05CD08110P3002XX	Yes	No	A, A/KK	Prescriber Category A: Pre-operative sedation, induction of general anaesthesia, premedication and sedation in ICU and sedation for minor procedures Prescriber Category A/KK: For induction of intubation and sedation post-intubation	None	Pre-operative sedation, induction of general anaesthesia, premedication and sedation in ICU and sedation for minor procedures : Usual sedative range 2.5 - 7.5 mg (about 70 mcg/kg by IV injection over 30 seconds). Premedication by IM injection 70 - 100 mcg/kg 30 -60 minutes before surgery; ELDERLY: 1 - 1.5 mg/kg. Induction: Induction by slow IV infusion 200 - 300 mcg/kg (ELDERLY 100 - 200 mcg/kg. CHILD over 7 years 150 - 200 mcg/kg); Maximum: 0.35mg/kg. Sedation in ICU 0.03 - 0.2 mg/kg/hour For induction of intubation and sedation post-intubation : Induction: Induction by slow IV infusion 200 - 300 mcg/kg (ELDERLY 100 - 200 mcg/kg. CHILD over 7 years 150 - 200 mcg/kg); Maximum: 0.35mg/kg. Sedation: 0.03 - 0.2 mg/kg/hour
Midazolam 7.5mg Tablet	N05CD08253T1001XX	Yes	No	A/KK	Pre and post-operative sedation	None	ADULT: Usually 7.5 - 15 mg at bedtime; or for premedication, 30 - 60 minutes before the procedure. For ELDERLY, debilitated or impaired liver/kidney function: 7.5 mg
Minocycline 100 mg Capsule	J01AA08-110-C10-02-XXX	Yes	No	A*	i. As second-line treatment for leprosy only ii. Treatment of infections due to susceptible strains of the designated organism e.g. Carbapenem-resistant acinetobacter baumannii	None	i. 100 mg daily 6 - 18 months ii. Initially, 200 mg followed by 100-200mg every 12 hours
Minocycline 50 mg Capsule	J01AA08-110-C10-01-XXX	Yes	No	A*	i. As second-line treatment for leprosy only ii. Treatment of infections due to susceptible strains of the designated organism e.g. Carbapenem-resistant acinetobacter baumannii	None	i. 100 mg daily 6 - 18 months ii. Initially, 200 mg followed by 100-200mg every 12 hours
Minoxidil 5 mg Tablet	C02DC01000T1001XX	No	Yes	A*	Severe hypertension		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 mg daily at intervals of 3 or more days until optimum control is achieved. Maximum 50 mg daily
Mirabegron 50mg Prolonged Release Tablet	G04BD12-000-T52-01-001	No		A*	Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome.	For patients who are not responsive, intolerant or unsuitable to use other existing agents.	50mg once daily. Should be taken once daily, with liquid, swallowed whole and is not to be chewed, divided, or crushed
Mirtazapine 15mg Orodispersible Tablet	N06AX11-000-T40-01-XXX	No	Yes	A*	Major depression	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	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 30mg Orodispersible Tablet	N06AX11-000-T40-02-XXX	No	Yes	A*	Major depression	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	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 30mg Tablet	N06AX11-000-T32-01-XXX	No	Yes	A*	Major depression	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	Initial: 15mg daily at bedtime Maintenance: 15-45mg daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Mitomycin-C 10 mg Injection	L01DC03000P4001XX	No		A*	i) Gastrointestinal, lung, breast, cervical cancers ii) Bladder tumours iii) Opthalmological conditions: conjunctival squamous neoplasia, squamous cell carcinoma of conjunctiva, trabeculectomy chronic lymphocytic leukaemia, chronic myelogenous leukaemia. Gastric, colorectal, lung cancer		i) 10 - 20 mg/m2 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 mg daily or every other day (intravesical) iii) 0.4 mg topically as a single application for opthalmological conditions, duration: 1 to 3 minutes
Mitoxantrone 20 mg/10ml Injection	L01DB07110P3001XX	No		A*	Acute leukaemia, elderly patients with acute myeloid leukaemia (AML), relapsed/resistant acute leukaemia, non-Hodgkin's lymphoma (NHL)		10 - 12 mg/m2 IV daily for 3 days, in combination with other cytotoxic agents. Refer to protocol. CHILD: 5 - 10 mg/m2 daily for 3 - 5 days according to protocol. Treatment of acute leukaemia, ADULT: 8 - 12 mg/m2/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
Mixed Gas-Gangrene Antitoxin 25,000 units/5 ml Injection	J06AA05000P3001XX	Yes		B	Mixed gas-gangrene		Prophylactic: 25,000 units IM or IV. Therapeutic: Not less than 75,000 units IV
Moclobemide 150 mg Tablet	N06AG02000T1001XX	No		A*	Treatment of depressive syndrome		Initially 300 mg daily in divided doses. Gradually to increase up to 600 mg daily in divided doses depending on response. Usual range 150 - 600 mg daily. Not recommended in children
Modified Fluid Gelatin 4% Injection	B05AA06905P9901XX	Yes	No	B	For primary volume replacement in hypovolaemia, peri-operative stabilization of the circulation, haemodilution, extracorporeal circulation (haemodialysis and heart-lung machine)		ADULT 500 - 1500 ml given as IV infusion
Mometasone Furoate 0.1% Cream	D07AC13139G1001XX	No	No	A*	For the relief of the inflammatory and pruritic manifestations of the corticosteroid responsive dermatoses	None	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 0.1% Lotion	D07AC13-139-L60-01-xxx	No	No	A*	For the relief of the inflammatory and pruritic manifestations of the corticosteroid responsive dermatoses	None	Apply a few drops to affected skin areas including scalp sites once daily; massage gently and thoroughly until the medication disappears.
Mometasone Furoate 0.1% Ointment	D07AC13-139-G50-01-XXX	No	No	A*	For the relief of the inflammatory and pruritic manifestations of the corticosteroid responsive dermatoses	None	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 50mcg Aqueous Nasal Spray	R01AD09-139-A41-01-XX	No	No	A*	i) Allergic rhinitis. ii) For the treatment of nasal polyps in patients 18 years of age and older.	None	ALLERGIC RHINITIS: ADULT and CHILD, 12 years and above: 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 3 - 11 years old: 50 mcg (1 spray) to each nostril once daily. TREATMENT OF NASAL POLYPS: Two sprays (50 micrograms/spray) in each nostril twice daily (total daily dose of 400 mcg). Once symptoms are adequately controlled, dose reduction to two sprays in each nostril once daily (total daily dose 200 mcg) is recommended.
Monobasic Sodium Phosphate 48%, Dibasic Sodium Phosphate 18%	A06AG01162L5001XX	No		A	Bowel cleansing prior to colonoscopy, radiological examination or bowel surgery		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
Montelukast Sodium 10 mg Tablet	R03DC03-520-T10-01-XX	No	Yes	A/KK	Chronic treatment of asthma and relief of symptoms of seasonal allergic rhinitis for children more than 15 years and adults	None	CHILD more than 15 years and ADULT: 10 mg daily at bedtime
Montelukast Sodium 4mg Oral Granules	R03DC03-520-F10-01-XXX	No	Yes	A*	Asthmatics, not controlled on high dose inhaled corticosteroids more than 1600 mcg/day and with co-morbid allergic disorders. Chronic treatment of asthma	None	12 months - 5 years: 1 packet of 4mg oral granules daily at bedtime

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Montelukast Sodium 5mg Tablet	R03DC03-520-T20-01-XXX	No	Yes	A*	Asthmatics, not controlled on high dose inhaled corticosteroids more than 1600 mcg/day and with co-morbid allergic disorders. Chronic treatment of asthma	None	CHILD 6 - 14 years: One 5 mg chewable tablet daily at bedtime
Morphine Sulphate 10mg Prolonged Release Tablet	N02AA01-183-T50-01-XXX	Yes	No	A	i) Prolonged relief of severe pain associated with neoplastic disease ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (ii): Initiated by Pain or Palliative Specialists only	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 10mg Suppository	N02AA01-183-S20-01-XXX	No	Yes	A*	Relief of severe chronic pain (cancer patient)	None	15 - 30 mg regularly every 4 hours
Morphine Sulphate 10mg/ml Injection	N02AA01-183-P30-01-XXX	Yes	Yes	B	i) For moderate to severe pain especially that associated with neoplastic disease ii) As an analgesic adjunct in general anaesthesia.	None	ADULT: 5 to 20 mg every 4 hours, intravenously (IV or IM), 2.5 to 15mg should be given by slow injection. CHILD: - Adjusted according to body weight, 0.1 – 0.2 mg /kg every 4 hours. No dose should exceed 15 mg. - Analgesic Indication (i) subcutaneous, 100 mcg to 200 mcg (0.1 to 0.2 mg) per kg of body weight every four hours as needed, not to exceed 15mg per dose. Indication (ii) Intravenous, 50 to 100 mcg (0.05 mg to 0.1 mg) per kg of body weight, administered very slowly.
Morphine Sulphate 20 g Suppository	N02AA01-183-S20-02-XXX	No	Yes	A*	Relief of severe chronic pain (cancer patient)	None	15 - 30 mg regularly every 4 hours
Morphine Sulphate 30mg Prolonged Release Tablet	N02AA01-183-T50-02-XXX	Yes	Yes	A	i) Prolonged relief of severe pain associated with neoplastic disease ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (ii) Initiated by Pain or Palliative Specialists only	10 - 60 mg 12 hourly intervals, depend upon the severity of the pain
Morphine Sulphate 30mg Suppository	N02AA01-183-S20-03-XXX	No	Yes	A*	Relief of severe chronic pain (cancer patient)	None	15 - 30 mg regularly every 4 hours
Morphine Sulphate 5mg Immediate Release Tablet	N02AA01-183-T60-01-XXX	Yes	Yes	A*	Relief of moderate to severe pain (cancer patient)	None	5-10 mg every four hours. The dose may be increased according to needs
Morphine Sulphate 60mg Prolonged Release Tablet	N02AA01-183-T50-03-XXX	Yes	Yes	A	i) Prolonged relief of severe pain associated with neoplastic disease ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (ii): Initiated by Pain or Palliative Specialists only	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.
Moxifloxacin 0.5% Ophthalmic Solution	S01AX22-110-D20-01-XXX	No	No	A*	Treatment of conjunctivitis caused by susceptible organism	None	CHILD more than 1 year and ADULT: 1 drop to affected eye(s) 3 times daily for 7 days
Moxifloxacin 400 mg Injection	J01MA14110P3001XX	No	No	A*	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.		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
Moxifloxacin 400mg Tablet	J01MA14110T1001XX	Yes	No	A*	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.		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	A11BA00901D5001XX	Yes	No	B	For prevention and treatment of vitamin deficiencies		INFANT less than 1 year: 1 ml daily
Multivitamin Injection	A11BA00901P3001XX	No	No	B	For prevention and treatment of vitamin deficiencies		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	A11BA00901L9001XX	Yes	No	C+	For prevention and treatment of vitamin deficiencies		CHILD 5 ml daily or based on manufacturer
Multivitamin Tablet	A11BA00901T1001XX	Yes	No	B	For prevention and treatment of vitamin deficiencies		1 - 2 tablets daily or based on individual requirements
Mupirocin 2% Cream	D06AX09000G1001XX	No	No	A	Skin infection by Staphylococcus aureus (including MRSA), Staphylococcus epidermidis and beta-haemolytic streptococcus		Adults and child over 1 year, apply up to 3 times daily for up to 10 days
Mupirocin 2% Ointment	D06AX09000G5001XX	No	No	A	For MRSA infections only		ADULT and CHILD: Apply up to three times daily for up to 10 days

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Mycophenolate Mofetil 250 mg Capsule	L04AA06236C1001XX	Yes	No	A*	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		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 Mofetil 500 mg tablet	L04AA06236T1002XX	Yes	No	A*	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		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 Tablet	L04AA06520T1001XX	Yes	No	A*	Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids		720 mg twice daily
Mycophenolate Sodium 360mg Tablet	L04AA06520T1002XX	Yes	No	A*	Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids		720 mg twice daily
Nalbuphine HCl 10 mg/ml Injection	N02AF02110P3001XX	No	No	B	i) Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate ii) As a supplement to balanced anesthesia, for preoperative and postoperative analgesia and for obstetrical analgesia during labor and delivery		i) ADULT: 10mg SC, IM or IV repeated every 3-6 hours as necessary. Max. single dose: 20mg Max. total daily dose: 160mg ii) Induction: 0.3 – 3 mg/kg IV to be administered over 10 to 15 min Maintenance: 0.25 – 0.50 mg / kg in single IV administration as required.
Naloxone HCl 0.02mg/ml Injection	V03AB15-110-P30-01-XX	Yes	No	B	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 overdosage	None	0.005 - 0.01 mg/kg body weight repeated at intervals of 2 - 3 minutes according to the patient's needs by IM, IV or SC
Naloxone HCl 0.4mg/ml Injection	V03AB15-110-P30-02-XX	Yes	No	B	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 overdosage	None	Initially 0.4 - 2 mg IV repeated at intervals of 2 - 3 minutes according to patient's needs
Naltrexone HCl 50 mg Tablet	N07BB04110T1001XX	Yes	No	A	Adjunct in relapse prevention treatment in detoxified formerly opioid-dependant patients		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 250mg Tablet	M01AE02-000-T10-01-XXX	Yes		A/KK	i) Rheumatic arthritis, osteoarthritis and ankylosing spondylitis ii) Acute gout iii) Muscular skeletal disorder, dysmenorrhoea	None	i) 0.5 - 1 g daily in 2 divided doses ii) 750 mg initially then 250 mg 8 hourly iii) 500 mg initially then 250 mg every 6 - 8 hour as required Max: 1g daily
Naproxen Sodium 275mg Tablet	M01AE02-520-T10-01-XXX	Yes		A	i) Rheumatic arthritis, osteoarthritis and alkylosing spondylitis ii) Acute gout iii) Muscular skeletal disorder and dysmenorrhoea	None	i: 275mg bd ii: Initial: 825mg followed by 275mg every 8 hrs as necesssary iii. Initial: 550mg followed by 275 every 6-8 hrs as necessary.
Neomycin 0.5% Cream	D06AX04256G1001XX	Yes	No	B	Infections of the skin due to susceptible organisms		Apply sparingly to affected area up to 3 times daily (For short term use, 1 - 2 weeks)
Neomycin 0.5% in Betamethasone 17-Valerate 0.01% Cream	D07CC01-947-G10-01-XXX	No	No	B	Treatment of the following conditions where bacterial infection is present or likely to occur: eczemas, prurigo nodularis, psoriasis (excluding widespread plaque psoriasis), neurodermatoses, anal and genital intertrigo	None	Apply sparingly to affected area 2 - 3 times daily. (May cause sensitisation to neomycin. Use with caution)
Neomycin 0.5% in Betamethasone 17-Valerate 0.01% Ointment	D07CC01-947-G50-01-XXX	No	No	B	Treatment of the following conditions where bacterial infection is present or likely to occur: eczemas, prurigo nodularis, psoriasis (excluding widespread plaque psoriasis), neurodermatoses, anal and genital intertrigo	None	Apply sparingly to affected area 2 to 3 times daily. (May cause sensitisation to Neomycin. Use with caution)

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Neomycin 0.5% in Betamethasone 17-Valerate 0.1% Cream	D07CC01-947-G10-02-XXX	No	No	A	Treatment of the following conditions where bacterial infection is present or likely to occur: eczemas, prurigo nodularis, psoriasis (excluding widespread plaque psoriasis), neurodermatoses, anal and genital intertrigo	None	Apply sparingly to affected area 2 - 3 times daily (May cause sensitisation to neomycin. Use with caution)
Neomycin 0.5% in Betamethasone 17-Valerate 0.1% Ointment	D07CC01-947-G50-02-XXX	No	No	A	Treatment of the following conditions where bacterial infection is present or likely to occur: eczemas, prurigo nodularis, psoriasis (excluding widespread plaque psoriasis), neurodermatoses, anal and genital intertrigo		Apply sparingly to affected area 2 to 3 times daily. (May cause sensitisation to neomycin. Use with caution)
Neomycin 0.5% Ointment	D06AX04256G5001XX	Yes	No	B	Infections of the skin due to susceptible organisms		Apply sparingly to affected area up to 3 times daily (For short term use, 1-2 weeks)
Neostigmine Methylsulphate 2.5mg/ml Injection	N07AA01-183-P30-02-XXX	Yes	No	B	i) Symptomatic treatment of myasthenia gravis where oral therapy is impractical ii) Reversal of the effects of non-depolarizing neuromuscular blockade iii)The management of post-operative distension, paralytic ileus and urinary retention, where mechanical obstruction has been out-ruled		i) ADULT: 1 - 2.5 mg at suitable intervals by SC, IM or IV. Usual total daily dose 5 - 20 mg. CHILD: 0.1mg IM. Titrated in the range of 0.05mg - 0.25mg. NEONATE: 50 - 250 mcg every 4 hours ii) By IV injection over 1 minute, 50 - 70 mcg/kg (maximum 5 mg and 2.5mg for children) after or with atropine sulphate 0.6 - 1.2 mg iii) Adults: SC or IM 0.5 - 2.5mg. Children: SC or IM 0.125mg - 1mg
Nepafenac 0.1% ophthalmic solution	S01BC10-000-D20-01-XXX	No	No	A*	Reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients.	None	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 100 mg/2 ml Injection	J01GB07183P3002XX	No	No	A	Systemic infections		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
Netilmicin Sulphate 150 mg/2 ml Injection	J01GB07183P3003XX	No	No	A	Systemic infections		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
Netilmicin Sulphate 50 mg/2 ml Injection	J01GB07183P3001XX	No	No	A	Systemic infections		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
Neuro Polyvalent Snake Antivenom Injection	Nil	Yes	No	B	Passive immunisation against poisonous of a range of haematotoxic snakebites neurotoxic snakebites, based on the type of snake identified.		For initial dose, at least 20mL of reconstituted serum should be given by slow intravenous infusion (not more than 1mL/minute). If symptoms still persist, the second dose should be repeated 2 hours or even earlier after the initial dose. The further dose should be repeated every 6 hours according to the clinical symptoms. Administration: Draw 10mL of the sterile water for injection to the freeze-dried antivenin, shake well to dissolve the contents until the serum became clear colourless or pale yellow liquid, ready for administration.
Nevirapine 200mg Tablet	J05AG01-000-T10-01-XXX	Yes	No	A/KK	Treatment of HIV-1 infection in combination with other antiretroviral agents	None	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	J05AG01-000-L80-01-XXX	Yes	No	A/KK	Treatment of HIV-1 infection in combination with other antiretroviral agents	None	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/m2 once daily for 2 weeks followed by 150 mg/m2 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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Nicotine 10mg/16hr Transdermal Patch	N07BA01000M7005XX	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.		The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period): Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period): Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks. Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: i) Highly dependent smokers; or ii) Smokers who experience breakthrough cravings; or iii) Those who have failed single NRT treatment
Nicotine 14mg/24hr Transdermal Patch	N07BA01000M7002XX	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.		The patch should be apply to an intact area of the skin upon waking up in the morning and removed at 24hrs. Smokers of >10 cigarettes/day: 21 mg/day for 6 wk, then 14 mg/day for 2 wk; finish w/ 7 mg/day for 2 wk. Smokers of ≤10 cigarettes/day: 14 mg/day for 6 wk, then 7 mg/day for 2 wk.
Nicotine 15mg/16hr Transdermal Patch	N07BA01000M7006XX	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.		The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period): Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period): Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks. Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: i) Highly dependent smokers; or ii) Smokers who experience breakthrough cravings; or iii) Those who have failed single NRT treatment.
Nicotine 21mg/24hr Transdermal Patch	N07BA01000M7003XX	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.		The patch should be apply to an intact area of the skin upon waking up in the morning and removed at 24hrs. Smokers of >10 cigarettes/day: 21 mg/day for 6 wk, then 14 mg/day for 2 wk; finish w/ 7 mg/day for 2 wk. Smokers of ≤10 cigarettes/day: 14 mg/day for 6 wk, then 7 mg/day for 2 wk.
Nicotine 25mg/16hr Transdermal Patch	N07BA01-000-M70-07-001	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine craving and withdrawal symptoms thereby facilitating smoking cessation in smokers motivated to quit. Advice and support normally improve the success rate.		The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period): Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period): Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks. Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: i) Highly dependent smokers; or ii) Smokers who experience breakthrough cravings; or iii) Those who have failed single NRT treatment.
Nicotine 2mg Gum	N07BA01000M9901XX	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.		Smokes ≤ 20 sticks/day, chew 2mg gum. Smokes ≥ 20 sticks/day,chew 4 mg gum. (MAX 24 pieces /day for up to 12 week.)

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Nicotine 4mg Gum	N07BA01000M9902XX	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.		Smokes ≤ 20 sticks/day, chew 2mg gum. Smokes ≥ 20 sticks/day, chew 4 mg gum. (MAX 24 pieces /day for up to 12 week.)
Nicotine 7mg/24hr Transdermal Patch	N07BA01000M7001XX	Yes	No	A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.		The patch should be apply to an intact area of the skin upon waking up in the morning and removed at 24hrs. Smokers of >10 cigarettes/day: 21 mg/day for 6 wk, then 14 mg/day for 2 wk; finish w/ 7 mg/day for 2 wk. Smokers of ≤10 cigarettes/day: 14 mg/day for 6 wk, then 7 mg/day for 2 wk.
Nicotinic Acid 50 mg Tablet	A11HA01000T1001XX	No	No	B	For prophylaxis and treatment of Vitamin B3 deficiency		Prophylactic: 15 - 30 mg daily. Therapeutic: 50 - 250 mg daily. Maximum single dose: 200 mg. Maximum dose in 24 hours: 800 mg
Nicotinic Acid 500 mg Tablet	C10AD02000T1001XX	No	Yes	B	Hyperlipidaemia		100 - 200 mg 3 times daily, gradually increased over 2 - 4 weeks to 1 - 2 g 3 times daily with or after meals. CHILD: 100 - 250 mg/day in 3 divided doses with meals, increase 100 mg/day weekly or 250 mg/day every 2 - 3 weeks as tolerated. Maximum: 10 mg/kg/day
Nifedipine 10 mg Tablet	C08CA05000T1001XX	No	Yes	B	Hypertension		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	L01XE08110T1001XX	Yes	Yes	A*	For the treatment of adult patients with newly diagnosed Philadelphia chromosome positive chronic myelogenous leukemia in the chronic phase (CP).		300mg twice daily. Dose adjustments or modifications:For neutropenia & thrombocytopenia
Nilotinib 200 mg Capsule	L01XE08110C1001XX	Yes	Yes	A*	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		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	C08CA06000P9901XX	No	Yes	A*	Prophylaxis & treatment of ischaemic neurological deficits caused by cerebral vasospasm following subarachnoid haemorrhage of aneurysmal origin		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	C08CA06000T1001XX	No	Yes	A*	Prophylaxis & treatment of ischaemic neurological deficits caused by cerebral vasospasm following subarachnoid haemorrhage of aneurysmal origin		360 mg daily in divided doses for 7 days
Nintedanib 100mg Capsule	L01XE31-189-C40-01-XXX	No	Yes	A*	i) For the treatment of Idiopathic Pulmonary Fibrosis (IPF) in adults ii) Indicated in adults for the treatment of other chronic fibrosing lung disease (ILDs) with a progressive phenotype	For indication (ii): • FVC at least 40% of predicted value, and • DLCO 30% to 89% of predicted value • To be prescribed by Consultant Respiratory Physician and Rheumatologist only	i) The recommended dose is 150 mg twice daily administered approximately 12 hours apart. The 100 mg twice daily dose is only recommended to be used in patients who do not tolerate the 150 mg twice daily dose. ii) 150mg twice a day
Nintedanib 150mg Capsule	L01XE31-189-C40-02-XXX	No	Yes	A*	i) For the treatment of Idiopathic Pulmonary Fibrosis (IPF) in adults ii) Indicated in adults for the treatment of other chronic fibrosing lung disease (ILDs) with a progressive phenotype	For indication (ii): • FVC at least 40% of predicted value, and • DLCO 30% to 89% of predicted value • To be prescribed by Consultant Respiratory Physician and Rheumatologist only	i) The recommended dose is 150 mg twice daily administered approximately 12 hours apart. The 100 mg twice daily dose is only recommended to be used in patients who do not tolerate the 150 mg twice daily dose. ii) 150mg twice a day
Nitrazepam 5 mg Tablet	N05CD02000T1001XX	No	Yes	B	Epilepsy (infantile spasms)		5 - 10 mg at bedtime. ELDERLY or debilitated 2.5 - 5 mg. CHILD not recommended. Increasing slowly according to response
Nitrofurantoin 100mg Tablet	J01XE01-000-T10-02-XXX	Yes	No	B	Uncomplicated lower urinary tract infections	None	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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Noradrenaline Acid Tartrate (Norepinephrine Bitartrate) 1 mg/ml Injection	C01CA03-123-P30-01-XXX	Yes	Yes	A, A/KK	Category A: i) For blood pressure control in certain acute hypotensive states (e.g.pheochromocytomectomy, sympathectomy, poliomyelitis, spinal anesthesia, myocardial infarction, septicemia, blood transfusion, and drug reactions). ii) As an adjunct in the treatment of cardiac arrest and profound hypotension Category A/KK: Septic shock and shock where peripheral vascular resistance is low	Category A: None Category A/KK: Use only for emergency cases in health clinic with Medical Officers (MO) upon consultation with Family Medicine Specialist (FMS)	Infuse and titrate to desired pressure response. Range: 0.05 - 0.5 mcg/kg/minute
Norethisterone 0.35 mg Tablet	G03AC01000T1001XX	No	No	C+	Contraception		1 tablet daily starting on the first day of the menstrual bleeding
Norethisterone Enanthate 200 mg/ml Injection	G03AC01257P3001XX	Yes	No	B	Contraception		By deep IM injection only. First injection is within first 5 days of the cycle. The next 3 injections are given at 8 weeks interval after which the injection interval should be extended to 12 weeks
Nystatin 100,000 units/g Cream	D01AA01-000-G10-01-XXX	No	No	C	Prevention and treatment of cutaneous infections caused by Candida albicans	None	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 100,000units/ml Suspension	A07AA02-000-L80-01-XXX	Yes	No	B	Prevention and treatment of candidiasis of the skin and mucous membranes, protection against candidas overgrowth during antimicrobial /corticosteroid therapy and as selective decontamination regimens	None	Treatment: Adult & Children: 100,000 to 600,000 units 6 hourly; Infant: 100,000 – 200,000 units 6 hourly; Neonates: 100,000 units 8 hourly. Prophylaxis: Adult: 1,000,000 units daily; Neonates and Infants: 100,000 units 2-3 times a day; Children: 250,000 – 500,000 units 2-3 times a day.
Nystatin 500,000 units Tablet	A07AA02-000-T10-01-XXX	Yes	No	B	Prevention and treatment of candidiasis of the skin and mucous membranes, protection against candidas overgrowth during antimicrobial /corticosteroid therapy and as selective decontamination regimens	None	ADULT: 500,000 -1,000,000 units 6 hourly, according to severity of infections. CHILD: 100,000-500,000 units 6 hourly
Octreotide 0.05mg/ml Injection	H01CB02-122-P30-02-XXX	No	Yes	A	i) Acromegaly treatment in patients in whom surgery or radiotherapy is inappropriate or ineffective- based on level of growth hormone and high IGF-1 and residual pituitary tumor ii) Relief of symptoms associated with functional gastro-entero-pancreatic (GEP) endocrine tumors: • Carcinoid tumors with features of the carcinoid syndrome. • VIPomas, Glucagonomas • Gastrinomas/Zollinger-Ellison syndrome • Insulinomas • GRFomas. iii) Prevention of complications following pancreatic surgery iv) Emergency management of bleeding gastro-eosophageal varices in patients with cirrhosis	None	i) Initially 0.05-0.1mg SC every 8 or 12 hours. Optimal daily dose is 0.3mg, not to exceed maximum dose of 1.5mg/day. ii) Initially 0.05 mg once or twice daily, gradually increase to 0.1-0.2mg 3 times daily. Higher doses may be required in exceptional circumstances. iii) 0.1 mg 3 times daily for 7 consecutive days, starting on the day of operation, at least 1 hour before laparotomy iv) ADULT: 50mcg bolus, followed by continuous infusion of 25-50mcg/hour for 2-5 days. CHILD: IV 1-5 mcg/kg/hour The dosing is individualized according to product insert / protocol
Octreotide 0.1mg/ml Injection	H01CB02-122-P30-01-XXX	No	Yes	A	i) Acromegaly treatment in patients in whom surgery or radiotherapy is inappropriate or ineffective- based on level of growth hormone and high IGF-1 and residual pituitary tumor ii) Relief of symptoms associated with functional gastro-entero-pancreatic (GEP) endocrine tumors: • Carcinoid tumors with features of the carcinoid syndrome. • VIPomas, Glucagonomas • Gastrinomas/Zollinger-Ellison syndrome • Insulinomas • GRFomas. iii) Prevention of complications following pancreatic surgery iv) Emergency management of bleeding gastro-eosophageal varices in patients with cirrhosis	None	i) Initially 0.05-0.1mg SC every 8 or 12 hours. Optimal daily dose is 0.3mg, not to exceed maximum dose of 1.5mg/day. ii) Initially 0.05 mg once or twice daily, gradually increase to 0.1-0.2mg 3 times daily. Higher doses may be required in exceptional circumstances. iii) 0.1 mg 3 times daily for 7 consecutive days, starting on the day of operation, at least 1 hour before laparotomy iv) ADULT: 50mcg bolus, followed by continuous infusion of 25-50mcg/hour for 2-5 days. CHILD: IV 1-5 mcg/kg/hour The dosing is individualized according to product insert / protocol
Octreotide Acetate 20mg Injection	H01CB02-122-P20-01-XXX	Yes	Yes	A*	i) Acromegaly treatment in patients 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 patients with symptoms associated with functional gastro-entero-pancreatic endocrine tumors: • Carcinoid tumors with features of the carcinoid syndrome. • VIPomas, Glucagonomas • Gastrinomas/Zollinger-Ellison syndrome. • Insulinomas, GRFomas. iii) Treatment of patients with advanced neuroendocrine tumors of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.	None	10 - 30 mg every 4 weeks as deep intragluteal injection

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Octreotide Acetate 30mg Injection	H01CB02-122-P20-02-XXX	Yes	Yes	A*	i) Acromegaly treatment in patients 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 patients with symptoms associated with functional gastro-entero-pancreatic endocrine tumors: • Carcinoid tumors with features of the carcinoid syndrome. • VIPomas, Glucagonomas • Gastrinomas/Zollinger-Ellison syndrome. • Insulinomas, GRFomas. iii) Treatment of patients with advanced neuroendocrine tumors of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.	None	10 - 30 mg every 4 weeks as deep intragluteal injection
Ofloxacin 0.3% Otic Solution	S02AA00-000-D10-01-XXX	Yes	No	A/KK	i. Acute otitis media with tympanostomy tubes ii. Chronic suppurative otitis media with perforated tympanic membranes and iii. Otitis externa	None	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	J01MA01000T1001XX	No	No	A	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		i) 400 mg/day ii) 400 mg twice daily iii) 200 mg twice daily
Ofloxacin 200 mg Injection	J01MA01000P4001XX	No	No	A	Sequential therapy for UTI and pyelonephritis		200 mg IV twice daily for 3 - 5 days followed with 200 mg tablet twice daily for 3 - 5 days as maintenance dose (if necessary)
Olanzapine 10 mg Disintegrating Tablet	N05AH03-000-T40-02-XXX	Yes	Yes	A*	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 iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	Consultant/specialists for specific indications only, including Geriatricians	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 iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day
Olanzapine 10 mg Tablet	N05AH03-000-T10-02-XXX	Yes	Yes	B	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 iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	None	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 iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day
Olanzapine 5 mg Tablet	N05AH03-000-T10-01-XXX	Yes	Yes	B	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 iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	None	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 iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day
Olanzapine 5mg Disintegrating Tablet	N05AH03-000-T40-01-XXX	Yes	Yes	A*	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 iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	Consultant/specialists for specific indications only, including Geriatricians	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 iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day
Olive Oil Ear Drops	S02DC00-000-D10-01-XXX	No	No	C	Impacted wax softener	None	3 - 4 drops 3 - 4 or as directed
Olopatadine Hydrochloride ophthalmic solution 0.2%	S01GX09-110-D20-02-XXX	No	No	A*	Temporary prevention of ocular itching due to allergic conjunctivitis	None	One drop in each affected eye once a day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Omalizumab 150mg powder and solvent for solution	R03DX05-000-P30-01-XXX	No	Yes	A*	i) For adults and adolescents (≥12 years), for severe persistent allergic asthma whose symptoms are inadequately controlled with inhaled corticosetroids; ii) For Children (6 to <12 years of age): As add-on therapy to improve asthma control with severe persistent allergic asthma who have positive skin test or in vitro reactivity to a perennial aero allergen and frequent daytime symptoms or night-time awakenings and who have had multiple documented severe asthma exacerbations despite daily high-dose inhaled corticosteroids, plus a long-acting inhaled beta 2 agonist.	None	i) Adult & adolescent ≥12 yr, 150-375 mg SC every 2-4 wk, according to body wt & baseline serum total IgE level.. For subcutaneous administration only. Do not administer by the intravenous or intramuscular route. ii) Appropriate dose and dosing frequency of omalizumab is determined by baseline IgE (IU/ml), measured before the start of treatment, and body weight (kg). Prior to initial dosing, patients should have their IgE level determined for their dose assignment. Based on these measurements 150-375mg in 1 -3 injections may be needed for each administration. Patients whose baseline IgE levels or body weight in kilograms are outside the limits of the dosing table should not be given omalizumab. For subcutaneous administration only.
Omeprazole 10 mg Capsule	A02BC01000C1001XX	Yes	No	A/KK	i) Reflux oesophagitis ii) For eradication of Helicobacter pylori infection iii) Benign peptic ulcer not responding to conventional therapy iv) Zollinger-Ellison Syndrome		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 20 mg Capsule	A02BC01000C1002XX	Yes	No	A/KK	i) Reflux oesophagitis ii) For eradication of Helicobacter pylori infection iii) Benign peptic ulcer not responding to conventional therapy iv) Zollinger-Ellison Syndrome		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 40mg Injection	A02BC01000P4001XX	Yes	No	A*	i) Reflux oesophagitis, eradication of H. Pylori infection, benign peptic ulcer not responding to conventional therapy, Zollinger-Ellison Syndrome ii) Endoscopically confirmed peptic ulcer		i) 40 mg IV once daily when oral therapy is inappropriate ii) 40- 160 mg by IV in single or divided doses
Ondansetron 2mg/ml Injection	A04AA01-110-P30-01-XX	Yes	No	A	i)Prevention of nausea and vomiting induced by chemotherapy and radiotherapy ii)Postoperative nausea and vomiting	None	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/m2 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
Ondansetron 4mg Tablet	A04AA01-110-T10-01-XX	Yes	No	A	i)Prevention of nausea and vomiting induced by chemotherapy and radiotherapy ii) Postoperative nausea and vomiting	None	i)8 mg 1 - 2 hours before treatment then 8 mg every 12 hours for up to 5 days. CHILD, treatment by infusion followed by 4 mg by mouth every 12 hours for up to 5 days ii)Prevention of postoperative nausea and vomiting, 16 mg 1 hour before anaesthesia or 8 mg 1 hour before anaesthesia followed by 8 mg at intervals of 8 hours for a further 2 doses
Ondansetron 8mg Tablet	A04AA01-110-T10-02-XX	Yes	No	A	i)Prevention of nausea and vomiting induced by chemotherapy and radiotherapy ii) Postoperative nausea and vomiting	None	i)8 mg 1 - 2 hours before treatment then 8 mg every 12 hours for up to 5 days. CHILD, treatment by infusion followed by 4 mg by mouth every 12 hours for up to 5 days ii)Prevention of postoperative nausea and vomiting, 16 mg 1 hour before anaesthesia or 8 mg 1 hour before anaesthesia followed by 8 mg at intervals of 8 hours for a further 2 doses

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ondansetron 8mg/4ml Injection	A04AA01-110-P30-02-XXX	Yes	No	A	i)Prevention of nausea and vomiting induced by chemotherapy and radiotherapy. ii)Postoperative nausea and vomiting	None	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/m2 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	A07CA00-905-F21-01-XXX	Yes	No	C	Replacement of fluid and electrolytes loss in diarrhoea	None	Dissolve 1 sachet in 200 or 250mL of water according to product insert. The amount to give depends on hydration status. ADULT: 200-400mL (1 - 2 sachets) for every loose motion / diarrhoea / vomiting CHILD (2 yrs & above): 100-200mL (1 sachet) for every loose motion / diarrhoea / vomiting. In severe dehydration 100ml/kg for 3-4 hours. INFANT (up to 2 yrs): 1 - 1.5 times their usual feed volume (50-100mL) each diarrhoea/vomiting Dose is according to product insert and dependent on the product / brand used as well as patient comorbidities e.g. heart failure and chronic kidney disease.
Orphenadrine 100mg Tablet	M03BC01-110-T10-01-XXX	No	No	A	Painful muscle spasm	None	100mg BD. In severe cases, doses may increase to 300mg in any 24-hour period.
Ortho-phthalaldehyde 0.55% Solution	V07AV00000L9909XX	No	No	A	High level disinfectant for sensitive endoscopes or semi-critical reusable medical devices		Manual reprocessing, at least 12 minute immersion time at room temperature (20 degree celcius) is required. Automatic endoscope reprocessor, at least 5 minute immersion time at a minimum of 25 degree celcius is required
Oseltamivir 60mg/5ml oral suspension.	J05AH02-000-L80-01-XXX	Yes	No	A/KK	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.	None	Children ≥ 1 year (for 5 days): a) ≤15 kg: 30mg twice daily b) >15kg to 23kg:45mg twice daily c) >23kg to 40kg: 60mg twice daily Children with body weight more than 40kg who are able to swallow capsule is recommended to be dosed as adults.
Oseltamivir 75mg capsule.	J05AH02-000-C10-01-XXX	Yes	No	A/KK	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.	None	Recommended dose in adults and adolescents ≥ 13 years of age and body weight >40kg is 75mg twice daily for 5 days. Dosing adjustment for renal impaired patient, follow manufacturer's recommendations in product insert.
Osimertinib 40mg Tablet	L01XE35-000-T32-01-XXX	No	Yes	A*	The treatment of adult patients with locally advanced or metastatic EGFR T790M mutation-positive NSCLC whose disease has progressed on or after EGFR TKI therapy	Second-line therapy, in patients who progressed from first-line EGFR TKI therapy. To be prescribed by oncologists and oncology-trained respiratory physicians	80 mg once a day until disease progression or unacceptable toxicity, taken with or without food at the same time each day. If dose reduction is necessary, then the dose should be reduced to 40 mg taken once daily.
Osimertinib 80mg Tablet	L01XE35-000-T32-02-XXX	No	Yes	A*	The treatment of adult patients with locally advanced or metastatic EGFR T790M mutation-positive NSCLC whose disease has progressed on or after EGFR TKI therapy	Second-line therapy, in patients who progressed from first-line EGFR TKI therapy. To be prescribed by oncologists and oncology-trained respiratory physicians	80 mg once a day until disease progression or unacceptable toxicity, taken with or without food at the same time each day. If dose reduction is necessary, then the dose should be reduced to 40 mg taken once daily.
Oxaliplatin 5mg/mL Injection	L01XA03000P4001XX	Yes	Yes	A*	Colorectal cancer		85 mg/m2 IV repeated every 2 weeks
Oxybutynin Chloride 5 mg Tablet	G04BD04110T1001XX	No	No	A*	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)		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Oxycodone HCl 10mg Immediate Release Capsules	N02AA05-110-C10-02-XXX	Yes	No	A*	i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management ii) As a step-down analgesic drug in post-operative procedures iii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (iii): Initiated by Pain, Palliative Specialists and Geriatricians only	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
Oxycodone HCl 1mg/ml Oral Solution	N02AA05-110-L50-01-XXX	Yes	No	A*	As a second-line drug in the management of responsive, moderate to severe pain in patients who i. have difficulty swallowing or ii. require a low dose oxycodone (<5mg).	To be prescribed by palliative medicine physicians, oncologist, anaesthesiologist, haematologist and pain specialists only	Initial dose for opioid naïve patients or patients presenting with severe pain uncontrolled by weaker opioids is 5 mg, 4-6 hourly. The dose should then be carefully titrated, as frequently as once a day if necessary, to achieve pain relief. Maximum daily dose is 400mg daily. Dosing is individualised and according to product insert/protocol. Should not be used in patients under 18 years.
Oxycodone HCl 5mg Immediate Release Capsules	N02AA05-110-C10-01-XXX	Yes	No	A*	i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management ii) As a step-down analgesic drug in post-operative procedures iii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (iii): Initiated by Pain, Palliative Specialists and geriatricians only	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
Oxycodone Hydrochloride 10mg and Naloxone Hydrochloride Dihydrate 5mg Tablet	N02AA55-900-T10-02-XXX	No	No	A*	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.	Consultant/specialists for specific indications only, including Geriatricians	Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naive 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.
Oxycodone Hydrochloride 10mg Controlled Release Tablet	N02AA05-110-T53-01-XXX	Yes	No	A*	i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management. ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (ii): Initiated by Pain, Palliative Specialists or Geriatricians only	Adults, elderly and children over 12 years: Usual starting dose for opioid-naive patients or patients presenting with moderate to severe pain uncontrolled by weaker opioids (especially if they are receiving concurrent sedatives, muscle relaxants or other CNS medicines):10mg 12 hourly. The dose should then be carefully titrated with longitudinal patient monitoring, assessing whether the pain is opioid responsive and providing the patient significant pain relief. Patients with renal or hepatic impairment: The recommended adult starting dose should be reduced by 1/3 to 1/2, and each patient should be titrated to adequate pain control according to their clinical situation.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Oxycodone Hydrochloride 10mg/ml Injection	N02AA05-110-P3-01XXX	Yes	No	A*	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.	Consultant/specialists for specific indications only, including Geriatricians	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 naive patients, titrating gradually according to symptom control. Cancer patients transferring from oral oxycodone may require much higher doses. 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 20mg and Naloxone Hydrochloride Dihydrate 10mg Tablet	N02AA55-900-T10-03-XXX	No	No	A*	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.	Consultant/specialists for specific indications only, including Geriatricians	Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naive 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.
Oxycodone Hydrochloride 20mg Controlled Release Tablet	N02AA05-110-T53-02-XXX	Yes	No	A*	i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management. ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (ii): Initiated by Pain, Palliative Specialists or Geriatricians only	Adults, elderly and children over 12 years: Usual starting dose for opioid-naive patients or patients presenting with moderate to severe pain uncontrolled by weaker opioids (especially if they are receiving concurrent sedatives, muscle relaxants or other CNS medicines): 10mg 12 hourly. The dose should then be carefully titrated with longitudinal patient monitoring, assessing whether the pain is opioid responsive and providing the patient significant pain relief. Patients with renal or hepatic impairment: The recommended adult starting dose should be reduced by 1/3 to 1/2, and each patient should be titrated to adequate pain control according to their clinical situation.
Oxycodone Hydrochloride 40mg and Naloxone Hydrochloride Dihydrate 20mg Tablet	N02AA55-900-T10-04-XXX	No	No	A*	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.	Consultant/specialists for specific indications only, including Geriatricians	Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naive 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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Oxycodone Hydrochloride 40mg Controlled Release Tablet	N02AA05-110-T53-03-XXX	Yes	No	A*	i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management. ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed	Indication (ii): Initiated by Pain, Palliative Specialists or geriatricians only	Adults, elderly and children over 12 years: Usual starting dose for opioid-naive patients or patients presenting with moderate to severe pain uncontrolled by weaker opioids (especially if they are receiving concurrent sedatives, muscle relaxants or other CNS medicines): 10mg 12 hourly. The dose should then be carefully titrated with longitudinal patient monitoring, assessing whether the pain is opioid responsive and providing the patient significant pain relief. Patients with renal or hepatic impairment: The recommended adult starting dose should be reduced by 1/3 to 1/2, and each patient should be titrated to adequate pain control according to their clinical situation.
Oxycodone Hydrochloride 5mg and Naloxone Hydrochloride Dihydrate 2.5mg Tablet	N02AA55-900-T10-01-XXX	No	No	A*	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.	Consultant/specialists for specific indications only, including Geriatricians	Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naive 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.
Oxymetazoline HCl 0.01% Nasal Drops	R01AA05-110-D60-03-XXX	Yes	No	A*	Acute cold, paranasal sinusitis, syringitis, otitis media.	None	Newborn (up to 4 weeks): 1 drop. Infant (1 - 12 month): 1 - 2 drop. Doses to be given twice or three times daily
Oxymetazoline HCl 0.025% (Paediatric) Nasal Drops	R01AA05-110-D60-01-XXX	Yes	No	A/KK	Acute colds, paranasal sinusitis and otitis media	None	1 - 2 drops twice daily in each nostril for child more than 1 year
Oxymetazoline HCl 0.025% (Paediatric) Nasal Spray	R01AA05-110-A41-01-XXX	Yes	No	A	Acute colds, paranasal sinusitis and otitis media	None	2 - 3 sprays into each nostril twice daily for child more than 1 year
Oxymetazoline HCl 0.05% (Adult) Nasal Drops	R01AA05-110-D60-02-XXX	Yes	No	A/KK	Acute colds, paranasal sinusitis and otitis media	None	1 - 2 drops twice daily in each nostril
Oxymetazoline HCl 0.05% (Adult) Nasal Spray	R01AA05-110-A41-02-XXX	Yes	No	A	Acute colds, paranasal sinusitis and otitis media	None	2 - 3 sprays into each nostril twice daily, maximum 6 sprays per nostril/day
Oxymetholone 50 mg Tablet	A14AA05000T1001XX	No	No	A	Anaemias caused by the administration of myelotoxic drugs, treatment of AIDS-wasting syndrome		ADULT and CHILD: 1 - 5 mg/kg daily in one daily dose. Usual effective dose 1 - 2 mg/kg/day, given for a minimum trial of 3 - 6 months because response may be delayed
Oxytetracycline with Polymyxin B Sulphate Eye Ointment	S01AA30-947-G51-01-XXX	No	No	B	Treatment of superficial ocular infections involving the conjunctiva and/or cornea due to susceptible microorganisms	None	Apply into the conjunctival sac 4 times daily
Oxytocin 10units/ml Injection	H01BB02-000-P30-01-XXX	Yes	No	B	i) Induction of labour ii) Inadequate uterine effort iii) Management of third stage of labour iv) Prevention and treatment of post-partum haemorrhage v) As adjunctive therapy for the management of incomplete, inevitable or missed abortion	None	i & ii) Intiate at 2 milliunits/min, may be increased by 4 miliunits/min gradually at 30 minute intervals. Dose may be decreased once a contraction pattern similar to normal labour is achieved and labor has progressed to 5 - 6 cm dilation. Maximum dose of oxytocin for multiparae - 16 miliunits/min and nulliparae-32 miliunits/min. iii) IV/IM: 5 -10 units iv) IV : 5-10 units followed by IV infusion at 10 units/hour v) Initial: 5 units given via slow inj over 5 minutes, may be followed by an infusion at a rate of 20-40 milliunits/minute as necessary The dosing is individualized based on maternal, fetal response and product insert / protocol
Oxytocin 5 units & Ergometrine Maleate 0.5 mg/ml Injection	G02AC01-900-P30-01-XXX	Yes	No	C+	i)Prevention and treatment of postpartum haemorrhage associated with uterine atony. ii)Active management of third stage of labour	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Paclitaxel 6mg/ml Injection	L01CD01-000-P30-01-XXX	Yes	Yes	A*	i) Breast carcinoma: Initial treatment of advanced or metastatic and also second line after failure of standard therapy. ii) Ovarian carcinoma: First Line in combination with a platinum compound for advanced metastatic carcinoma of the ovary; Second line for advanced metastatic carcinoma of the ovary iii) Non-small cell lung carcinoma: First line in combination with platinum compound or as single agent		i) 175 mg/m2 IV over 3 hours every 3 weeks ii) 175 mg/m2 IV over 3 hour followed by cisplatin 75 mg/m2 in every 3 weeks or 135 mg/m2 IV over 24 hours followed by cisplatin 75 mg/m2 every 3 weeks iii) 135 mg/m2 IV over 24 hours followed by cisplatin 75 mg/m2 every 3 weeks
Palbociclib 100mg capsules	L01XE33-000-C11-02-XXX	No	Yes	A*	Indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women.	None	125 mg capsule taken orally once daily for 21 consecutive days followed by 7 days off treatment to comprise a complete cycle of 28 days. Palbociclib should be taken with food. For dose modification, refer package insert
Palbociclib 125mg Capsules	L01XE33-000-C11-03-XXX	No	Yes	A*	Indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women.	None	125 mg capsule taken orally once daily for 21 consecutive days followed by 7 days off treatment to comprise a complete cycle of 28 days. Palbociclib should be taken with food. For dose modification, refer package insert
Palbociclib 75mg capsules	L01XE33-000-C11-01-XXX	No	Yes	A*	Indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women.	None	125 mg capsule taken orally once daily for 21 consecutive days followed by 7 days off treatment to comprise a complete cycle of 28 days. Palbociclib should be taken with food. For dose modification, refer package insert
Paliperidone 100mg Prolonged Release Injection	N05AX13-000-P20-04-XXX	No	Yes	A*	Second or third line treatment of acute and maintenance treatment of schizophrenia in adults	None	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 150mg Prolonged Release Injection	N05AX13-000-P20-05-XXX	No	Yes	A*	Second or third line treatment of acute and maintenance treatment of schizophrenia in adults	None	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 maintenace dose can be administered in either the deltoid or gluteal muscle
Paliperidone 175mg/0.875ml Prolonged-Release for Intramuscular Injection	N05AX13-126-P20-01-001	No	Yes	A*	For the maintenance treatment of schizophrenia in adult patients who have been adequately treated with the 1-month paliperidone palmitate injectable product for at least four months.	None	Apply 3.5 as a dose multiplier to the previous 1-month injection dose, and administer every 3 months
Paliperidone 263mg/1.315ml Prolonged-Release for Intramuscular Injection	N05AX13-126-P20-02-001	No	Yes	A*	For the maintenance treatment of schizophrenia in adult patients who have been adequately treated with the 1-month paliperidone palmitate injectable product for at least four months.		Apply 3.5 as a dose multiplier to the previous 1-month injection dose, and administer every 3 months
Paliperidone 350mg/1.750ml Prolonged-Release for Intramuscular Injection	N05AX13-126-P20-03-001	No	Yes	A*	For the maintenance treatment of schizophrenia in adult patients who have been adequately treated with the 1-month paliperidone palmitate injectable product for at least four months.	None	Apply 3.5 as a dose multiplier to the previous 1-month injection dose, and administer every 3 months
Paliperidone 3mg Extended Released Tablet	N05AX13-000-T50-01-XX	No	Yes	A*	Second or third line treatment of schizophrenia		ADULT 6 mg once daily in the morning, adjusted if necessary; usual range 3 -12 mg daily. Renal impairment (creatinine clearance between 10-50 mL/min) 3 mg once daily. Avoid if creatinine clearance less than 10mL/min
Paliperidone 50mg Prolonged Release Injection	N05AX13-000-P20-02-XXX	No	Yes	A*	Second or third line treatment of acute and maintenance treatment of schizophrenia in adults		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 maintenace dose can be administered in either the deltoid or gluteal muscle
Paliperidone 525mg/2.625ml Prolonged-Release for Intramuscular Injection	N05AX13-126-P20-04-001	No	Yes	A*	For the maintenance treatment of schizophrenia in adult patients who have been adequately treated with the 1-month paliperidone palmitate injectable product for at least four months.		Apply 3.5 as a dose multiplier to the previous 1-month injection dose, and administer every 3 months

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Paliperidone 6 mg Extended Released Tablet	N05AX13000T5002XX	No	Yes	A*	Second or third line treatment of schizophrenia		ADULT 6 mg once daily in the morning, adjusted if necessary; usual range 3 -12 mg daily. Renal impairment (creatinine clearance between 10-50 mL/min) 3 mg once daily. Avoid if creatinine clearance less than 10mL/min
Paliperidone 75 mg Prolonged Release Injection	N05AX13000P2003XX	No	Yes	A*	Second or third line treatment of acute and maintenance treatment of schizophrenia in adults		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 maintenace dose can be administered in either the deltoid or gluteal muscle
Paliperidone 9 mg Extended Released Tablet	N05AX13000T5004XX	No	Yes	A*	Second or third line treatment of schizophrenia		ADULT 6 mg once daily in the morning, adjusted if necessary; usual range 3 -12 mg daily. Renal impairment (creatinine clearance between 10-50 mL/min) 3 mg once daily. Avoid if creatinine clearance less than 10mL/min
Palivizumab 100mg Injection	J06BB16000P3001XX	No		A*	For the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in paediatric patients at high risk of RSV disease		15 mg/kg IM once a month during season of RSV risk
Pamidronate Disodium 30 mg Injection	M05BA03520P3001XX	No	No	A*	Hypercalcaemia of malignancy (tumour -induced hypercalcaemia)		Dose depends on the initial serum calcium levels. Doses range from a single infusion of 30 - 90 mg
Pamidronate Disodium 90 mg Injection	M05BA03520P3002XX	No	No	A*	Hypercalcaemia of malignancy (tumour -induced hypercalcaemia)		Dose depends on the initial serum calcium levels. Doses range from a single infusion of 30 - 90 mg
Pancreatin 150 mg Capsule (equivalent to amylase 8000 units, lipase 10,000 units and protease 600 units)	A09AA02-000-C10-01-XXX	Yes	No	A/KK	Treatment of pancreatic exocrine insufficiency	-	Initially 1 - 2 capsules with each meal. May increase to 5 - 15 capsules daily Dosing is individualised and according to product insert/protocol
Pancuronium Bromide 2 mg / ml Injection	M03AC01320P3001XX	No	No	B	Muscle relaxant as an adjunct to general anaesthesia		ADULT: Initially 50 - 100 mcg/kg IV, then 10 - 20 mcg/kg as required. CHILD > 2 YEARS: Initially 60 - 100 mcg/kg then 10 - 20 mcg/kg. Intensive care, by IV, 60 mcg/kg every 60 - 90 minutes
Pantoprazole 40 mg Tablet	A02BC02-000-T10-01-XXX	Yes	No	B	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	-	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
Pantoprazole 40mg Injection	A02BC02-000-P30-01-XXX	Yes	No	A/KK	Short term use for symptomatic improvement and healing of gastrointestinal diseases which require a reduction in acid secretion: • Duodenal ulcer • Gastric ulcer • Moderate and severe reflux esophagitis • Zollinger-Ellison-Syndrome and other pathological hypersecretory conditions	-	40 mg twice daily until oral administration can be resumed. CHILD not recommended
Papaverine HCl 120 mg/10ml Injection	A03AD01110P3002XX	No	Yes	A	Relief of cerebral and peripheral ischaemia associated with arterial spasm and myocardial ischaemia complicated by arrhythmias		ADULT: 30 - 120 mg may be repeated every 3 hours as necessary. CHILD: 6 mg/kg daily in 4 divided doses
Paracetamol 10mg/ml Solution for IV Infusion	N02BE01000P3101XX	Yes	No	A	Mild to moderate pain and pyrexia		Body Weight (BW) ≤ 10kg: 7.5mg/kg, max: 30mg/kg >10kg to ≤ 33kg: 15mg/kg, max 60mg/kg not exceeding 2g >33kg to ≤ 50kg: 15mg/kg, max 60mg/kg not exceeding 3g >50kg (with risk of hepatotoxicity): 1g, max 3g BW >50kg (without risk of hepatotoxicity): 1g, max 4g OR as in the product leaflet
Paracetamol 120mg/5 ml Syrup	N02BE01000L9001XX	Yes	No	C+	Mild to moderate pain and pyrexia	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Paracetamol 125mg Suppository	N02BE01000S2002XX	Yes	No	C+	Symptomatic relief of fever and post operative pain whom cannot tolerate oral preparations.	None	ADULT & CHILDREN more than 12 years old: 500mg - 1g every 4-6 hours CHILD 6 - 12 years : 250 - 500 mg; 1 - 5 years : 125 - 250 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	N02BE01000S2001XX	Yes	No	B	Symptomatic relief of fever and post operative pain whom cannot tolerate oral preparations.	None	ADULT & CHILDREN more than 12 years old: 500mg - 1g every 4-6 hours CHILD 6 - 12 years : 250 - 500 mg; 1 - 5 years : 125 - 250 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/5 ml Syrup	N02BE01000L8002XX	Yes	No	C+	Mild to moderate pain and pyrexia	None	CHILD: 6 - 12 years: 250 - 500 mg per dose. Repeat every 4 - 6 hours when necessary. Maximum of 4 doses in 24 hours
Paracetamol 500 mg Tablet	N02BE01000T1001XX	Yes	No	C+	Mild to moderate pain and pyrexia	None	ADULT: 500 - 1000 mg every 4 - 6 hours, maximum of 4 g daily
Paraffin Mole Alba (White Soft Paraffin)	D02AC00000G5001XX	No	No	C	Xerosis and ichthyosis		Apply to the affected area
Paraffin Mole Flava	D02AC00000G5002XX	No	No	C	Xerosis and ichthyosis		Apply to the affected area
Parecoxib Sodium 40mg Injection	M01AH04520P3001XX	No		A*	Management of post operative pain in the immediate post operative setting only		40 mg followed by 20 or 40 mg every 6 to 12 hours, as required, not exceeding daily dosage of 80 mg. There is limited clinical experience with parecoxib treatment beyond three days. Reduce the initial dose by 50% in elderly less than 50 kg, with a maximum daily dosage of 40 mg.
Pazopanib Hydrochloride 200 mg Tablet	L01XE11110T1001XX	No		A*	For treatment of advanced and/or metastatic renal cell carcinoma (RCC)	Restriction: i) KPS ≥ 70% ii) Clear cell histology iii) No brain metastasis iv) Haemoglobin ≥ 9g/dl v) Creatinine ≤2x the ULN vi) Corrected calcium < 12mg/dl vii) Platelet count of >100x103/uL viii) Neutrophil count >1,500/mm3	Recommended dose is 800 mg ORALLY once daily. Should be taken without food (at least one hour before or two hours after meal). The dose should not exceed 800 mg.
Pazopanib Hydrochloride 400 mg Tablet	L01XE11110T1002XX	No		A*	For treatment of advanced and/or metastatic renal cell carcinoma (RCC)	Restriction: i) KPS ≥ 70% ii) Clear cell histology iii) No brain metastasis iv) Haemoglobin ≥ 9g/dl v) Creatinine ≤2x the ULN vi) Corrected calcium < 12mg/dl vii) Platelet count of >100x103/uL viii) Neutrophil count >1,500/mm3	Recommended dose is 800 mg ORALLY once daily. Should be taken without food (at least one hour before or two hours after meal). The dose should not exceed 800 mg.
Pegfilgrastim Pre-filled Syringe 6 mg/0.6 ml (10 mg/ml)	L03AA13000P5001XX	No	No	A*	Reduction in the duration of neutropenia, the incidence of febrile neutropenia and the incidence of infection as manifested by febrile neutropenia in patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes)		Adults (≥18 years): One 6 mg dose (a single pre-filled syringe) of pegfilgrastim for each chemotherapy cycle, administered as a subcutaneous injection approximately 24 hours following cytotoxic chemotherapy. Renal impairment: Pharmacokinetics of pegfilgrastim is not expected to be affected by renal impairment. Hepatic impairment: Pharmacokinetics of pegfilgrastim is not expected to be affected by hepatic impairment. Paediatric population: Insufficient data to recommend the use of pegfilgrastim in children and adolescents under 18 years of age.
Peginterferon Alpha-2a 135 mcg Prefilled Syringe	L03AB11-000-P50-02-XXX	Yes	No	A*	i) Chronic hepatitis C alone or in combination with other antiviral drugs 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 Gasteroenterologist only.	i) 180 mg once weekly. Treatment duration may vary depending on HCV genotype. ii) 180 mcg weekly SC for 48 weeks Dosage, including treatment duration, is individualised and according to product insert/protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Peginterferon Alpha-2a 180 mcg Prefilled Syringe	L03AB11-000-P50-01-XXX	Yes	No	A*	i) Chronic hepatitis C alone or in combination with other antiviral drugs 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 Gasteroenterologist only)	i) 180 mg once weekly. Treatment duration may vary depending on HCV genotype. ii) 180 mcg weekly SC for 48 weeks Dosage, including treatment duration, is individualised and according to product insert/protocol
Pegylated Interferon Alpha-2b 100mcg Injection	L03AB10-000-P50-03-XXX	Yes	No	A*	Treatment of: i) Chronic Hepatitis C ii) Chronic Hepatitis B	None	i) Monotherapy: SC at a dose of 0.5 or 1 mcg/kg once weekly for at least 6 months. Combination therapy: 1.5 mcg/kg/week SC in combination with ribavirin capsules. ii) 1-1.5 mcg/kg once weekly for at least 24 weeks and up to 52 weeks.
Pegylated Interferon Alpha-2b 120mcg Injection	L03AB10-000-P50-04-XXX	Yes	No	A*	Treatment of: i) Chronic Hepatitis C; ii) Chronic Hepatitis B	None	i) Monotherapy: SC at a dose of 0.5 or 1 mcg/kg once weekly for at least 6 months. Combination therapy: 1.5 mcg/kg/week SC in combination with ribavirin capsules. ii) 1-1.5 mcg/kg once weekly for at least 24 weeks and up to 52 weeks.
Pegylated Interferon Alpha-2b 150mcg Injection	L03AB10-000-P50-05-XXX	Yes	No	A*	Treatment of: i) Chronic Hepatitis C; ii) Chronic Hepatitis B	None	i) Monotherapy: SC at a dose of 0.5 or 1 mcg/kg once weekly for at least 6 months. Combination therapy: 1.5 mcg/kg/week SC in combination with ribavirin capsules. ii) 1-1.5 mcg/kg once weekly for at least 24 weeks and up to 52 weeks.
Pegylated Interferon Alpha-2b 50mcg Injection	L03AB10-000-P50-01-XXX	Yes	No	A*	Treatment of: i) Chronic Hepatitis C ii) Chronic Hepatitis B	None	i) Monotherapy: SC at a dose of 0.5 or 1 mcg/kg once weekly for at least 6 months. Combination therapy: 1.5 mcg/kg/week SC in combination with ribavirin capsules. ii) 1-1.5 mcg/kg once weekly for at least 24 weeks and up to 52 weeks.
Pegylated Liposomal Doxorubicin HCl 20 mg/vial	L01DB01110P3003XX	Yes	Yes	A*	i) For patients with platinum-resistant ovarian cancer where the disease relapses within 6 months after completion of the initial platinum-based chemotherapy ii) For patients with platinum-sensitive ovarian cancer where the disease responds to first-line platinum-based therapy but relapses 12 months or more after completion of the initial platinum based chemotherapy. As third line therapy for very selected patients. (Gyne Oncology Specialist only)		50 mg/m2 IV every 4 weeks for as long as the disease does not progress & patient continues to tolerate treatment.For doses <90 mg: dilute in 250 ml Dextrose 5 % in Water. For doses >90 mg: dilute in 500 ml Dextrose 5 % in Water. To minimize the risk of infusion reactions, the initial dose is administered at a rate no greater than 1 mg/minute. Renal impairment: No dose adjustment required in patients with creatinine clearance 30-156 ml/min, no pharmacokinetic data are available in patients with creatinine clearance of less than 30 ml/min. Hepatic impairment: At initiation of therapy: Bilirubin 1.2 - 3.0 mg/dl, the first dose is reduced by 25 %, Bilirubin > 3.0 mg/dl, the first dose is reduced by 50 %.
Pemetrexed Disodium 100 mg Injection	L01BA04-016-P30-02-XXX	No	Yes	A*	i) As monotherapy for the 2nd line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) other than predominantly squamous cell histology ii) Malignant pleural mesothelioma		500 mg/m2 BSA IV over 10 minutes on day 1 of each 21-day cycle. Dosing is according to product insert / protocol.
Pemetrexed Disodium 500 mg Injection	L01BA04016P3001XX	No	Yes	A*	i) As monotherapy for the 2nd line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) other than predominantly squamous cell histology ii) Malignant pleural mesothelioma		500 mg/m2 BSA IV over 10 minutes on day 1 of each 21-day cycle Dosing is according to product insert / protocol.
Pentamidine Isethionate 300mg Injection	P01CX01-198-P30-01-XXX	Yes	No	A*	Only for the treatment of pneumonia due to Pneumocytosis carinii	None	4 mg/kg once daily by slow IV infusion for at least 14 days
Pentoxifylline 400 mg Tablet	C04AD03000T1001XX	No	No	A/KK	Peripheral vascular disease		400 mg 2 - 3 times daily
Peracetic Acid and Hydrogen Peroxide	V07AV00000L9906XX	No	No	A	High level disinfectant or sterilant for heat labile endoscopes		Immersion time based on manufacturer recommendation
Perindopril 10mg and Indapamide 2.5mg film coated tablet	C09BA04-900-T10-03-XXX	No	Yes	A/KK	As substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril and indapamide given concurrently at the same dose level.	None	1 tablet daily
Perindopril 4 mg and Indapamide 1.25 mg Tablet	C09BA04-900-T10-01-XXX	No	Yes	B	Essential hypertension, for patients whose blood pressure is insufficiently controlled by perindopril alone.	None	One tablet daily, preferably taken in the morning and before a meal.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Perindopril 4 mg Tablet	C09AA04000T1001XX	Yes	Yes	B	i) Hypertension ii) Stable coronary artery disease iii) Heart failure		i) & ii) Initial: 4mg once daily Max. 8mg daily iii) Initial: 2mg once daily Maintenance: 4mg once daily Dosing is individualised and according to product insert / protocol.
Perindopril 8 mg Tablet	C09AA04000T1002XX	Yes	Yes	B	i) Hypertension ii) Stable coronary artery disease		Initial: 2-4mg once daily Maintenance: up to 8mg once daily Dosing is individualised and according to product insert/protocol
Perindopril Arginine 10mg, Indapamide 2.5mg & Amlodipine 10mg tablet	C09BX01-935-T32-02-XXX	No	Yes	A/KK	As substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril/indapamide fixed dose combination and amlodipine, taken at the same dose level.	None	1 tablet a day
Peritoneal Dialysis Solution (1.5% Dextrose)	B05DB00908H2001XX	Yes		B	For chronic renal disease requiring dialysis and for acute renal failure		Dose depending on clinical cases
Peritoneal Dialysis Solution (4.25% Dextrose)	B05DB00908H2002XX	Yes		B	For chronic renal disease requiring dialysis and for acute renal failure		Dose depending on clinical cases
Peritoneal Dialysis with 7.5% Icodextrin Solution	B05DB00908H2003XX	Yes		A*	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		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 1% w/v Lotion.	P03AC04000L6002XX	Yes	No	B	For topical treatment of head lice.		Apply lotion onto clean towel dried hair ensuring every strand comes in contact with lotion for at least 10 minutes. Rinse completely. Re-apply after 10 days to ensure total recovery.
Permethrin 5% w/v Lotion	P03AC04000L6001XX	Yes	No	A/KK	Treatment of scabies		Two applications needed one week apart. Apply thoroughly to all body parts from neck down. Leave overnight for 8 - 14 hours. Washed off. Reapply after one week. Not recommended for children less than 2 months of age.
Perphenazine 4 mg Tablet	N05AB03-000-T10-01-XXX	No	Yes	B	i) Treatment of psychotic disorders ii) Used in the treatment of behavioural disorders in adults, in the aged and in children		ADULT: Initially 4 mg 3 times daily adjusted according to response, maximum 24 mg daily. ELDERLY: 1/4 to 1/2 adult dose. CHILD: The lower range of the adult dosage may be used in children over 12. It should start with the smallest dose e.g 2mg, then titrate accordingly.
Pertuzumab 420mg/14mL Concentrate for Solution for Infusion	L01XC13-000-P33-01-xxx	No	Yes	A*	Pertuzumab in combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early-stage breast cancer (node-positive) as part of a complete treatment regimen for early breast cancer.	To be prescribed by Oncologist only	The recommended initial dose of pertuzumab is 840mg administered as a 60-minute intravenous infusion, followed every 3 weeks thereafter by a dose of 420mg administered over a period of 30 to 60 minutes for up to 3 cycles.
Pethidine HCl 100 mg/2 ml Injection	N02AB02110P3002XX	No	No	B	For relief of moderate to severe pain (medical and surgical), pre-anaesthetic medication and obstetrical analgesia		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 50 mg/ml Injection	N02AB02110P3001XX	No	No	B	For relief of moderate to severe pain (medical and surgical), pre-anaesthetic medication and obstetrical analgesia		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 (Phenobarbital) 200mg/ml Injection	N03AA02-520-P30-01-XXX	Yes	Yes	B	All forms of epilepsy except absence seizures.	None	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: 3- 5mg per kg body weight as a single dose by intramuscular injection. Dosing is according to product insert.
Phenobarbitone (Phenobarbital) 30mg Tablet	N03AA02-000-T10-02-XX	Yes	Yes	B	Epilepsy	None	ADULT: 60 - 180 mg daily on. CHILD: Up to 8 mg/kg daily
Phenoxybenzamine HCl 100 mg/2 ml Injection	C04AX02110P3001XX	No	Yes	A*	Hypertensive episodes associated with phaeochromocytoma		1 mg/kg daily over at least 2 hours into large vein. Do not repeat within 24 hours.
Phenoxymethyl Penicillin 125mg Tablet	J01CE02-500-T10-01-XXX	Yes	No	C	i) Treatment or prophylaxis of infections caused by susceptible organisms ii) Prophylactic, rheumatic fever	None	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
Phenoxymethyl Penicillin 125mg/5ml Syrup	J01CE02-500-F21-01-XXX	Yes	No	C	Treatment or prophylaxis of infections caused by susceptible organisms	None	CHILD: Up to 1 year: 62.5 mg 6 hourly; 1 - 5 years: 125 mg 6 hourly; 6 - 12 years: 250 mg 6 hourly

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Phenoxymethyl Penicillin 250mg Tablet	J01CE02-500-T10-02-XXX	Yes	No	C	i) Treatment or prophylaxis of infections caused by susceptible organisms ii) Prophylactic, rheumatic fever	None	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
Phenylephrine HCl 2.5% Eye Drops	S01FB01-110-D20-01-XXX	Yes	No	B	For pupillary dilation in uveitis, for refraction without cyclopegic. For fundoscopy and other diagnostic procedures	None	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
Phenytoin Sodium 100mg Capsule	N03AB02-520-C10-02-XX	Yes	Yes	B	Control of tonic-clonic (grand mal) and psychomotor seizures	None	ADULT Initial: 300mg daily in 3 equally divided doses Maintenance: 300-400 daily in 3-4 equally divided doses Max. dose: 600mg daily CHILD Initial: 5mg/kg/day in 2-3 equally divided doses Maintenance: 4-8mg/kg/day Max. dose: 300mg daily Dosing is according to product insert.
Phenytoin Sodium 125mg/5ml Suspension	N03AB02-520-L80-01-XX	Yes	Yes	B	Control of tonic-clonic (grand mal) and psychomotor seizures	None	ADULT: Initial: 125mg 2-3 times daily. Max. dose: 625mg daily CHILD: Initial: 5mg/kg/day in 2-3 divided doses Maintenance: 4-8 mg/kg/day in equally divided doses Max. dose: 300mg daily Dosing is according to product insert.
Phenytoin Sodium 30mg Capsule	N03AB02-520-C10-01-XX	Yes	Yes	B	Control of tonic-clonic (grand mal) and psychomotor seizures	None	ADULT Initial: 300mg daily in 3 equally divided doses Maintenance: 300-400 daily in 3-4 equally divided doses Max. dose: 600mg daily CHILD Initial: 5mg/kg/day in 2-3 equally divided doses Maintenance: 4-8mg/kg/day Max. dose: 300mg daily Dosing is according to product insert.
Phenytoin Sodium 50mg/ml Injection	N03AB02-520-P30-01-XXX	Yes	Yes	B	i) Control of status epilepticus of the tonic-clonic (grand mal) type ii) Prevention and treatment of seizures occurring during or following neurosurgery.	None	i) ADULT Loading: 10-15mg/kg slow IV (max. 50mg per minute) Maintenance: 100mg orally or IV every 6-8 hours NEONATE & CHILD Loading: 15-20mg/kg IV slow IV (max. 1-3mg/kg/minute) ii) 100-200mg deep IM at approximately 4 hour intervals during surgery and continued postoperative. Dosing is individualised and according to product insert / protocol.
Pilocarpine 1% Eye Drops	S01EB01-110-D20-01-XXX	Yes	No	B	Miotics in chronic open-angle glaucoma	None	1 drop 1 - 4 times a day
Pilocarpine 2% Eye Drops	S01EB01-110-D20-02-XXX	Yes	No	B	Miotics in chronic open-angle glaucoma	None	1 drop 1 - 4 times a day
Pimecrolimus 1% cream	D11AH02-000-G10-01-XXX	No	No	A*	Short-term and intermittent long-term therapy of mild to moderate atopic dermatitis in non-immunocompromised patients aged 2 years and older, 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 intolerant of alternative, conventional therapies.	i) First line for periorbital eczema; ii) Second line for facial eczema.	Apply a thin layer of the cream to the affected skin twice daily.
Piperacillin 4g & Tazobactam 500mg Injection	J01CR05-961-P30-01-XXX	Yes	No	A*	Febrile neutropenia, lower respiratory tract infection and severe sepsis	None	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
Piperacillin Sodium 4g Injection	J01CA12-520-P40-02-XXX	No	No	A	Infections due to Pseudomonas aeruginosa	None	ADULT: 100 - 150 mg/kg IM/IV in divided doses. Increase to 200 - 300 mg/kg in severe infections & at least 16 g in life-threatening infections. Single dose over 2 g: IV route only. Maximum: 24 g/day. CHILD: 50-75 mg/kg/dose every 6 - 8 hourly
Piracetam 1 g Injection	N06BX03000P3001XX	No	Yes	A*	Treatment of cerebral functional impairment		30 - 160 mg/kg/day orally or parenterally 2 times daily or 3 to 4 times daily. Maximum: 24 g/day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Piracetam 1.2 g Tablet	N06BX03000T1001XX	No	Yes	A*	Mild cognitive impairment, post concussional head syndrome, head injury disorder, chronic vertigo and myoclonus		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
Piracetam 20% Solution	N06BX03000L5001XX	No	Yes	A*	Children with learning disability, progressive myoclonic epilepsy and hypoxia		30 - 160 mg/kg/day orally. To be given 2 times daily or 3 - 4 times daily. Maximum 24 g/day
Piribedil 50 mg Tablet	N04BC08000T5001XX	No	Yes	A*	Parkinson disease		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)
Piroxicam 10 mg Capsule	M01AC01-000-C10-01-XXX	No	No	A/KK	Musculoskeletal and joint disorders such as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, and juvenile rheumatoid arthritis, in soft-tissue disorders.	-	Max: 20 mg daily as a single dose, or in divided doses if necessary
Pizotifen 0.5 mg Tablet	N02CX01253T1001XX	No	No	B	Prophylactic treatment of vascular headache		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 and Non-Typeable Haemophilus Influenzae (NTHi) Protein D Conjugate Vaccine (10-valent, adsorbed)	J07AL01-000-P30-01-XXX	No	No	C+	Active immunisation of infants and children against disease caused by Streptococcus pneumoniae vaccine serotypes 1, 4, 5, 6B, 7F, 9V, 14, 18C, 19F, 23F and cross-reactive serotype 19A (including sepsis, meningitis, pneumonia, bacteraemia and acute otitis media) and against acute otitis media caused by Non-Typeable Haemophilus influenzae.	Immunisation for newborn cohort eligible for National Immunisation Programme (NIP)	2-dose primary series (2+1): A series consisting of 3 doses, each of 0.5 ml may be given. Dosing is according to Immunisation Schedule under NIP

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Pneumococcal polysaccharide conjugate vaccine (adsorbed) 13-valent injection	J07AL01-000-P30-02-XXX	Yes	No	A*, C+	1. Active immunisation 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 (including invasive disease, pneumonia and acute otitis media) in infants, children and adolescents from 2 months to 17 years of age: - PRESCRIBER CATEGORY C+: National Immunisation Programme (NIP) - PRESCRIBER CATEGORY A*: Immunisation other than NIP 2. Active immunisation 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 adults aged 18 years and older. - PRESCRIBER CATEGORY A*	INDICATION (1): i. Immunisation for newborn cohort eligible for National Immunisation Programme (NIP) (Prescriber Category: C+) ii. Paediatric population without history of vaccination or not eligible for NIP, who have associated risk in IPD with following conditions (Prescriber Category: A*): a) Infants/children from 2 months of age with one of the following conditions: • Functional or anatomical asplenia; • Cochlear implant; • Congenital immunodeficiency; • Haematopoietic and solid organ transplant; • Cerebrospinal fluid leakage b) High risk infants/children from 2 months old with one of the following conditions: • Immunosuppression (including asymptomatic HIV) • Nephrotic syndrome • Chronic lung or heart disease (adapted from Paediatric Protocols for Malaysia Hospital, 3rd Edition) • Chronic liver disease INDICATION (2) (Prescriber Category: A*): i. Adult population aged 18 years and above with associated risk in IPD with following conditions: a) Functional or anatomical asplenia; b) Cochlear implant; c) Congenital immune-deficiency; d) Haematopoietic and solid organ transplant. ii. Adult population aged 60 years and above with associated risk in IPD with following conditions: a) Chronic lung diseases, including chronic obstructive pulmonary disease (COPD), emphysema & asthma (requiring frequent hospital visit & use of multiple medications); b) Chronic liver disease including cirrhosis, biliary atresia, chronic hepatitis; c) Chronic cardiac disease, including congestive heart failure, congenital heart disease, and cardiomyopathies.	For indication 1(i): 2-dose primary series (2+1): A series consisting of 3 doses, each of 0.5 ml may be given. Dosing is according to Immunisation Schedule under NIP. For other indications: ADULT: 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. INFANT: Infants aged 2-6 months: i) Three-dose primary series: The recommended immunisation series consists of four doses, each of 0.5 mL. The primary infant series consists of three doses, with the first dose usually given at 2 months of age and with an interval of at least 1 month between doses. The first dose may be given as early as six weeks of age. The fourth (booster) dose is recommended between 12-15 months of age, or ii) Two-dose primary series: A series consisting of three doses, each of 0.5 mL may be considered. The first dose may be given from the age of 2 months, with a second dose 2 months later. The third (booster) dose is recommended between 11-15 months of age. Preterm infants (<37 weeks gestation): The recommended immunisation series consists of four doses, each of 0.5 mL. The primary infant series consists of three doses, with the first dose given at 2 months of age and with an interval of at least 1 month between doses. The first dose may be given as early as six weeks of age. The fourth (booster) dose is recommended between 11 and 15 months of age. Unvaccinated infants and children ≥ 7 months of age Infants aged 7-11 months: Two doses, each of 0.5 ml, with an interval of at least 1 month between doses. A third dose is recommended in the second year of life. CHILDREN: Children aged 12-23 months: Two doses, each of 0.5 ml, with an interval of at least 2 months between doses. Children and adolescents aged 2 years to 17 years: One single dose of 0.5 ml. Young Children (12-59 months) completely immunized with PCV (7 valent): One dose of 0.5 mL of Pneumococcal polysaccharide conjugate vaccine (adsorbed), 13-valent to elicit immune responses to the 6 additional serotypes. This dose of PCV 13 should be administered at least 8 weeks after the final dose of Prevenar (7 valent) Children 5-17 years: One single dose of 0.5 ml if they have been previously vaccinated with one or more doses of Pneumococcal polysaccharide conjugate vaccine (adsorbed). This dose should be administered at least 8 weeks after the final dose of PCV (7 valent)
Pneumococcal Vaccine (Polyvalent)	J07AL01-000-P30-03-XXX	Yes	No	A	Prevention of pneumococcal infections in high risk subjects from the age of 2 years including patient with a history of splenectomy or scheduled splenectomy	None	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
Poliomyelitis Oral Live Vaccine	J07BF02000D5001XX	Yes	No	C+	Immunisation against poliomyelitis		0.1ml (two drops) by oral. Dosing is according to local and WHO recommendations.
Polyethylene Glycol/Macrogol 4000 Powder	A06AD15-000-F21-01-XXX	No	No	A	Bowel cleansing prior to colonoscopy, radiological examination or colonic surgery. Suitable for patients with heart failure or renal failure	None	1 sachet dissolved in 1 L of water and to be consumed within 1 hour. Usual dose: 3-4 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.
Polymyxin B Sulphate 10,000U, Neomycin Sulphate 5mg and Hydrocortisone 10mg Ear Drops	S02CA03-991-D10-01-XXX	Yes	No	B	Treatment of bacterial infection and inflammation of the external auditory meatus	None	3-4 drops 3 – 4 times daily. Dosing is individualised and according to product insert/protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Polymyxin B Sulphate 500,000 units Injection	J01XB02-183-P40-01-001	Yes	No	A*	i. Acute infections caused by susceptible strains of Pseudomonas Aeruginosa. • Treatment of infections of the meninges and blood stream, caused by susceptible strains of Pseudomonas Aeruginosa. ii. Indicated in serious infections caused by susceptible strains of the following organisms, when less potentially toxic drugs are ineffective or contraindicated: • H. influenzae, specifically meningeal infections. • Aerobacter aerogenes, specifically bacteremia. • Klebsiella pneumoniae, specifically bacteremia.	• Use as targeted therapy. As 2nd line for empirical therapy. • To be prescribed by Infectious Disease, General Medicine & ICU specialist only	Loading dose: 25,000 units/kg/dose. (Maximum dose: 2,000,000 units / 2MU). Maintenance dose: 15,000 units/kg every 12 hours. (Maximum dose per day: 2,000,000 units / 2MU).
Ponatinib 15mg Film-coated Tablet	L01XE24-110-T32-02-XXX	No	Yes	A*	i) Adult patients suffering from Philadelphia-positive (Ph+) chronic myeloid leukemia (chronic phase, accelerated phase or blast phase) for whom a treatment with other c-abl tyrosine kinase inhibitors is not appropriate. ii) Adult patients suffering from T315I-positive Ph+ chronic myeloid leukemia (chronic phase, accelerated phase, or blast phase).	For indication (i): i) As third line treatment for Ph+ CML resistant or intolerant to at least 2 tyrosine kinase inhibitors with mutation other than T315I. ii) To be prescribed by Consultant Haematologist only. For indication (ii): To be prescribed by Consultant Haematologist only.	The recommended starting dose is 45 mg of ponatinib once daily. Refer to the package insert for guidance on dose modifications or interruptions for the management of treatment-related toxicities, drug-drug interactions as well as consideration for dose reduction upon achievement of major cytogenetic response
Posaconazole 100mg modified released (MR) tablet	J02AC04-000-T51-01-XXX	No	No	A*	Prophylaxis of invasive fungal infections in the following adult patients: i) Patient receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndrome (MDS) expected to result in prolonged neutropenia and who are at high risk of developing invasive fungal infections. ii) Haematopoietic stem cell transplant (HSCT) recipients who are undergoing high-dose immunosuppressive therapy for graft versus host disease and who are at high risk of developing invasive fungal infections.		Loading dose of 300 mg (three 100 mg tablets) twice a day on the first day, then 300 mg (three 100 mg tablets) once a day thereafter.
Potassium Chloride 0.15% w/v & Sodium Chloride 0.9% w/v Injection	A06AD10-921-L99-02-XXX	No	No	B	Prevention and treatment of potassium, sodium and chloride depletion	None	Dosage depends on the age, weight, clinical and biological (acid-base balance) conditions of the patient and concomitant therapy. Maximum recommended dose of potassium is 2 to 3 mmol/kg/24hr
Potassium Chloride 1 g/10 ml Injection	B05XA01-100-P30-01-XXX	Yes	No	B	For the correction of severe hypokalaemia and when sufficient potassium cannot be taken by mouth	None	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/10 ml Mixture	A12BA01-100-L21-01-XXX	Yes	No	C	Potassium depletion	None	1 g once or twice daily until serum potassium is restored
Potassium Chloride 600 mg SR Tablet	A12BA01-100-T50-01-XXX	Yes	No	B	For the treatment and specific prevention of hypokalaemia	None	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	A12BA02-955-L21-01-XXX	No	No	C	For systemic or urinary alkalinization	None	ADULT: 10-20 ml 3 times daily, 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	B05XA06-170-P30-01-XXX	No	No	A	For treatment of hypophosphataemia	None	Up to 10mmol phosphate administered over 12 hours
Povidone Iodine 10% (equivalent to 1% iodine) Solution	D08AG02000L9902XX	Yes	No	B	Skin operation prior to surgery, in cleansing open wounds, as an antiseptic for operative wounds infections		To be applied undiluted in pre-operative skin disinfection and general antisepsis.
Povidone Iodine 7.5% (equivalent to 0.75% iodine) Scrub	D08AG02000L9901XX	Yes	No	B	As preoperative scrub for hands and skin		Spread 5 ml over both hands and rub thoroughly for about 5 minutes. Rinse thoroughly. Repeat if desired. Pre-operative use on patient: Apply scrub and rub thoroughly for about 5 minutes. Rinse off using a sterile gauze saturated with water

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Pralidoxime 25mg/ml Injection	V03AB04-000-P30-02-XX	Yes	No	B	Antidote in the treatment of organophosphorus insecticide poisoning and in the control of overdosage by anticholinergic drugs used in the treatment of myasthenia gravis	None	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	N04BC05-110-T10-01-XXX	Yes	Yes	A*	i) Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa ii) Symptomatic treatment of idiopathic Restless Legs Syndrome.		i) 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 ii) Dosing is according to Product Insert
Pramipexole Dihydrochloride 0.375mg Extended Release Tablet	N04BC05110T5001XX	Yes	Yes	A	Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa		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
Pramipexole Dihydrochloride 1mg Tablet	N04BC05-110-T10-02-XXX	Yes	Yes	A*	i) Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa ii) Symptomatic treatment of idiopathic Restless Legs Syndrome.		i) 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 ii) Dosing is according to Product Insert
Pramipexole Dihydrochloride Extended Release 1.5mg Tablet	N04BC05110T5003XX	Yes	Yes	A	Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa		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
Prasugrel HCl 10 mg Tablet	B01AC22110T1002XX	No	Yes	A*	Co-administered with aspirin, is indicated to reduce the rate of thrombotic cardiovascular (CV) events (including stent thrombosis) in patients with acute coronary syndromes who are to be managed with percutaneous coronary intervention (PCI) as follows: STEMI with or without diabetes, UA and NSTEMI with diabetes, age <75yrs old, weight >60kg, without history of TIA stroke and clinically suspected clopidogrel resistance subset. (Only to be used in Cardiology Centre as third line treatment/ adjunctive therapy).		Initiate treatment with a single 60mg oral loading dose. Continue at 10mg/5mg once daily with or without food. Patients should also take aspirin (75 mg - 325 mg) daily.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Pravastatin Sodium 20 mg Tablet	C10AA03520T1001XX	Yes	Yes	A/KK	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.		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 Tablet	C02CA01110T1001XX	No	Yes	B	Hypertension		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
Prazosin HCl 2 mg Tablet	C02CA01110T1002XX	No	Yes	B	Hypertension		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
Prazosin HCl 5 mg Tablet	C02CA01110T1003XX	No	Yes	B	Hypertension		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 Capsule	A11AA03903C1001XX	Yes		C+	Vitamin and mineral supplement for use during pregnancy and lactation		1 capsule daily or based on individual requirements
Pre/Post Natal Vitamin & Mineral Tablet	A11AA03903T1001XX	Yes		C+	Vitamin and mineral supplement for use during pregnancy and lactation		1 tablet daily or based on individual requirements
Prednisolone 2.5mg/5 ml Syrup	H02AB06-000-L90-02-XX	Yes	No	B	i) Replacement therapy for primary and secondary adrenocortical insufficiency ii) Adrenogenital syndrome iii) Other therapy	None	i) 5 - 25 mg daily in divided doses ii) 10 - 20 mg/m2 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
Prednisolone 5mg Tablet	H02AB06-000-T10-01-XX	Yes	No	B	i) Replacement therapy for primary and secondary adrenocortical insufficiency ii) Adrenogenital syndrome iii) Other therapy	None	i) 5 - 25 mg daily in divided doses ii) 10 - 20 mg/m2 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
Prednisolone Acetate 1% ophthalmic suspension	S01BA04-122-D20-01-XXX	Yes	No	A	For steroid responsive inflammation of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe.	None	1 to 2 drops to be instilled into the conjunctival sac 2 to 4 times daily. During the initial 24 to 48 hours the dosage may be safely increased to 2 drops every hour. Care should be taken not to discontinue therapy prematurely.
Pregabalin 150 mg Capsules	N03AX16-000-C10-02-XXX	No	Yes	A*, A/KK	Kategori preskriber A*: i. Fibromyalgia ii. Epilepsy Kategori preskriber A/KK: iii. Neuropathic pain	Consultant/specialists for specific indications only, including Geriatricians Indication iii: In primary care setting, for patients who cannot tolerate gabapentin at high doses.	The dose range is 150 to 600 mg per day given in either two or three divided doses. Dosing is according to Product Insert
Pregabalin 50 mg capsule	N03AX16-000-C10-03-XXX	No	Yes	A*, A/KK	Kategori preskriber A*: i. Fibromyalgia ii. Epilepsy Kategori preskriber A/KK: iii. Neuropathic pain	Consultant/specialists for specific indications only, including Geriatricians Indication iii: In primary care setting, for patients who cannot tolerate gabapentin at high doses.	The dose range is 150 to 600 mg per day given in either two or three divided doses. Dosing is according to Product Insert
Pregabalin 75mg Capsule	N03AX16-000-C10-01-XXX	No	Yes	A*, A/KK	Kategori preskriber A*: i. Fibromyalgia ii. Epilepsy Kategori preskriber A/KK: iii. Neuropathic pain	Consultant/specialists for specific indications only, including Geriatricians Indication iii: In primary care setting, for patients who cannot tolerate gabapentin at high doses.	The dose range is 150 to 600 mg per day given in either two or three divided doses. Dosing is according to Product Insert
Primaquine 7.5mg base Tablet	P01BA03-162-T10-01-XXX	Yes	No	B	i) Treatment of malaria ii) Prophylaxis together with a schizonticide such as chloroquine	None	0.5mg/kg/day up to 30mg daily
Probenecid 500 mg Tablet	M04AB01000T1001XX	No	No	A	Hyperuricemia associated with gout and gouty arthritis (for cases allergic to allopurinol or serum uric acid not controlled by allopurinol alone)		500 mg to 1000 mg twice daily
Procaine Penicillin Fortified 4 MU Injection	J01CE09702P4002XX	Yes	No	B	Treatment of infections due to Penicillin G-sensitive organisms		ADULT: 300,000 - 900,000 units (300 - 900 mg) IM daily. CHILD: Up to 1 year: 150 mg IM daily. 1 - 5 years: 300 mg IM daily. 6 - 12 years: 600 mg IM daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Procarbazine HCl 50 mg Capsule	L01XB01110C1001XX	Yes	Yes	A	Lymphomas		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/m2 on days 1-14 of each 4- or 6-wk cycle. Child: Initially, 50 mg/m2 daily, up to 100 mg/m2 adjust according to response.
Prochlorperazine Maleate 5mg Tablet	N05AB04253T1002XX	No	No	B	i) Severe nausea and vomiting ii) Vertigo/labyrinthine disorders		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	N05AB04253P3001XX	No	No	B	i) Severe nausea and vomiting ii) Vertigo/labyrinthine disorders		Deep IM injection, 12.5 mg repeated if necessary after 6 hours and then followed by an oral dose. Not recommended in children
Procyclidine HCl 5 mg/ ml Injection	N04AA04110P3001XX	No	Yes	B	i) All forms of Parkinson's disease (idiopathic paralysis agitants), post-encephalitis and arteriosclerosis ii) To control troublesome extrapyramidal symptoms induced by neuroleptic drugs including pseudo-parkinsonism, acute dystonic reactions and akathisia		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.
Progesterone 100 mg capsule	G03DA04000-C10-01XX	No	No	A*	Oral: (i) Progesterone insufficiency (ii) Luteal insufficiency (iii)Menopause treatment associated with estrogen therapy, Prevent risk of endometrial hyperplasia Vaginal: (iv) Progesterone substitution for ovarian proved women during complete deficiency (v) Supplementation of the luteal phase during in vitro fertilization cycles (IVF) (vi)Supplementation of the luteal phase during spontaneous or induced cycles (vii)Threatened abortion or prevention of repeated abortions due to luteal insufficiency	-	Oral route: (i) Daily dose of 200 to 300mg in two divided doses (ii)Daily dose of 200 to 300mg for 10 days per month, usually from 17th to the 26th day of the cycle. (iii) 200mg daily for 12 to 14 days in a month, the two last weeks of each cycle. Vaginal route: (iv) Taken with estrogen therapy: 100 mg given on the 13th and the 14th day of the cycle of transfer, then 200mg in divided doses from the 15th to the 25th day of the cycle. From 26th day and in the case of the onset of pregnancy, the dose is increased by 100mg per day each week, and rises to a maximum of 600mg per day divided into 3 intakes. This dosage will be continued until the 60th day and until the 12th week of pregnancy and no further. (v) 400 mg to 600mg per day, prior to embryo transfer according to IVF protocol until the 12th week of pregnancy (vi) 200mg - 300mg/day, from the 17th day of the cycle for 10 days (vii)200 to 400mg daily in two divided doses
Progesterone 8% Vaginal Gel	G03DA04-000-G30-01-XXX	No	No	A*	Progesterone supplementation of the luteal phase	-	125g of 8% gel (90 mg progesterone) intravaginally daily from the day of embryo transfer until confirmation of pregnancy in which the therapy should be continued for a total treatment duration of 30 days
Prolase Tablet	M09AB00000T1001XX	No	No	B	Oedema and inflammation in conjunction with other physical or chemotherapeutic measures		2 tablet 4 times daily for the first day, then 1 tablet 4 times daily for at least 5 days.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Promethazine HCl 25 mg/ml Injection	R06AD02-110-P30-01-XXX	No	No	B	i) Allergic conditions ii) Treatment and prevention of vomiting including: - motion sickness - drug induced nausea - prevention and control of nausea and vomiting associated with certain types of anaesthesia and surgery	None	i) Allergic Conditions Adult and adolescent dose: 25mg intramuscular or intravenous. May be repeated within 2 hours if required. Children 2 years and older: intramuscularly-0.125mg/kg body weight every 4 to 6 hours OR 0,5mg/kg bodyweight at bedtime as needed OR 6.25-12.5mg three times a day as needed OR 25mg at bedtime as needed. ii. Treatment and prevention of vomiting: - Motion Sickness Adult and adolescent dose: 25mg twice a day as needed. Children: 0.5mg/kg every 12 hours as needed OR 10 - 25mg twice a day as needed. - Anti Emetic Therapy Adult and adolescent dose: 25mg initially and then 10 -25mg every 4 - 6 hours as needed. Children: 0.25-0.5mg/kg every 4 to 6 hours as needed OR 10 - 25mg every 4 to 6 hours as needed. Dosing is individualised and according to product insert/protocol
Promethazine HCl 5mg/5ml Syrup	R06AD02-110-L90-01-XXX	No	No	B	Allergic conditions	None	CHILD 2 - 5 years: 5 - 15 mg daily 5 - 10 years : 10 - 25 mg daily
Proparacaine HCl 0.5% Ophthalmic Drops	S01HA04-110-D20-01-XXX	Yes	No	B	Topical anaesthesia in ophthalmic procedures	None	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.
Propiverine HCl 15 mg Tablet	G04BD06110T1001XX	No	No	A*	Treatment of urinary incontinence, urgency and frequency in neurogenic detrusor overactivity (detrusor hyperreflexia) and in idiopathic detrusor overactivity (overactive bladder)		ADULT: 15 mg twice daily to 3 times daily, increase to 4 times daily if required. Max dose: 60 mg daily. CHILD more than 5 years: 0.2 to 0.4 mg/kg per day in 2 divided doses
Propofol 10mg/ml (1%) Injection	N01AX10-000-P99-01-XX	Yes	No	A*	Induction & maintenance of general anaesthesia. Sedation of ventilated ICU patients	-	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
Propofol 20mg/ml (2%) emulsion for injection of infusion	N01AX10-000-P99-02-XXX	Yes	No	A*	Induction & maintenance of general anaesthesia. Sedation of ventilated ICU patients	-	Adult: IV Induction and maintenance of general anesth Induction: 40 mg every 10 sec. Maintenance: 4-12 mg/kg/hr or intermittent boluses of 20-50 mg. Sedation In diagnostic and surgical procedures: Initial: 6-9 mg/kg/hr by infusion. Maintenance: 1.5-4.5 mg/kg/hr. For ventilated patients: 0.3-4 mg/kg/hr. Monitor lipid concentrations if duration of sedation >3 days.
Propranolol HCl 1 mg/ml Injection	C07AA05110P3001XX	Yes	Yes	A	Arrhythmias and thyrotoxicosis crisis		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 10 mg Tablet	C07AA05110T1001XX	Yes	Yes	B	i) Hypertension ii) Angina pectoris iii) Myocardial infarct iv) Cardiac arrhythmias v) Migraine prophylaxis vi) Hyperthyroidism vii) Hypertrophic obstructive cardiomyopathy		i) Initial: 40-80 mg twice daily Maintenance: 160-320 mg daily. Max. 640 mg daily ii) Initial: 40 mg 2-3 times daily Maintenance: 120-240 mg daily Max. 480mg daily iii) Initial (within 5-21 days of MI): 40 mg 4 times daily for 2-3 days Maintenance: 80 mg twice daily iv) 10-40 mg 3-4 times daily Max. 240 mg/day. v) Initial: 40 mg 2-3 times Maintenance: 80-160 mg daily Max. 240 mg/day. vi) 10-40 mg 3-4 times daily. Max. 240 mg/day. vii) 10-40 mg 3-4 times daily Dosing is individualised and according to product insert / protocol.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Propranolol HCl 40 mg Tablet	C07AA05110T1002XX	Yes	Yes	B	i) Hypertension ii) Angina pectoris iii) Myocardial infarct iv) Cardiac arrhythmias v) Migraine prophylaxis vi) Hyperthyroidism vii) Hypertrophic obstructive cardiomyopathy viii) Portal hypertension		i) Initial: 40-80 mg twice daily Maintenance: 160-320 mg daily. Max. 640 mg daily ii) Initial: 40 mg 2-3 times daily Maintenance: 120-240 mg daily Max. 480mg daily iii) Initial (within 5-21 days of MI): 40 mg 4 times daily for 2-3 days Maintenance: 80 mg twice daily iv) 10 - 40 mg 3 - 4 times daily. Max. 240 mg/day. v) Initial: 40 mg 2-3 times. Maintenance: 80-160 mg daily. Max. 240 mg/day. vi) 10-40 mg 3-4 times daily. Max. 240 mg/day. vii) 10-40 mg 3-4 times daily viii) Initial: 40 mg twice daily Maintenance: 40-80mg 3 times daily Max. 320mg daily Dosing is individualised and according to product insert / protocol.
Propylthiouracil 50 mg Tablet	H03BA02000T1001XX	Yes	No	B	Hyperthyroidism		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	V03AB14183P3001XX	Yes	No	B	Heparin overdose and following cardiac or arterial surgery or dialysis procedures when required to neutralize the effects of heparin administered during extracorporeal circulation		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	D03AX00000G4001XX	No	No	A	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		Apply 3 - 5 times daily
Protein Free Haemodialysate 20% Eye Gel	S01XA20-000-G30-01-XXX	No	No	A	Eyes disorders e.g. burns, scalds, ulcers, prevention and treatment of radiation dermatitis, traumatic and ischaemic wound	None	Instill 1 drop 3 - 4 times daily
Protein Free Haemodialysate 5% Ointment	D03AX00000G5001XX	No	No	A	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		Apply 3 - 5 times daily
Protein Free Haemodialysate Dental Adhesive Paste	D03AX00000G6001XX	No	No	A	Painful and inflammatory affliction on the oral mucosa, gums and lips, teething pain, denture pressure sores, oral and maxillofacial surgery and dressing after scaling		Apply to lesions 3 - 5 times daily
Pyrantel Pamoate 125mg Tablet	P02CC01-127-T10-01-XXX	Yes	No	C	Intestinal nematodes	None	ADULT and CHILD : 2 years and older - single dose 10mg/kg body weight once. Maximum 1 g
Pyrantel Pamoate 250mg Tablet	P02CC01-127-T10-02-XXX	Yes	No	C	Intestinal nematodes	None	ADULT and CHILD : 2 years and older - single dose 10mg/kg body weight once. Maximum 1 g
Pyrazinamide 500mg Tablet	J04AK01-000-T10-01-XXX	Yes	No	B	Tuberculosis	None	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	N07AA02320T1001XX	Yes	No	B	Myasthenia gravis		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 10mg Tablet	A11HA02-110-T10-01-XXX	Yes	No	C+	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	None	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 Injection	A11HA02-110-P30-01-XXX	No	No	B	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	None	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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Quetiapine Fumarate 100mg Immediate Release Tablet	N05AH04-138-T10-02-XXX	No	Yes	A*	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	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	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 200mg Extended Release Tablet	N05AH04-138-T50-02-XXX	No	Yes	A*	i)Schizophrenia ii) Moderate to severe manic episodes in bipolar disorder iii) Major depressive episodes in bipolar disorder	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	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.
Quetiapine Fumarate 200mg Immediate Release Tablet	N05AH04-138-T10-04-XXX	No	Yes	A*	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	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	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 300mg Extended Release Tablet	N05AH04-138-T50-03-XXX	No	Yes	A*	i) Schizophrenia ii) Moderate to severe manic episodes in bipolar disorder iii) Major depressive episodes in bipolar disorder	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	i) & ii) 300 mg once daily on Day 1 and 600 mg on Day 2. Maintenance dose: 400-800 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
Quetiapine Fumarate 400mg Extended Release Tablet	N05AH04-138-T50-04-XXX	No	Yes	A*	i) Schizophrenia ii) Moderate to severe manic episodes in bipolar disorder iii) Major depressive episodes in bipolar disorder	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	i) & ii) 300 mg once daily on Day 1 and 600 mg on Day 2. Maintenance dose: 400-800 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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Quetiapine Fumarate 50mg Extended Release Tablet	N05AH04-138-T50-01-XXX	No	Yes	A*	i)Schizophrenia ii)Moderate to severe manic episodes in bipolar disorder iii)Major depressive episodes in bipolar disorder	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	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 Dihydrochloride 600mg/2ml Injection	P01BC01-110-P30-01-XXX	Yes	No	B	Severe and complicated malaria	None	By slow intravenous infusion (over 4 hours). ADULT : 20 mg/kg followed by 10 mg/kg every 8 hours. CHILD : 20 mg/kg followed by 10 mg/kg every 12 hours, initial dose should be half in patients who have received quinine, quinidine or mefloquine during the previous 12 or 24 hours
Quinine Sulphate 300mg Tablet	P01BC01-183-T10-01-XXX	Yes	No	B	Severe and complicated malaria	None	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 divided doses
Rabies Vaccine Injection	J07BG01000P4001XX	Yes	No	B	Pre-exposure and post-exposure vaccination against rabies.		1ml by IM. Dosing is according to product insert based on patient's needs (pre and post exposure).
Raloxifene HCl 60mg Tablet	G03XC01-110-T10-01-XXX	No		A*	i. Treatment and prevention of osteoporosis in postmenopausal women. ii. Risk reduction of invasive breast cancer in postmenopausal women with osteoporosis.	-	1 tablet daily
Raltegravir 400 mg tablet	J05AX08500T1001XX	No		A*	Raltgeravir 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.		400mg administered orally, twice daily with or without food, to be given combination with other antiretroviral agent.
Ramipril 2.5 mg Tablet	C09AA05000T1001XX	Yes	Yes	A	i) Hypertension ii) Congestive heart failure iii) Reducing the risk of myocardial infarction, stroke, cardiovascular death or revascularisation procedures in high-riskpatients iv) Prevention of progressive renal impairment in patients with persistent proteinuria		i) Initial: 2.5mg once daily Maintenance: 2.5-5mg once daily Max. 10mg daily in 1-2 divided doses ii) Initial: 1.25mg once daily Maintenance: 10mg in 2 divided doses iii) Initial: 2.5mg twice daily Maintenance: 5mg twice daily Max: 10mg daily iv) Initial: 1.25mg once daily Maintenance: 5mg once daily Dosing is individualised and according to product insert / protocol.
Ramipril 5 mg Tablet	C09AA05000T1002XX	Yes	Yes	A	i) Hypertension ii) Congestive heart failure iii) Reducing the risk of myocardial infarction, stroke, cardiovascular death or revascularisation procedures inhigh-riskpatients iv) Prevention of progressive renal impairment in patients with persistent proteinuria		i) Initial: 2.5mg once daily Maintenance: 2.5-5mg once daily Max. 10mg daily in 1-2 divided doses ii) Initial: 1.25mg once daily Maintenance: 10mg in 2 divided doses iii) Initial: 2.5mg twice daily Maintenance: 5mg twice daily Max: 10mg daily iv) Initial: 1.25mg once daily Maintenance: 5mg once daily Dosing is individualised and according to product insert / protocol.
Ranibizumab 10mg/ml Intravitreal Injection	S01LA04-000-P30-01-XXX	Yes	No	A*	i) Treatment of Neovascular (wet) Age-Related Macular Degeneration (ARMD). ii) Treatment of visual impairment due to diabetic macular edema (DME). iii) Treatment of visual impairment due to macular edema secondary to retinal vein occlusion (RVO). iv) Treatment of visual impairment due to choroidal neovascularization (CNV) secondary to pathologic myopia (PM).	Indication ii) and iii) approved to be used by ophthalmologist specialist only	0.5 mg (0.05ml) as a single intravitreal Injection.Interval between 2 doses should not be shorter than 1 month, then monitor for visual acuity monthly. Treatment is given monthly & continued until max visual acuity is achieved, confirmed by stable visual acuity for 3 consecutive monthly assessments.
Ranitidine 150 mg Tablet	A02BA02110T1001XX	Yes		B	i) Benign gastric and duodenal ulcer ii) Reflux oesophagitis iii) Non-ulcer dyspepsia iv) Zollinger-Ellison Syndrome		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	A02BA02110L9001XX	No		B	Peptic ulcer disease		CHILD 2-4 mg/kg 2 times daily. Maximum 300 mg daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ranitidine 25 mg/ml Injection	A02BA02110P3001XX	No		B	i) Benign gastric/ duodenal ulceration, reflux oesophagitis, Zollinger Ellison Syndrome ii) Stress ulcer prophylaxis in post-operative and high risk patients		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
Ranitidine 300 mg Tablet	A02BA02110T1002XX	Yes		B	i) Benign gastric and duodenal ulcer ii) Reflux oesophagitis iii) Non-ulcer dyspepsia iv) Zollinger-Ellison Syndrome		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
Ravidasvir 200mg tablet	J05AP00-110-T10-01-XXX	Yes	No	A/KK	To be used in combination with other medicinal products for the treatment of chronic hepatitis C virus (HCV) infection in adults	In non-cirrhotic patients or compensated cirrhosis patients who are treatment naïve to NS5A inhibitor	200 mg once daily, to be taken orally with or without food. Patients without cirrhosis: Ravidasvir plus sofosbuvir for 12 weeks. Patients with compensated cirrhosis: Ravidasvir plus sofosbuvir for 24 weeks
Recombinant Factor IX (rFIX) 1000 IU injection	B02BD09-000-P40-03-XXX	No		A*	Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency)	-	Number of factor IX units required = body weight (kg) x desired factor IX increase (% or units/dL) x reciprocal of observed recovery (units/kg per units/dL). Average dose for secondary prophylaxis for previously treated adult patients (PTP) was 40 units/kg (range 13 to 78 units/kg) at intervals of 3 to 4 days Dosing is individualised and according to product insert/protocol.
Recombinant Factor IX (rFIX) 2000 IU injection	B02BD09-000-P40-04-XXX	No		A*	Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency)	-	Number of factor IX units required = body weight (kg) x desired factor IX increase (% or units/dL) x reciprocal of observed recovery (units/kg per units/dL). Average dose for secondary prophylaxis for previously treated adult patients (PTP) was 40 units/kg (range 13 to 78 units/kg) at intervals of 3 to 4 days Dosing is individualised and according to product insert/protocol.
Recombinant Factor IX (rFIX) 250 IU injection	B02BD09-000-P40-01-XXX	No		A*	Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency)	-	Number of factor IX units required = body weight (kg) x desired factor IX increase (% or units/dL) x reciprocal of observed recovery (units/kg per units/dL). Average dose for secondary prophylaxis for previously treated adult patients (PTP) was 40 units/kg (range 13 to 78 units/kg) at intervals of 3 to 4 days Dosing is individualised and according to product insert/protocol.
Recombinant Factor IX (rFIX) 500 IU injection	B02BD09-000-P40-02-XXX	No		A*	Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency)	-	Number of factor IX units required = body weight (kg) x desired factor IX increase (% or units/dL) x reciprocal of observed recovery (units/kg per units/dL). Average dose for secondary prophylaxis for previously treated adult patients (PTP) was 40 units/kg (range 13 to 78 units/kg) at intervals of 3 to 4 days Dosing is individualised and according to product insert/protocol.
Recombinant factor VIII 1000 IU Injection	B02BD02-000-P40-03-XXX	No	No	A*	i) Control and prevention of bleeding episodes in adults and children (0-16 years) with hemophilia A ii) Surgical prophylaxis in adults and children with hemophilia A iii) Routine prophylactic treatment to reduce the frequency of bleeding episodes and the risk of joint damage in children with no pre-existing joint damage. Not indicated fot the treatment of von willebrand's disease	None	The dosage and duration of treatment should be individualised and taking into account the severity of factor VIII deficiency, location and extent of bleeding and patient's clinical condition. Dose can be calculated by using: - Required dose (IU) = body weight (kg) x desired factor VIII rise (IU/dl or % of normal) x 0.5 (IU/kg) or - Expected factor VIII rise (% of normal) = 2 x (dose administered)/ bodyweight (kg) Dose administered should be titrated to patient's clinical response

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Recombinant factor VIII 250 IU Injection	B02BD02000P4001XX	No	No	A*	i) Control and prevention of bleeding episodes in adults and children (0-16 years) with hemophilia A. ii) Surgical prophylaxis in adults and children with hemophilia A iii) Routine prophylactic treatment to reduce the frequency of bleeding episodes and the risk of joint damage in children with no pre-existing joint damage. Not indicated fot the treatment of von willebrand's disease.		The dosage and duration of treatment should be individualised and taking into account the severity of factor VIII deficiency, location and extent of bleeding and patient's clinical condition. Dose can be calculated by using: - Required dose (IU) = body weight (kg) x desired factor VIII rise (IU/dl or % of normal) x 0.5 (IU/kg) or - Expected factor VIII rise (% of normal) = 2 x (dose administered)/ bodyweight (kg) Dose administered should be titrated to patient's clinical response
Recombinant Factor VIII 500 IU Injection	B02BD02000P4002XX	No	No	A*	i) Control and prevention of bleeding episodes in adults and children (0-16 years) with hemophilia A ii) Surgical prophylaxis in adults and children with hemophilia A iii) Routine prophylactic treatment to reduce the frequency of bleeding episodes and the risk of joint damage in children with no pre-existing joint damage. Not indicated for the treatment of von willebrand's disease.		The dosage and duration of treatment should be individualised and taking into account the severity of factor VIII deficiency, location and extent of bleeding and patient's clinical condition. Dose can be calculated by using: - Required dose (IU) = body weight (kg) x desired factor VIII rise (IU/dl or % of normal) x 0.5 (IU/kg) or - Expected factor VIII rise (% of normal) = 2 x (dose administered)/ bodyweight (kg) Dose administered should be titrated to patient's clinical response.
Remifentanil 5 mg Injection	N01AH06110P4001XX	No		A*	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.		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.
Ribavirin 200mg Capsule	J05AB04-000-C10-01-XXX	Yes	No	A*	For the treatment of chronic hepatitis C	None	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.
Ribociclib 200mg tablet	L01XE42-105-T32-01-XXX	Yes	Yes	A*	In combination with: - an aromatase inhibitor for the treatment of postmenopausal women, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer, as initial endocrine-based therapy.		600 mg daily for 21 consecutive days followed by 7 days off treatment. Can be taken with or without food. For dose modification, refer package insert.
Riboflavine 3 mg Tablet	A11HA04-000-T10-01-XXX	No		C	Treatment of riboflavine deficiency states	-	ADULT: Treatment dose: Up to 30 mg daily in divided doses. Maintenance dose: 1 to 3 mg daily in divided doses CHILD: 3-10 mg/day in divided doses.
Rifampicin 100 mg/5 ml Syrup	J04AB02-000-L90-01-XXX	Yes	No	A	Tuberculosis and leprosy	None	CHILD: 20 mg/kg body weight daily in 1 - 2 doses. Up to 1 year: 10 mg/kg body weight in a single daily dose
Rifampicin 150 mg, Isoniazid 75 mg, Pyrazinamide 400 mg & Ethambutol HCl 275 mg Tablet	J04AM06-000-T10-01-XXX	Yes	No	B	Treatment of both pulmonary and extrapulmonary tuberculosis, in the intensive treatment phase	None	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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Rifampicin 150mg & Isoniazid 75mg tablet	J04AM02-000-T10-01-XXX	Yes	No	B	For pulmonary tuberculosis in which organisms are susceptible in continuation phase treatment for 4 months	None	30-37kg: 2 tablets once daily, 38-54kg: 3 tablets once daily, 55-70kg: 4 tablets once daily, Above 70kg: 5 tabs once daily
Rifampicin 150mg Capsule	J04AB02-000-C10-01-XXX	Yes	No	B	i) Tuberculosis ii) Leprosy iii) Prophylaxis for meningococcal meningitis iv)Staphylococcus biofilm related prosthetic joint infection or any biofilm sensitive to rifampicin in combination therapy with another antibiotic	None	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) ADULT: 600 mg/day CHILD: 10mg/kg iii) ADULT: 600 mg twice daily for 2 days CHILD: 10mg/kg twice daily for 2 days INFANT: 5mg/kg twice daily for 2 days iv) ADULT: 600mg OD CHILD: 10-20mg/kg/day in 1-2 divided doses Dosing is individualised and according to product insert/protocol.
Rifampicin 300mg Capsule	J04AB02-000-C10-02-XXX	Yes	No	B	i) Tuberculosis ii) Leprosy iii) Prophylaxis for meningococcal meningitis iv)Staphylococcus biofilm related prosthetic joint infection or any biofilm sensitive to rifampicin in combination therapy with another antibiotic	None	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) ADULT: 600 mg/day CHILD: 10mg/kg iii) ADULT: 600 mg twice daily for 2 days CHILD: 10mg/kg twice daily for 2 days INFANT: 5mg/kg twice daily for 2 days iv) ADULT: 600mg OD CHILD: 10-20mg/kg/day in 1-2 divided doses Dosing is individualised and according to product insert/protocol.
Rifampicin, Dapsone & Clofazimine	J04AM02-961-T99-01-XXX	No	No	B	For the treatment of leprosy and tuberculosis	None	Rifampicin: 600 mg once monthly, Dapsone: 100 mg daily, Clofazimine: 300 mg once monthly and 50 mg daily (or 100 mg on alternate days)
Ringers Solution (contained sodium chloride, potassium chloride and calcium chloride)	B05XA30-905-P60-01-XXX	No	No	B	As a source of electrolytes and water for hydration/replenishing of chloride	None	According to the needs of the patient
Risankizumab 150mg Solution for Injection	L04AC18-000-P50-02-XXX	No	No	A*	Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy with major involvement of special site (face, scalp, genitals, palmoplantar)	- As third-line therapy (after failing/intolerant/contraindicated to standard systemic drugs and/or phototherapy and/or IL-17 inhibitors) - To be prescribed by Dermatologists only	150 mg administered by subcutaneous injection at week 0, week 4, and every 12 weeks thereafter. Consideration should be given to discontinuing treatment in patients who have shown no response after 16 weeks of treatment.
Risperidone 1 mg Tablet	N05AX08000T1001XX	Yes		B	i) Schizophrenia, including first episode psychosis, acute schizophrenic exacerbations, chronic schizophrenia and other psychotic conditions ii) Short-term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder in children from the age of 5 years and adolescents with subaverage intellectual functioning or mental retardation.		i) ADULT: Initial dose: 2 mg/day. Maintenance dose: 4 to 6 mg. Max: 16mg/day CHILD: Not recommended ELDERLY: Initial dose: 0.5 mg twice daily. Maintenance: 1 to 2 mg twice daily. ii) CHILD & ADOLESCENTS, 5-18 years ≥ 50 kg: Initial - 0.5 mg once daily Optimum dose: 1mg once daily < 50 kg: Initial - 0.25 mg once daily Optimum dose: 0.5mg once daily Dosing should be individualized according to product insert.
Risperidone 1 mg/ml Oral Solution	N05AX08000L5001XX	Yes		A	i) Schizophrenia, including first episode psychosis, acute schizophrenic exacerbations, chronic schizophrenia and other psychotic conditions ii) Short-term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder in children from the age of 5 years and adolescents with subaverage intellectual functioning or mental retardation.		i) ADULT: Initial dose: 2 mg/day. Maintenance dose: 4 to 6 mg. Max: 16mg/day CHILD: Not recommended ELDERLY: Initial dose: 0.5 mg twice daily. Maintenance: 1 to 2 mg twice daily. ii) CHILD & ADOLESCENTS, 5-18 years ≥ 50 kg: Initial - 0.5 mg once daily Optimum dose: 1mg once daily < 50 kg: Initial - 0.25 mg once daily Optimum dose: 0.5mg once daily Dosing should be individualized according to product insert.
Risperidone 2 mg Tablet	N05AX08000T1002XX	Yes		B	Schizophrenia		ADULT: Initial dose: 2 mg/day. Maintenance dose: 4 to 6 mg. Max: 16mg/day CHILD: Not recommended ELDERLY: Initial dose: 0.5 mg twice daily. Maintenance: 1 to 2 mg twice daily. Dosing should be individualized according to product insert.
Risperidone 25 mg Injection (Long Acting)	N05AX08000P3001XX	No		A*	Treatment of acute and chronic schizophrenic psychosis and other psychotic conditions, in which positive and negative symptoms are prominent. It also alleviates affective symptoms associated with schizophrenia		25 mg IM every 2 weeks. Dose increments (if required) to 37.5 mg or 50 mg can be considered after a minimum of 4 weeks on each dosage

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Risperidone 37.5 mg Injection (Long Acting)	N05AX08000P3002XX	No		A*	Treatment of acute and chronic schizophrenic psychosis and other psychotic conditions, in which positive and negative symptoms are prominent. It also alleviates affective symptoms associated with schizophrenia		25 mg IM every 2 weeks. Dose increments (if required) to 37.5 mg or 50 mg can be considered after a minimum of 4 weeks on each dosage
Risperidone 50 mg Injection (Long Acting)	N05AX08000P3003XX	No		A*	Treatment of acute and chronic schizophrenic psychosis and other psychotic conditions, in which positive and negative symptoms are prominent. It also alleviates affective symptoms associated with schizophrenia		25 mg IM every 2 weeks. Dose increments (if required) to 37.5 mg or 50 mg can be considered after a minimum of 4 weeks on each dosage
Ritonavir 100mg Capsule	J05AE03-000-C10-01-XXX	Yes	No	A*	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	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.
Ritonavir 80mg/ml Solution	J05AE03-000-L99-01-XXX	Yes	No	A*	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	ADULT: 400 - 600 mg twice daily. CHILD: >1 month, initiate at dise of 25mg/m2 twice daily, titrate dose upward every 2-3 days by 50mg/m2 twice daily (maximum dose 600mg twice daily)
Rituximab 10mg/ml Injection	L01XC02000P3001XX	Yes	Yes	A*	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		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.
Rituximab 1400mg/11.7ml solution for subcutaneous injection	L01XC02-000-P30-04-XXX	Yes	Yes	A*	i) Treatment of patients with relapsed or chemo-resistant low grade or follicular B-cell Non-Hodgkin's lymphoma; ii) Adjunctive therapy with combination chemo-agents for aggressive Non-Hodgkin Lymphoma; iii) Maintenance in relapsed/ refractory follicular lymphoma after response to induction therapy.		i) As monotherapy, first cycle with rituximab (IV formulation) 375mg/m2 administered as an intravenous infusion, followed by subsequent cycles with rituximab SC at a fixed dose of 1400mg per cycle, once weekly. In total: 4 weeks. ii) Combination with CHOP (cyclophosphamide, doxorubicin, prednisone and vincristine): first dose with rituximab (IV formulation) 375 mg/m2 administered as an intravenous infusion followed by subsequent cycles with rituximab SC injected at a fixed dose of 1400mg per cycle. In total: for up to 8 cycles. Rituximab should be administered on day 1 of each chemotherapy cycle after IV administration of the glucocorticoid component of CHOP. iii) 1400mg SC once every 3 months until disease progression or for a maximum period of two years. Note: • Premedication consisting of an anti-pyretic, antihistamine (e.g. paracetamol and diphenhydramine) and glucocorticoids, before each administration of rituximab. • All patients must always receive their first dose of rituximab by intravenous administration (using intravenous formulation) at a dose of 375mg/m2 body surface area. The subcutaneous formulation of 1400mg should only be given at the second or subsequent cycles. • Patients who were not able to receive the full rituximab intravenous infusion dose should continue to receive subsequent cycles with rituximab IV doses. • Subcutaneous formulation is not intended for intravenous administration and should be given via subcutaneous injection only. The 1400 mg strength is intended for subcutaneous use in non-Hodgkin lymphoma (NHL) only.
Rivaroxaban 10 mg Tablet	B01AX06000T1001XX	Yes	Yes	A*	Prevention of venous thromboembolism in patients undergoing elective hip or knee replacement surgery		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Rivaroxaban 15 mg Tablet	B01AX06000T1002XX	Yes	Yes	A*	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 ≥ 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.		i) 20mg once daily or 15mg once daily (CrCl 15 – 49 ml/min) ii) & (iii) 15mg BD for 21 days, followed by 20mg OD
Rivaroxaban 20 mg Tablet	B01AX06000T1003XX	Yes	Yes	A*	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 ≥ 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.		i) 20mg once daily or 15mg once daily (CrCl 15 – 49 ml/min) ii) & (iii) 15mg BD for 21 days, followed by 20mg OD
Rivastigmine 1.5mg Capsule	N06DA03123C1001XX	No		A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	For psychiatrists and neurologists only.	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 13.3mg/24hr Transdermal Patch	N03DA03123M7003XX	Yes	Yes	A*	i) Mild to moderately severe dementia of the Alzheimer's type ii) Severe dementia of the Alzheimer's type iii) Mild to moderately severe dementia associated with Parkinson's disease	Use as second line/alternative option if the first line medication with oral tablet failed or patients are not able to tolerate the oral medication.	Initial: 4.6mg/24hr once daily Maintenance: 9.5mg/24hr once daily after a minimum of 4 weeks and then 13.3mg/24hr if tolerated Dosing is individualised and according to product insert.
Rivastigmine 2 mg/ml Oral Solution	N06DA03123L9901XX	No		A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	For psychiatrists and neurologists only.	Initial dose 1.5 mg 2 times daily. May be increased after a minimum of 2 weeks of treatment to 3 mg 2 times daily. Subsequently to 4.5 mg 2 times daily, up to maximum of 6 mg 2 times daily. If treatment is interrupted for several days, should be reinitiated at the lowest daily dose
Rivastigmine 3mg Capsule	N06DA03123C1002XX	No		A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	For psychiatrists and neurologists only.	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 4.5 mg Capsule	N06DA03123C1003XX	No		A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	For psychiatrists and neurologists only.	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	N06DA03123M7001XX	Yes	Yes	A*	i) Mild to moderately severe dementia of the Alzheimer's type ii) Severe dementia of the Alzheimer's type iii) Mild to moderately severe dementia associated with Parkinson's disease	Use as second line/alternative option if the first line medication with oral tablet failed or patients are not able to tolerate the oral medication	Initial: 4.6mg/24hr once daily Maintenance: 9.5mg/24hr once daily after a minimum of 4 weeks and then 13.3mg/24hr if tolerated Dosing is individualised and according to product insert.
Rivastigmine 6 mg Capsule	N06DA03123C1004XX	No		A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	For psychiatrists and neurologists only.	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 9.5 mg/24hr Transdermal Patch	N06DA03123M7002XX	Yes	Yes	A*	i) Mild to moderately severe dementia of the Alzheimer's type ii) Severe dementia of the Alzheimer's type iii) Mild to moderately severe dementia associated with Parkinson's disease	Use as second line/alternative option if the first line medication with oral tablet failed or patients are not able to tolerate the oral medication	Initial: 4.6mg/24hr once daily Maintenance: 9.5mg/24hr once daily after a minimum of 4 weeks and then 13.3mg/24hr if tolerated Dosing is individualised and according to product insert.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Rocuronium Bromide 10mg/ml Injection	M03AC09-320-P30-01-XXX	Yes	No	A*	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 one month of age.	None	Adult: Initial: 0.6mg/kg. Higher doses of 1 mg/kg may be used for intubation during rapid sequence induction of anaesthesia. Maintenance: 0.15mg/kg (may reduce to 0.075-0.1 mg/kg if inhalational anaesthesia is used) or by infusion at a rate of 0.3-0.6mg/kg/hr (0.3-0.4mg/kg/hr if inhalational anaesthesia is used). Doses should be based on ideal body weight for obese patients weighing >30% above the ideal body weight. Child: Infants and children >1 mth: Initially: 0.6mg/kg. Maintenance: 0.15mg/kg or by infusion at a rate of 0.3-0.6mg/kg/hr, maintenance doses may be required more frequently than in adult patients. Elderly/patients with hepatic and/or biliary tract disease and/or renal impairment: Initially: 0.6mg/kg. Maintenance: 0.075-0.1 mg/kg or by infusion at a rate of 0.3-0.4mg/kg/hr.
Ropinirole HCl 2 mg Extended Release Tablet	N04BC04110T5003XX	Yes	Yes	A*	Treatment of idiopathic Parkinson?s disease. It may be used as monotherapy or in combination with levodopa		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-realease 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 4 mg Extended Release Tablet	N04BC04110T5004XX	Yes	Yes	A*	Treatment of idiopathic Parkinson?s disease. It may be used as monotherapy or in combination with levodopa		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-realease 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 Tablet	N04BCO4-110-T10-01-XXX	Yes	Yes	A*	i) Treatment of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa ii) Treatment of restless leg syndrome		i) 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 ii) Initial: 0.25mg ON for 2 days then increased if tolerated to 0.5mg ON. Further dose increment of 0.5mg/week can be made until optimal response is achieved
Ropinirole HCl 1 mg Tablet	N04BCO4-110-T10-02-XXX	Yes	Yes	A*	i) Treatment of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa ii) Treatment of restless leg syndrome		i) 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 ii) Initial: 0.25mg ON for 2 days then increased if tolerated to 0.5mg ON. Further dose increment of 0.5mg/week can be made until optimal response is achieved
Ropivacaine HCl 2 mg/ml Injection	N01BB09110P3001XX	No		A*	i) Surgical anaesthaesia including obstetrics ii) Acute pain management		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Ropivacaine HCl 7.5 mg/ml Injection	N01BB09110P3002XX	No		A*	i) Surgical anaesthaesia including obstetrics ii) Acute pain management		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 Tablet	C10AA07390T1002XX	No	Yes	A/KK	Dyslipidaemia not responsive to atorvastatin 40mg or equivalent doses of other statins		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
Rosuvastatin 20mg Tablet	C10AA07390T1003XX	No	Yes	A/KK	Dyslipidaemia not responsive to atorvastatin 40 mg or equivalent doses of other statins		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
Ruxolitinib 15mg tablet	L01XE18162T1002XX	Yes	Yes	A*	For the treatment of disease-related splenomegaly or symptoms in adult patients with: i) primary myelofibrosis (also known as chronic idiopathic myelofibrosis); or ii) post-polycythemia vera myelofibrosis; or iii) post-essential thrombocythemia myelofibrosis.	None	The recommended starting dose: i) Platelet count between 100,000/mm³ and 200,000/mm³: 15 mg twice daily for patients ii) Platelet count of >200,000/mm³: 20 mg twice daily for patients iii) Platelet counts between 50,000/mm³ and <100,000/mm³: Limited information to recommend a starting dose for patients. The maximum recommended starting dose in these patients is 5 mg twice daily and the patients should be titrated cautiously.
Ruxolitinib 20mg tablet	L01XE18-162-T10-03-XXX	Yes	Yes	A*	For the treatment of disease-related splenomegaly or symptoms in adult patients with: i) primary myelofibrosis (also known as chronic idiopathic myelofibrosis); or ii) post-polycythemia vera myelofibrosis; or iii) post-essential thrombocythemia myelofibrosis.	None	The recommended starting dose: i) Platelet count between 100,000/mm³ and 200,000/mm³: 15 mg twice daily for patients ii) Platelet count of >200,000/mm³: 20 mg twice daily for patients iii) Platelet counts between 50,000/mm³ and <100,000/mm³: Limited information to recommend a starting dose for patients. The maximum recommended starting dose in these patients is 5 mg twice daily and the patients should be titrated cautiously.
Ruxolitinib 5mg tablet	L01XE18-162-T10-01-XXX	Yes	Yes	A*	For the treatment of disease-related splenomegaly or symptoms in adult patients with: i) primary myelofibrosis (also known as chronic idiopathic myelofibrosis); or ii) post-polycythemia vera myelofibrosis; or ii) post-essential thrombocythemia myelofibrosis.	None	The recommended starting dose: i) Platelet count between 100,000/mm³ and 200,000/mm³: 15 mg twice daily for patients ii) Platelet count of >200,000/mm³: 20 mg twice daily for patients iii) Platelet counts between 50,000/mm³ and <100,000/mm³: Limited information to recommend a starting dose for patients. The maximum recommended starting dose in these patients is 5 mg twice daily and the patients should be titrated cautiously.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sacubitril/ Valsartan 100 mg tablet	C09DX04-000-T32-02-XXX	Yes	Yes	A*	To reduce the risk of cardiovascular death and hospitalization for heart failure in adult patients with chronic heart failure.	i. For heart failure patients with reduced ejection fraction ii. NYHA class II-IV iii. Second line for patients intolerant of or not responding to ACEi or ARB.	The recommended starting dose of sacubitril/valsartan is one tablet of 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. For the following patients, initiate with sacubitril/valsartan 50 mg twice daily. - Not currently on ACEI/ ARB - Switching from low dose of ACEI/ ARB - In patients with systolic BP ≥100 to 110 mmHg. - In patients with moderate renal impairment (eGFR 30-60 ml/min/1.73 m2) - In patients with moderate hepatic impairment (Child-Pugh B classification) For patients "Not currently on ACEI/ ARB" and "switching from low dose of ACEI/ ARB", double the dose every 3-4 weeks to achieve the target dose of 200 mg twice daily as tolerated by the patient.
Sacubitril/ Valsartan 50 mg tablet	C09DX04-000-T32-01-XXX	Yes	Yes	A*	To reduce the risk of cardiovascular death and hospitalization for heart failure in adult patients with chronic heart failure.	i. For heart failure patients with reduced ejection fraction ii. NYHA class II-IV iii. Second line for patients intolerant of or not responding to ACEi or ARB.	The recommended starting dose of sacubitril/valsartan is one tablet of 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. For the following patients, initiate with sacubitril/valsartan 50 mg twice daily. - Not currently on ACEI/ ARB - Switching from low dose of ACEI/ ARB - In patients with systolic BP ≥100 to 110 mmHg. - In patients with moderate renal impairment (eGFR 30-60 ml/min/1.73 m2) - In patients with moderate hepatic impairment (Child-Pugh B classification) For patients "Not currently on ACEI/ ARB" and "switching from low dose of ACEI/ ARB", double the dose every 3-4 weeks to achieve the target dose of 200 mg twice daily as tolerated by the patient.
Sacubitril/Valsartan 200 mg tablet	C09DX04-000-T32-03-XXX	Yes	Yes	A*	To reduce the risk of cardiovascular death and hospitalization for heart failure in adult patients with chronic heart failure.	i. For heart failure patients with reduced ejection fraction ii. NYHA class II-IV iii. Second line for patients intolerant of or not responding to ACEi or ARB.	The recommended starting dose is one tablet of 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. For the following patients, initiate with sacubitril/valsartan 50 mg twice daily. - Not currently on ACEI/ ARB - Switching from low dose of ACEI/ ARB - In patients with systolic BP ≥100 to 110 mmHg. - In patients with moderate renal impairment (eGFR 30-60 ml/min/1.73 m2) - In patients with moderate hepatic impairment (Child-Pugh B classification) For patients "Not currently on ACEI/ ARB" and "switching from low dose of ACEI/ ARB", double the dose every 3-4 weeks to achieve the target dose of 200 mg twice daily as tolerated by the patient.
Salbutamol 0.5% Inhalation Solution	R03AC02-183-A30-01-XXX	Yes	Yes	B	Indicated for the relief of bronchospasm in patients with reversible obstructive airway disease and acute bronchospasm.	-	2.5 to 5mg (0.5ml – 1ml), repeat according to response and tolerability. Dosing is individualised and according to product insert/protocol.
Salbutamol 0.5mg/ml Injection	R03CC02-183-P30-01-XXX	Yes	Yes	A	i. Asthma and other conditions associated with reversible airways obstruction ii. For prevention of uncomplicated premature labour	None	i. 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 ii. 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
Salbutamol 100mcg/dose Inhalation	R03AC02-183-A10-01-XXX	Yes	Yes	B	Asthma and other conditions associated with reversible airways obstruction	None	ADULT : 100 - 200 mcg up to 3 - 4 times daily. CHILD : 100 mcg increased to 200 mcg if necessary

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Salbutamol 200mcg/dose Inhaler	R03AC02-183-A20-01-XXX	Yes	Yes	B	Asthma and other conditions associated with reversible airways obstruction	None	CHILD : 100 - 200 mcg. Maintenance : 100 - 200 mcg 2 - 4 times daily. ADULT : 100 - 400 mcg. Maitenance : 100 - 400 mcg 2 - 4 times daily
Salbutamol 2mg Tablet	R03CC02-183-T10-01-XXX	Yes	Yes	B	Asthma and other conditions associated with reversible airways obstruction	None	CHILD 2 - 6 years : 1 - 2 mg 3 - 4 times daily 6 - 12 years : 2 mg 3 - 4 times daily. over 12 years and ADULT : 2 - 4 mg 3 - 4 times daily
Salbutamol 2mg/5ml Syrup	R03CC02-183-L90-01-XXX	Yes	Yes	B	Asthma and other conditions associated with reversible airways obstruction	None	CHILD 2 - 6 years : 1 - 2 mg 3 - 4 times daily, 6 - 12 years : 2 mg 3 -4 times daily
Salbutamol 5mg/5ml Injection	R03CC02-183-P30-02-XXX	Yes	Yes	A	i. Asthma and other conditions associated with reversible airways obstruction ii. For prevention of uncomplicated premature labour	None	i. 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 ii. 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	A07EC01000T1001XX	Yes	No	A/KK	i) Treatment of inflammatory bowel disease of ulcerative colitis and Crohn's disease ii) Rheumatoid arthritis		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, maximun 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 - 10% Cream	D01AE12000G1001XX	Yes	No	C	Seborrhoeic dermatitis, scalp psoriasis and hyperkeratotic skin conditions		Apply sparingly to the affected area 2-3 times daily
Salicylic Acid 2 - 10% Ointment	D01AE12000G5001XX	Yes	No	C	Seborrhoeic dermatitis, scalp, psoriasis and hyperkeratotic skin disorders		Apply sparingly to the affected area 2-3 times daily
Salicylic Acid 20% Ointment	D01AE12000G5002XX	Yes	No	C	Plantar warts		Apply daily and protect surrounding skin (eg with soft paraffin or specially designed plaster) ,may need to continue up to 3 months
Salicylic Acid, Starch, Zinc Oxide Paste	D01AE12952G6001XX	No	No	C	Use as a protective or base		Apply the paste liberally and carefully to the lesions twice daily
Salicylic acid, Sulphur and Liquid Coal Tar Ointment	D05AA00-946-G50-01-XXX	No	No	B	Scalp psoriasis and severe seborrhoeic dermatitis	None	Rub a small amount into the scalp gently
Salmeterol 25mcg and Fluticasone Propionate 125mcg Inhalation	R03AK06-989-A21-02-XXX	Yes	Yes	A*	Regular treatment of reversible obstructive airway diseases including asthma.	None	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	R03AK06-989-A21-04-XXX	Yes	Yes	A*	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.	Limited to paediatric population for the purpose of dose tapering	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 50mcg & Fluticasone Propionate 250mcg Inhalation	R03AK06-989-A21-01-XXX	Yes	Yes	A*, A/KK	Prescriber Category A*: i) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more ii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators. Prescriber Category A/KK: - Regular treatment of reversible obstructive airways diseases including asthma.	None	ADULT and CHILD more than 12 years : 1 puff twice daily.
Salmeterol 50mcg and Fluticasone Propionate 500mcg Inhalation	R03AK06-989-A21-06-XXX	Yes	Yes	A*, A/KK	Prescriber Category A*: i) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more ii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators. Prescriber Category A/KK: - Regular treatment of reversible obstructive airways diseases including asthma.	None	ADULT and CHILD more than 12 years : 1 puff twice daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Saxagliptin 2.5 mg Tablet	A10BH03000T1001XX	No		A/KK	FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea. i) As add on therapy in type 2 diabetes patients inadequately controlled on 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 sulphonylure 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.		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
Saxagliptin 2.5mg and Metformin HCl 1000mg Extended-Release Tablet	A10BD10926T1001XX	No	Yes	A	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.	As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	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 5 mg Tablet	A10BH03000T1002XX	No		A/KK	i) As add on therapy in type 2 diabetes patients inadequately controlled on 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 sulphonylure 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.	As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	2.5-5mg once daily. Patients with CrCl < 50ml/min, and when coadministered with strong CYP450 3A4/5 inhibitors: 2.5mg OD
Saxagliptin 5mg and Metformin HCl 1000mg Extended-Release Tablet	A10BD10926T1002XX	No	Yes	A	- 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.	As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Saxagliptin 5mg and Metformin HCl 500 mg Extended-Release Tablet	A10BD10926T1003XX	No	Yes	A	- 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.	As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	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.
Secukinumab 150mg powder for solution for injection	L04AC10-000-P30-01-XXX	Yes	No	A*	Indicated for the treatment of moderate-to-severe plaque psoriasis in patients 6 years and older who are candidates for systemic therapy or phototherapy.	None	Child (6 years and older): The recommended dose is based on body weight* and administered by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3, and 4 followed by monthly maintenance dosing (every 4 weeks). *<25kg: 75mg; 25-50kg: 75mg; >/=50kg: 150mg (may be increased to 300mg)
Secukinumab 150mg/ml solution for injection in a pre-filled pen	L04AC10-000-P50-01-XXX	Yes	No	A*	i) Alone or in combination with methotrexate (MTX), is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients when the response to previous disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate. ii) Indicated for the treatment of active ankylosing spondylitis (AS) in adults who have responded inadequately to conventional therapy. iii) Indicated for the treatment of moderate-to-severe plaque psoriasis in patients 6 years and older who are candidates for systemic therapy or phototherapy.	INDIKASI (i): To be prescribed by Rheumatologist only INDIKASI (ii): 2nd or 3rd line, after failure of conventional DMARDs or TNF-inhibitors.	i) 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4. For patients who are anti-TNFα inadequate responders (IR) or patients with concomitant moderate to severe plaque psoriasis; 300 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4. Each 300 mg dose is given as two subcutaneous injections of 150 mg. ii) 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4. Based on clinical response, the dose can be increased to 300 mg. iii) Adult: 300 mg by subcutaneous injection with initial dosing at weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at week 4. Each 300 mg dose is given as two subcutaneous injections of 150 mg. For some patients, a dosage of 150 mg may be acceptable. Child (6 years and older): The recommended dose is based on body weight* and administered by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3, and 4 followed by monthly maintenance dosing (every 4 weeks). *<25kg: 75mg; 25-50kg: 75mg; >/=50kg: 150mg (may be increased to 300mg)
Selegiline HCl 5 mg Tablet	N04BD01110T1001XX	No		A*	Only for treatment of late stage Parkinsonism with on and off phenomenon		5 mg twice daily at breakfast and lunch. Maximum 10 mg/day
Selenium Sulphide 2.5% Shampoo	D11AC03-180-L52-01-XXX	Yes	No	A/KK	Dandruff, seborrheic dermatitis of scalp	None	Apply onto wet hair, lather and leave on scalp for 3 minutes. Rinse. Repeat treatment. Rinse thoroughly. Use twice weekly at first, then as necessary as directed by the physician.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sertraline HCl 50mg Tablet	N06AB06-110-T10-01-XXX	Yes	Yes	B	i) Major depression ii) Obsessive-compulsive disorder (OCD) iii) Panic disorder iv) Social anxiety disorder (social phobia) v) Post-traumatic stress disorder		i) Initial: 50mg per day Titration: 50mg increments at intervals of at least a week Max: 200mg per day ii) Initial: 50mg per day Titration: 50mg increments at intervals of at least a week Max: 200mg per day Therapeutic dose range: 50 – 200 mg per day iii), iv) & v) Initial: 25mg per day. Increase to 50mg per day after 1 week. Titration: Adjust dose at intervals of at least a week Max: 200mg per day Dosing is individualised and according to product insert/ protocol. Should not be used in patients under 18 years old except for the treatment of OCD. If, based on clinical need, a decision to treat is nevertheless taken; the patient should be carefully monitored for appearance of suicidal symptoms.
Sevelamer 800mg Tablet	V03AE02121T1001XX	No	No	A*	Control of hyperphosphatemia in adult patients receiving haemodialysis and peritoneal dialysis.	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.	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	N01AB08-000-L50-01-XXX	Yes	No	A*	To be used only for i) induction and ii) maintenance of anaesthesia		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	G04BE03-136-T10-04-XXX	No		A*	Treatment of adult patients with pulmonary arterial hypertension classified as WHO functional class II and III, to improve exercise capacity.	-	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 Sulfadiazine 1% Cream	D06BA01199G1001XX	Yes	No	B	Prevention and treatment of infections in severe burns, leg ulcers where infections may prevent healing and for the prophylaxis of infections in skin grafting		Burns: Apply 3 mm thick layer twice daily with sterile applicator. Leg ulcer: apply at least 3 times a week
Simvastatin 10 mg Tablet	C10AA01000T1001XX	Yes	Yes	B	i) Hypercholesterolaemia ii) Prevention of cardiovascular disease		i) & ii) 10 - 40 mg once daily. Maximum: 80 mg daily
Simvastatin 20 mg Tablet	C10AA01000T1002XX	Yes	Yes	B	i) Hypercholesterolaemia ii) Prevention of cardiovascular disease		i) & ii) 10 - 40 mg once daily. Maximum: 80 mg daily
Simvastatin 40 mg Tablet	C10AA01000T1003XX	Yes	Yes	B	i) Hypercholesterolaemia ii) Prevention of cardiovascular disease		i) & ii) 10 - 40 mg once daily. Maximum: 80 mg daily
Sitagliptin 100 mg Tablet	A10BH01000T1003XX	No		A*	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%.	Consultant/specialists for specific indications only, including Geriatricians As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea	ADULT over 18 years, 100 mg once daily CrCl ≥ 30 to < 50ml/min: 50mg once daily CrCl < 30 ml/min: 25mg once daily
Sitagliptin 25 mg Tablet	A10BH01000T1001XX	No		A*	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%.	Consultant/specialists for specific indications only, including Geriatricians As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	ADULT over 18 years, 100 mg once daily CrCl ≥ 30 to < 50ml/min: 50mg once daily CrCl < 30 ml/min: 25mg once daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sitagliptin 50 mg and Metformin HCl 1000 mg Tablet	A10BD07926T1003XX	No	Yes	A*	i) Type 2 diabetes patients, especially the elderly, with multiple co-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.	Consultant/specialists for specific indications only, including Geriatricians As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	50 mg/500 mg twice daily. The recommended maximum daily dose is 100 mg sitagliptin plus 2000 mg metformin
Sitagliptin 50 mg and Metformin HCl 500 mg Tablet	A10BD07926T1001XX	No	Yes	A*	i)Type 2 diabetes patients, especially the elderly, with multiple co-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.	Consultant/specialists for specific indications only, including Geriatricians As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	50 mg/500 mg twice daily. The recommended maximum daily dose is 100 mg sitagliptin plus 2000 mg metformin
Sitagliptin 50 mg and Metformin HCl 850 mg Tablet	A10BD07926T1002XX	No	Yes	A*	i) Type 2 diabetes patients, especially the elderly, with multiple co-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.	Consultant/specialists for specific indications only, including Geriatricians As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	50 mg/500 mg twice daily. The recommended maximum daily dose is 100 mg sitagliptin plus 2000 mg metformin
Sitagliptin 50 mg Tablet	A10BH01000T1002XX	No		A*	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%.	Consultant/specialists for specific indications only, including Geriatricians As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.	ADULT over 18 years, 100 mg once daily CrCl ≥ 30 to < 50ml/min: 50mg once daily CrCl < 30 ml/min: 25mg once daily
Sodium Acid Phosphate (500mg Phosphorus) Effervescent Tablet	B05XA09-902-L50-01-XXX	No	No	A	For supplemental ionic phosphorus for correction of hypophosphataemia		According to the needs of the patient
Sodium Alginate 1000 mg/10 ml & Potassium Bicarbonate 200 mg/10 ml Suspension	A02BX13-915-L80-01-XXX	No	No	A*	Treatment of symptoms of gastro-oesophageal reflux eg. acid regurgitation, heartburn, indigestion due to the reflux of stomach contents not responding to conventional antacids or as an addition to PPI when PPI alone fails to control the symptoms		Adult, elderly & children ≥12 year: 5-10 mL.
Sodium Bicarbonate 1 g/15 ml Mixture	A02AH00131L2102XX	No		B	i) Relief of discomfort in mild urinary tract ii) Alkalinisation of urine		i) 3 g in every 2 hours until urinary pH exceeds 7 ii) Maintenance of alkaline urine 5-10 g daily
Sodium Bicarbonate 8.4% (1 mmol/ml) Injection	B05XA02131P3002XX	Yes	No	B	i) For acceleration of excretion in drug intoxication (where excretion of the drug into the urine is accelerated by elevated urine pH) ii) For metabolic acidosis secondary to underlying diseases		According to the needs of the patient. In severe shock due to cardiac arrest: 50 ml by IV
Sodium Bicarbonate and Magnesium Carbonate Compound Mixture	A02AH00912L2101XX	No		C	Heartburn, for rapid relief of dyspepsia		ADULT 10-20 ml 3 times daily
Sodium Bicarbonate, Citric Acid, Sodium Citrate and Tartaric Acid - 4 g per sachet	B05CB10955M4001XX	No		B	For relieving of discomfort in mild urinary tract infection, symptomatic relief of dysuria to enchance the action to certain antibiotics especially some sulphonamides. In gout as urinary alkalinizers to prevent cystallisation of urates		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	A06AG01162G2001XX	No		A	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		ADULT 133 ml (1 bottle) administered rectally. CHILD more than 2 years half the adult dose (66.6ml)

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sodium Biphosphate 16%, Sodium Phosphate 6% Solution	A06AG01162L9901XX	No		A	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		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	B05XA03904P6001XX	Yes		B	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions		According to the needs of the patient
Sodium Chloride 0.18% with Dextrose 4.23% Injection	B05XA03904P6004XX	Yes		B	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions		According to the needs of the patient
Sodium Chloride 0.45% Injection	B05XA03100P6001XX	Yes	No	B	For replenishing fluid and for restoring / maintaining the concentration of sodium and chloride ions		100 - 1000 ml by IV or according to the needs of the patient
Sodium Chloride 0.45% with Dextrose 10% Injection	B05XA03904P6002XX	Yes		B	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions		According to the needs of the patient
Sodium Chloride 0.45% with Dextrose 5% Injection	B05XA03904P6005XX	Yes		B	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions		According to the needs of the patient
Sodium Chloride 0.9% Eye Drops	S01XA03-000-D20-01-XXX	No	No	C	Irrigation of conjunctival sac	None	1 - 2 drops every 3 - 4 hours
Sodium Chloride 0.9% Injection	B05XA03100P6002XX	Yes		C+	For replenishing fluid and for restoring/maintaining the concentration of sodium and chloride ions		100 - 1000 ml by IV or according to the needs of the patient
Sodium Chloride 0.9% with Dextrose 5% Injection	B05XA03904P6003XX	Yes		C+	For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions		According to the needs of the patient
Sodium Chloride 20% Injection	B05XA03100P9902XX	Yes		B	Addition of sodium electrolyte in parenteral nutrition bags especially in paediatrics or neonates with restricted fluid allowance		According to the needs of the patient
Sodium Chloride 3% Injection	B05XA03100P9901XX	Yes		B	Acute dilutional hyponatraemia		According to the needs of the patient
Sodium Chromate (Chromium-51) Solution	V09GX00143L9901XX	No	No	A*	Labelling of erythrocytes for the investigation of haemotological disorders		Usual dose range : 10 - 200 microcuries IV by IV injection
Sodium Citrate 0.3 M Solution	B05CB02136L9901XX	No		B	Prophylaxis for aspiration pneumonitis (use as an oral solution)		Dose depending on clinical cases. Usually, 30 ml given 10- 60 minutes before anaesthesia prior to elective cesarean surgery is an effective antacid
Sodium Citrate 3.8% Solution	B05CB02136H3001XX	No	No	B	Sterile solution for irrigation or washout of infected bladder		Dose depending on clinical cases
Sodium Citrate, Citric Acid Mixture 3 g/10 ml	B05CB02136L2101XX	No		B	Citrates and citric acid solutions are used to correct the acidosis of certain renal tubular disorders to treat metabolic acidosis for long-term urine alkalinization for prevention and treatment of uric acid and calcium kidney stones and as nonparticulate neutralizing buffers		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
Sodium Cromoglycate 2% Eye Drops	S01GX01-520-D20-01-XXX	No	No	A/KK	Prevention and treatment of allergic conjunctivitis including seasonal and perennial allergic conjunctivitis and vernal keratoconjunctivitis	None	1 or 2 drops 4 times daily
Sodium Dichloroisocyanurate Tablet	V07AV00-000-T10-01-XXX	No	No	C	Low and medium level disinfectant	None	50 - 10,000 ppm av chlorine
Sodium Fusidate 2% Ointment	D06AX01520G5001XX	No	No	A	Skin infections caused by staphylococci, streptococci, corynebacterium minutissumun and other sodium fusidate-sensitive organisms		Apply to affected area 2 - 3 times daily
Sodium Fusidate 250 mg Tablet	J01XC01520T1001XX	No		A*	Treatment of infections caused by susceptible organisms especially Staphylococcal infections including Methicillin Resistant Staphylococcus aureus (MRSA)		ADULT: 500 mg 3 times daily, skin and soft tissue infection: 250 - 500 mg twice daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sodium glycerophosphate for addition into infusion solution, 20ml vial	B05XA14171P3001XX	No		A	Indicated in adult patients and infants as a supplement in intravenous nutrition to meet the requirement of phosphate.		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.
Sodium Hypochlorite Solution	V07AV00000L9903XX	No	No	C	Low-level disinfectant and antiseptic		Antiseptic: less than 0.5%. Disinfectant: 5%
Sodium Iodide (Iodide-131) Injection	V09FX03200P3001XX	No	No	A*	Used in the determination of various thyroid functions		5 - 50 millicuries
Sodium Iodide (Iodine-131) Capsule	V09FX03200C1001XX	No	No	A*	Determination of various thyroid functions		5 - 10 milicuries (5 mCi for whole body scan)
Sodium Iodide (Iodine-131) Capsule (Therapeutic)	V10XA01200C1001XX	No	No	A*	i) Thyrotoxicosis ii) Thyroid carcinoma		i) 2 - 30 millicuries ii) 80 - 300 millicuries
Sodium Iodide (Iodine-131) Solution	V10XA01200L9901XX	No	No	A*	i) Thyrotoxicosis ii) Thyroid carcinoma		i) 5-25 millicuries ii) 30-150 millicuries
Sodium Nitrite 30mg/ml Injection	V03AB08-220-P30-01-XX	Yes	No	B	For cyanide poisoning	None	Adult: 300 mg sodium nitrite IV over 3 minutes followed after 5 minutes with 12.5g sodium thiosulphate IV administered over 10 minutes. CHILD: 4 - 10 mg/kg of sodium nitrite (max: 300 mg) followed by 400 mg/kg of sodium thiosulfate, as a 25 or 50% solution (max: 12.5 g). Methaemoglobin concentration should not exceed 30-40%. If symptoms of cyanide toxicity recur, the doses of nitrite and thiosulfate may be repeated after 30 min at half the initial doses.
Sodium Nitroprusside 10 mg/ml Injection	C02DD01520P3001XX	No	Yes	A	i) Hypertensive crisis ii) Controlled hypotension during anaesthesia in order to reduce bleeding in surgical procedures		i) By IV infusion, initially 0.5-1.5 mcg/kg/min, then adjusted before increasement of 0.5 mcg/kg/min every 5 mins within range 0.5-8 mcg/kg/min (lower doses in patients already receiving other antihypertensives); stop if marked response not obtained with max dose in 10 minutes. Use only in infusion with 5 % Dextrose IV. ii) By IV infusion, max: 1.5 mcg/kg/min
Sodium Phosphate (Phosphorus-32) Injection	V10XX01162P3001XX	No	No	A*	Polycythemia vera, chronic myeloid and chronic lymphocytic leukaemia and palliative treatment of bone metastases		Initially 5 millicuries, follow if necessary by a dose of not more than 3 or 4 millicurie at intervals of not less than 2 months

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sodium picosulfate, magnesium oxide & citric acid powder for oral solution	A06AB58-921-L50-01-XXX	No		A/KK	i) To clean the bowel prior to X-ray examination or endoscopy. ii) To clean the bowel prior to surgery when judged clinically necessary.		ADULTS: a) Split-Dose Dosing Regimen (Preferred Method) • First dose should be taken during the evening before the procedure (e.g. 5:00 to 9:00 PM) followed by five 250 ml drinks (upper line on the dosing cup) of clear liquids before bed. Clear liquids should be consumed within 5 hours. • Second dose to be taken the next day approximately 5 hours before the procedure followed by at least three 250ml drinks of clear liquids before the procedure. Clear liquids should be consumed within 5 hours up until 2 hour before the time of the procedure. b) Day-Before Dosing Regimen (Alternative Method) (Alternative dosing method for patients for whom the Split-Dosing is inappropriate). • First dose to be taken in the afternoon or early evening (e.g., 4:00 to 6:00 PM) before the procedure followed by five 250 ml drinks (upper line on the dosing cup) of clear liquids before the next dose. Clear liquids should be consumed within 5 hours. • Second dose to be taken approximately 6 hours later in the late evening (e.g., 10:00 PM to 12:00 AM), the night before the procedure followed by three 250 ml drinks of clear liquids before bed. Clear liquids should be consumed within 5 hours. CHILDREN: The first dose reconstituted in water as directed, taken before 8 am on the day before the procedure. Second dose 6 to 8 hours later. • 1 - 2 years: ¼ sachet morning, ¼ sachet afternoon • 2 - 4 years: ½ sachet morning, ½ sachet afternoon • 4 - 9 years: 1 sachet morning, ½ sachet afternoon • 9 and above: adult dose
Sodium Polystyrene Sulphonate Powder	V03AE01520F2101XX	No	No	A	Treatment and prevention of hyperkalaemia associated with anuria or severe oliguria, in dialysis patients or those on prolonged peritoneal dialysis		ADULT : Oral : 15 g 1 - 4 times/day. Rectal : 30 g in 100 ml 2% methylcellulose and 100 ml water as a daily retention enema. Retain for 9 hours followed by non-sodium cleansing enema. CHILD : 1 g/kg in 1 - 4 doses in acute hyperkalemia. Maintenance : 0.5 g/kg/daily
Sodium Tetradecyl Sulphate 1 % Injection	C05BB04183P3001XX	No	No	A*	Sclerotherapy of oesophageal varices, haemorrhoids and varicose veins		0.5-2 mL into the submucosal layer at the base of the oesophageal varix or the haemorrhoid; several injections may be given at different sites, max. total injected 10-15 mL of 1% per treatment
Sodium Tetradecyl Sulphate 3 % Injection	C05BB04183P3002XX	No	No	A*	Sclerotherapy of oesophageal varices, haemorrhoids and varicose veins		0.5-2 mL into the submucosal layer at the base of the oesophageal varix or the haemorrhoid, several injections may be given at different sites, max. total injected 10-15 mL of 1% per treatment
Sodium Thiosulphate 500 mg/ml Injection	V03AB06181P3001XX	Yes	No	B	For cyanide poisoning	None	ADULT: To be given after 300 mg of sodium nitrite has been admin over 5-20 min: 12.5 g of sodium thiosulfate (50 ml of a 25% solution or 25 ml of a 50% solution) given over 10 min. Methaemoglobin concentration should not exceed 30-40%. If symptoms of cyanide toxicity recur, the doses of nitrite and thiosulfate may be repeated after 30 min at half the initial doses. CHILD: To be given after 4-10 mg/kg of sodium nitrite (max: 300 mg) has been admin: 400 mg/kg of sodium thiosulfate, as a 25 or 50% solution (max: 12.5 g). Methaemoglobin concentration should not exceed 30-40%. If symptoms of cyanide toxicity recur, the doses of nitrite and thiosulfate may be repeated after 30 min at half the initial doses.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sodium Valproate 200mg Tablet	N03AG01-520-T10-01-XXX	Yes	Yes	B	i. Epilepsy ii. Treatment and prevention of mania associated with bipolar disorders	None	i. Epilepsy: 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. ii. Treatment and prevention of mania associated with bipolar disorders: ADULT: The recommended initial dose is 1000mg/day. The dose should be increased as rapidly as possible to achieve the lowest therapeutic dose, which produces the desired clinical effects. The recommended maintenance dosage for the treatment of bipolar disorder is between 1000mg and 2000mg daily. In exceptional cases, the dose may be increased to not more than 3000mg daily.
Sodium Valproate 200mg/5ml Syrup	N03AG01-520-L90-01-XXX	Yes	Yes	B	i) Treatment of generalized or partial epilepsy. ii) Treatment and prevention of mania associated with bipolar disorder	None	i. Epilepsy: 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. ii. Treatment and prevention of mania associated with bipolar disorders: ADULT: The recommended initial dose is 1000mg/day. The dose should be increased as rapidly as possible to achieve the lowest therapeutic dose, which produces the desired clinical effects. The recommended maintenance dosage for the treatment of bipolar disorder is between 1000mg and 2000mg daily. In exceptional cases, the dose may be increased to not more than 3000mg daily.
Sodium Valproate 400mg Injection	N03AG01-520-P40-01-XX	Yes	Yes	B	Status epilepticus	None	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)
Sofosbuvir 400mg & velpatasvir 100mg film coated tablet	J05AP55-964-T32-01-XXX	Yes	No	A*, A/KK	For the treatment of chronic hepatitis C virus (HCV) infection in adults	PRESCRIBER CATEGORY A/KK: i. Non-cirrhotic patients who are treatment naïve to NS5A inhibitor, or PRESCRIBER CATEGORY A*: ii. With decompensated liver cirrhosis who are treatment naïve to NS5A inhibitor, or iii. For direct-acting antiviral (DAA) experienced patients who failed to achieve sustained virological response (SVR) due to virological failure (preferably based on resistant associated substitution (RAS) report), or iv. Uninfected recipients of liver and non-liver grafts of HCV-viremic donors who are treatment naïve to NS5A inhibitor, or v. HCV-infected recipients post-liver transplant who are treatment naïve to NS5A inhibitor	One tablet, taken orally, once daily with or without food. Refer package insert for the recommended treatment and duration for all HCV genotypes
Sofosbuvir 400mg tablet	J05AP08-000-T32-01-XXX	Yes	No	A/KK	To be used in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults.	None	One 400 mg tablet, taken orally, once daily with food. Sofosbuvir should be used in combination with other medicinal products. Monotherapy of sofosbuvir is not recommended.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Solifenacin Succinate 5 mg Tablet	G04BD08000T1001XX	No		A*	Symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome.		5mg od. Dose can be increased to 10mg if necessary.
Somatropin 10mg (30IU) Injection	H01AC01-000-P50-02-XXX	No	No	A*	To be used in children for: i) Growth failure due to growth hormone deficiency (GHD) ii) Growth failure in girls due to gonadal dysgenesis (Turner syndrome). iii) Growth failure in short children born small gestational age (SGA) To be used in adult for: i) Adult onset growth hormone deficiency (GHD) ii) Childhood onset growth hormone deficiency (GHD)	None	Children: i) 0.7-1 mg/m2/day or 0.025-0.035 mg/kg/day SC/IM. ii) 1.3-2mg/m2/day or 0.045-0.05 mg/kg/day SC. iii) 0.035 mg/kg/day or 1 mg/m2/day SC. Adult: i) Start treatment with a low dose of 0.1-0.3 mg/day. Titrate dosage gradually at monthly intervals based on patient's need and serum IGF-1. Maintenance dose: Vary from person to person, but seldom exceed 1.0 mg/day (equal to 3 IU/day). ii)0.2-0.5mg/day with subsequent dose adjustment on the basis of IGF-I concentration determination. The dosing is individualized according to product insert / protocol.
Somatropin 12mg Injection	H01AC01-000-P30-02-XXX	No	No	A*	To be used in children for: 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) To be used in adult for: i. Adult onset growth hormone deficiency (GHD) ii. Childhood onset growth hormone insufficiency	To be prescribed by adult and paediatric endocrinologists only	Recommended dosing in paediatric patient: i. 0.025 – 0.035 mg/kg/day or 0.7 – 1.0 mg/m2/day ii. 0.045 – 0.050 mg/kg/day or 1.4 mg/m2/day iii. 0.035 mg/kg/day or 1.0 mg/m2/day Recommended dosing in adult patient: i. Adult-onset GHD: therapy should start with a low dose, 0.15 – 0.3 mg per day. The dose should be gradually increased according to individual patient requirements as determined by the IGF-I concentration. ii. Childhood onset GHD: the recommended dose to restart is 0.2 – 0.5 mg per day. The dose should be gradually increased or decreased according to individual patient requirements as determined by the IGF-I concentration
Somatropin 5.3 mg injection	H01AC01-000-P30-01-XXX	No	No	A*	To be used in children for: 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) To be used in adult for: i. Adult onset growth hormone deficiency (GHD) ii. Childhood onse	To be prescribed by adult and paediatric endocrinologists only	Recommended dosing in paediatric patient: i. 0.025 – 0.035 mg/kg/day or 0.7 – 1.0 mg/m2/day ii. 0.045 – 0.050 mg/kg/day or 1.4 mg/m2/day iii. 0.035 mg/kg/day or 1.0 mg/m2/day Recommended dosing in adult patient: i. Adult-onset GHD: therapy should start with a low dose, 0.15 – 0.3 mg per day. The dose should be gradually increased according to individual patient requirements as determined by the IGF-I concentration. ii. Childhood onset GHD: the recommended dose to restart is 0.2 – 0.5 mg per day. The dose should be gradually increased or decreased according to individual patient requirements as determined by the IGF-I concentration
Somatropin 5mg (15IU) Injection	H01AC01-000-P50-01-XXX	No	No	A*	To be used in children for: i) Growth failure due to growth hormone deficiency (GHD) ii) Growth failure in girls due to gonadal dysgenesis (Turner syndrome). iii) Growth failure in short children born small gestational age (SGA) To be used in adult for: i) Adult onset growth hormone deficiency (GHD) ii) Childhood onset growth hormone deficiency (GHD)	None	Children: i) 0.7-1 mg/m2/day or 0.025-0.035 mg/kg/day SC/IM. ii) 1.3-2mg/m2/day or 0.045-0.05 mg/kg/day SC. iii) 0.035 mg/kg/day or 1 mg/m2/day SC. Adult: i) Start treatment with a low dose of 0.1-0.3 mg/day. Titrate dosage gradually at monthly intervals based on patient's need and serum IGF-1. Maintenance dose: Vary from person to person, but seldom exceed 1.0 mg/day (equal to 3 IU/day). ii)0.2-0.5mg/day with subsequent dose adjustment on the basis of IGF-I concentration determination. The dosing is individualized according to product insert / protocol.
Somatropin 6mg solution for injection	H01AC01-000-P30-04-XXX	No	No	A*	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)	For paediatric consultants/specialists use only This medicine is for the following patients who will require the specific features of the supplied device for treatment optimization: 1. Young infants or toddlers who need very precise dose administration (for example 0.19 mg, 0.27 mg and etc.) 2. Other older patients who are unable to tolerate or who have poor medication compliance with other growth hormone preparations	i) 0.025-0.035mg/kg/day ii) 0.045-0.05mg/kg/day iii) 0.035 mg/kg/day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Somatropin 8mg (24IU) Injection	H01AC01-000-P30-03-XXX	No	No	A*	i) Growth failure due to growth hormone insufficiency ii)Growth failure in girls due to gonadal dysgenesis (Turner syndrome) iii)Growth failure in short children born small gestational age(SGA)	None	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
Sotalol HCl 80 mg Tablet	C07AA07110T1001XX	No	Yes	A*	Ventricular tachyarrythmias		Supraventricular and ventricular arrhythmias Adult: Initially, 80 mg/day as single or in 2 divided doses, increased gradually every 2-3 days. Usual dose: 160-320 mg/day in 2 divided doses. Life-threatening ventricular arrhythmias Adult: Initially, 80 mg bid, increased gradually every 3 days to 240-320 mg/day in divided doses if needed. Maintenance: 160-320 mg/day in divided doses. Max: 480-640 mg in divided doses.
Spironolactone 25 mg Tablet	C03DA01000T1001XX	Yes	Yes	B	Oedema and ascites in cirrhosis of the liver, congestive heart failure		ADULT: 100 - 200 mg daily in divided doses. Increase to 400 mg if required. CHILD: initially 3 mg/kg daily in divided doses
Stavudine 30mg, Lamivudine 150mg & Nevirapine 200mg Tablet	J05AR07-964-T10-01-XXX	No	No	A/KK	Fixed dose triple therapy for treatment of HIV infection in adults once patients have been stabilized on the maintenance regimen of nevirapine 200 mg twice daily and have demonstrated adequate tolerability to nevirapine	None	SLN 30: 30-60 kg 1 tablet twice daily. SLN 40 ≥60 kg 1 tablet twice daily
Stavudine 40mg, Lamivudine 150mg & Nevirapine 200mg Tablet	J05AR07-964-T10-02-XXX	No	No	A*	Fixed dose triple therapy for treatment of HIV infection in adults once patients have been stabilized on the maintenance regimen of nevirapine 200 mg twice daily and have demonstrated adequate tolerability to nevirapine	None	SLN 30: 30-60 kg 1 tablet twice daily. SLN 40 ≥60 kg 1 tablet twice daily
Streptokinase 1,500,000 IU Injection	B01AD01000P4001XX	Yes	Yes	A*	Acute myocardial infarction, acute pulmonary embolism		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 1g Injection	J01GA01-183-P40-01-XXX	Yes	No	B	i) Tuberculosis ii) Brucellosis iii) Bacterial endocarditis	None	15 mg/kg daily (Max: 1 g daily) Dosing is according to product insert.
Sucralfate 1 g Tablet	A02BX02000T1001XX	No		A	i) Benign gastric and duodenal ulceration ii) Stress ulcer prophylaxis		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	V03AB35000P3001XX	No	No	A*	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		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	P01BD51981T1001XX	Yes		B	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		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 200mg & Trimethoprim 40mg/5ml Suspension	J01EE01-961-L80-01-XXX	Yes	No	B	Infections caused by susceptible pathogens	None	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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Sulphamethoxazole 400 mg & Trimethoprim 80 mg Injection	J01EE01-961-P30-01-XXX	Yes	No	A	i) Severe or complicated infections when oral therapy is not feasible ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients	None	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 400mg & Trimethoprim 80mg Tablet	J01EE01-961-T10-01-XXX	Yes	No	B	i) Severe or complicated infections due to susceptible infection. ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients	None	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
Sulphur 2% & Salicylic Acid 2% Cream	D10AB02951G1001XX	No	No	C	Acne vulgaris and seborrhoeic dermatitis		When used in scalp disorders, a small amount of cream should be rubbed gently into the roots of the hair. When used in skin disorders, the cream should be applied sparingly to the affected area. Apply once daily or until noticeable improvement, then once or twice a week
Sulpiride 200 mg Tablet	N05AL01000T1001XX	Yes		B	Acute and chronic psychotic disorders		200-1000mg daily
Sumatriptan 100 mg Tablet	N02CC01000T1002XX	Yes	No	A/KK	Treatment of acute migraine attacks		50 mg per attack and not more than 300 mg daily
Sumatriptan 50 mg Fast Disintegrating Tablet	N02CC01000T5001XX	Yes	No	A	Treatment of acute migraine attacks		50 mg per attack and not more than 300 mg daily
Sumatriptan 50 mg Tablet	N02CC01000T1001XX	Yes	No	A/KK	Treatment of acute migraine attacks		50 mg per attack and not more than 300 mg daily
Sunitinib malate 12.5mg capsule	L01XE04-253-C10-03-XXX	No		A*	Treatment of advanced renal cell carcinoma (RCC)	i) KPS ≥70% ii) Clear cell histology iii) No brain metastases iv) Haemoglobin ≥9g/dl v) Creatinine ≤2x the ULN vi) Corrected calcium <12mg/dl vii) Platelet count of >100 x 103/uL viii) Neutrophil count>1500/mm3	50 mg orally once daily for 4 consecutive weeks, followed by a 2-week off period to comprise a complete cycle of 6 weeks.
Sunscreen SPF 30-50 Cream	D02BA02-000-G10-01-XXX	No	No	B	Photodermatitis	None	Apply to exposed areas at least 15 minutes prior to solar exposure; reapply after swimming, prolonged perspiration and after 2 hours of continuous sun exposure.
Suxamethonium 50mg/ml Injection	M03AB01-100-P30-01-XXX	Yes	No	B	As an adjunct to general anaesthesia to facilitate endotracheal intubation, to provide skeletal muscle relaxation during surgery and to facilitate mechanical ventilation		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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Synthetic ACTH (Tetracosactrin Acetate) 250 mcg/ml Injection	H01AA02000P3001XX	No		A	Diagnostic test to differentiate primary adrenal from secondary (pituitary) adrenocortical insufficiency		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
Tacrolimus 0.03% Ointment	D11AH01000G5002XX	No	No	A*	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		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.
Tacrolimus 0.1% Ointment	D11AH01000G5001XX	No	No	A*	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		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.
Tacrolimus 0.5 mg Capsule	L04AD02000C1003XX	Yes	No	A*	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.		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 Prolonged-Release Hard Capsule	L04AD02000C2203XX	Yes	No	A*	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.		i) Prophylaxis of transplant rejection: a) Kidney Transplant: 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. b) Liver Transplant 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. ii) Treatment of allograft rejection: For conversion: a) 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. b) From Tacrolimus to Tacrolimus PR: Allograft transplant patients maintained on twice daily Tacrolimus capsules dosing requiring conversion to once daily Tacrolimus PR should be converted on a 1:1 (mg:mg) total daily dose basis. Tacrolimus PR should be administered in the morning.
Tacrolimus 1 mg Capsule	L04AD02000C1001XX	Yes	No	A*	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.		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.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Tacrolimus 1mg Prolonged-Release Hard Capsule	L04AD02000C2201XX	Yes	No	A*	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.		i) Prophylaxis of transplant rejection: a) Kidney Transplant: 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. b) Liver Transplant 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. ii) Treatment of allograft rejection: For conversion: a) 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. b) From Tacrolimus to Tacrolimus PR: Allograft transplant patients maintained on twice daily Tacrolimus capsules dosing requiring conversion to once daily Tacrolimus PR should be converted on a 1:1 (mg:mg) total daily dose basis. Tacrolimus PR should be administered in the morning.
Tacrolimus 5 mg Capsule	L04AD02000C1002XX	Yes	No	A*	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.		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 5mg Prolonged-Release Hard Capsule	L04AD02000C2202XX	Yes	No	A*	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.		i) Prophylaxis of transplant rejection: a) Kidney Transplant: 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. b) Liver Transplant 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. ii) Treatment of allograft rejection: For conversion: a) 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. b) From Tacrolimus to Tacrolimus PR: Allograft transplant patients maintained on twice daily Tacrolimus capsules dosing requiring conversion to once daily Tacrolimus PR should be converted on a 1:1 (mg:mg) total daily dose basis. Tacrolimus PR should be administered in the morning.
Tacrolimus 5mg/ml Injection	L04AD02000P3001XX	Yes	No	A*	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.		0.01-0.05 mg/kg for liver transplant and 0.05-0.1 mg/kg for kidney transplant as 24-hours continuous infusion.
Tafluprost 15mcg/ml & Timolol 5mg/ml Opthalmic Solution (Preservative Free)	S01ED51-990-D20-07-XXX	No	No	A*	Reduction of intraocular pressure (IOP) in adult patients with primary open angle glaucoma (POAG) or ocular hypertension (OHT) who are insufficiently responsive to topical monotherapy with beta-blockers or prostaglandin analogues and require a combination therapy, and who would benefit from preservative free eye drops	• As third line of treatment in patients with POAG or OHT who require fixed-dose combination therapy. • To be prescribed by Glaucoma consultants only	Instill 1 drop in the affected eye(s) once daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Tafluprost Ophthalmic Solution 0.0015% (Preservative-free)	S01EE05-000-D20-01-XXX	No	No	A*	Indicated for the reduction of intraocular pressure in patients with primary open-angle glaucoma or ocular hypertension.	i. As monotherapy in patients who are better suited for eye drops without preservative; ii. To be prescribed by Glaucoma consultants only	Instill 1 drop in the affected eye(s) once daily
Tamoxifen Citrate 20 mg Tablet	L02BA01136T1001XX	Yes	Yes	A	Breast cancer		20 mg in 1-2 divided doses. Max: 40 mg/day
Tamsulosin HCl 400 mcg Extended Release Tablet	G04CA02110T5001XX	No		A*	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	Consultant/specialists for specific indications only, including Geriatricians	400 mcg once daily
Tar, Coal Tar and Oleyl Alcohol Liquid	D05AA00952L5001XX	No	No	A/KK	Dandruff, seborrhoeic dermatitis and atopic dermatitis		Massage into wet hair, rinse and repeat. Use once or twice weekly
Technetium-99m Sterile Generator	V09CA01000P3001XX	No	No	A*	Sodium pertechnetate is used for scintigraphy or nuclear scan particularly of the brain and thyroid to prepare various technetium-99m labelled injections for selective organ imaging		Technetium-99m as pertechnetate is obtained by elution with a sterile solution of Sodium Chloride 0.9%. The dosage depend on type of scan i) Thyroid scintigraphy: 18.5-80 MBq (0.5-2.2 mCi) Scintigraphy performed 20 minutes after intravenous injection ii) Salivary gland scintigraphy: 40 MBq (1.1 mCi) Scintigraphy performed immediately after intravenous injection and at regular intervals up to 15 minutes iii) Meckel's diverticulum scintigraphy: 400 MBq (10.8 mCi) Scintigraphy performed immediately after intravenous injection and at regular interval up to 30 minutes iv) Brain scintigraphy: 370-800 MBq (10-22 mCi) Rapid sequential images are taken immediately within the first minute after intravenous administration, static images 1 to 4 hours later. Thyroid and coriod plexus should be blocked to avoid non-specific 99mTc uptake v) Cardiac and vascular scintigraphy: 740-925 MBq (20-25 mCi) Red cells are labeled in vivo or in vitro by pretreating with a reducing agent. Dynamic images are taken in the first minute after intravenous administration, followed by regular images over 30 minutes vi) Gastrointestinal bleeding: 740-925 MBq (20-25 mCi) Red cells are labeled in vivo or in vitro by pretreating with a reducing agent. Dynamic images are taken in the first minutes after intravenous administration, followed by regular images at appropriate intervals for up to 24 hours vii) Lacrimal duct scintigraphy: 2-4 MBq each eye (50-100 mCi) Drops are instilled into eye and dynamic images are taken over 2 minutes, followed by static images at appropriate intervals over 20 minutes
Tegafur 100 mg & uracil 224 mg Capsule	L01BC53980C1001XX	No		A*	i) Non small cell lung cancer; ii) Tegafur Uracil plus folinic acid (leucovorin) combination therapy is indicated for the treatment of colorectal cancer in: a) Metastatic stage; b) Adjuvant setting; c) Concurrent setting.		i) 300-600 mg daily in 2-3 divided doses; ii) Adjuvant setting - 300mg/m2/day , Day 1-28, rest 7 days; Leucovorin Calcium 75 mg/day, Day 1-28, rest 7 days for 5 cycles; Concurrent setting - 300mg/m2/day; Leucovorin Calcium 25 mg /day, D8- D36, for 4 weeks; Metastatic stage - 300mg/m2/day , Day 1-28, rest 7 days; Leucovorin Calcium 75 mg/day, Day 1-28, rest 7 days for 5 cycles.
Telbivudine 600 mg Tablet	J05AF11000T1001XX	No		A*	Treatment of chronic hepatitis B in patients with evidence of viral replication and active liver inflammation		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	C09CA07000T1001XX	No	Yes	A/KK	Patients intolerant to ACE inhibitors in: i) Hypertension 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		i) 40mg - 80mg once daily. Max: 160mg daily ii) 80mg once daily Dosing is individualised and according to product insert / protocol.
Telmisartan 80 mg & Hydrochlorothiazide 12.5 mg Tablet	C09DA07000T1001XX	No	Yes	A/KK	Hypertension in patients intolerant to ACE inhibitors		Initial: Telmisartan/Hydrochlorothiazide 80mg/12.5mg once daily Max: Telmisartan/Hydrochlorothiazide 160/25mg once daily Dosing is individualised and according to product insert / protocol.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Telmisartan 80 mg Tablet	C09CA07000T1002XX	No	Yes	A/KK	Patients intolerant to ACE inhibitors in: i) Hypertension 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		i) 40mg - 80mg once daily. Max: 160mg daily ii) 80mg once daily Dosing is individualised and according to product insert / protocol.
Temozolomide 100 mg Capsule	L01AX03000C1003XX	No		A*	In patients with glioblastoma multiforme who fulfill all the following criteria: i. Total /near total resection ii. ECOG/WHO performance status 0-2 iii. Age less than 60 years		Concomitant phase : 75mg/m2 daily with radiotherapy for 42 days, followed by 6 cycle of adjuvant treatment. Adjuvant phase: Additional 6 cycles of adjuvant phase. Cycle 1- 150mg/m2 once daily for 5 days followed by 23 days without treatment. Cycle 2-6 : 200mg/m2 once daily for 5 days per 28-day cycle
Temozolomide 20 mg Capsule	L01AX03000C1001XX	No		A*	In patients with glioblastoma multiforme who fulfill all the following criteria : i. total /near total resection ii. ECOG/WHO performance status 0-2 iii. Age less than 60 years		Concomitant phase : 75mg/m2 daily with radiotherapy for 42 days, followed by 6 cycle of adjuvant treatment. Adjuvant phase: Additional 6 cycles of adjuvant phase. Cycle 1- 150mg/m2 once daily for 5 days followed by 23 days without treatment. Cycle 2-6 : 200mg/m2 once daily for 5 days per 28-day cycle
Tenecteplase 10,000 unit (50 mg) Injection	B01AD11000P4001XX	No		A*	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]		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	J05AR03-964-T10-01-XXX	Yes	No	A/KK	i. Treatment of HIV-1 infection in adults in combination with other antiretroviral agents (such as non-nucleoside reverse transcriptase inhibitors or protease inhibitors). ii. Indicated in combination with safer sex practices for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection in adults at high risk.	Indication (ii): i. To prescribe Emtricitabine/Tenofovir Disoproxil as part of a comprehensive prevention strategy ii. All uninfected individuals must be counselled to strictly adhere to the recommended Emtricitabine/Tenofovir Disoproxil dosing schedule iii. A negative HIV-1 test must be confirmed immediately prior to initiating Emtricitabine/Tenofovir Disoproxil. If clinical symptoms consistent with acute viral infection are present and recent (<1 month) exposures are suspected, starting of PrEP must be delayed for at least one month and HIV-1 status need to be reconfirmed, including acute or primary HIV-1 infection; and iv. To screen HIV-1 infection at least once every 3 months while taking Emtricitabine/Tenofovir Disoproxil for PrEP.	1 tablet once daily.
Tenofovir Disoproxil Fumarate 300mg Tablet	J05AF07-138-T10-01-XXX	Yes	No	A*, A/KK	Prescriber Category A*: 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). Prescriber Category A/KK: For antenatal patients only with chronic Hepatitis B with HBeAg reactive or HBV DNA more than 200,000 or deranged LFT.	None	Prescriber Category A*: 300mg once daily. Renal Dose Adjustment: 300mg every 48hours (30-49ml/min); 300mg every 72hours (10-29ml/min); 300mg every 7 days after dialysis (Hemodialysis). Prescriber Category A/KK: 300mg once daily from 28 weeks of gestation and continue till 4 weeks postpartum
Tenofovir Disoproxil Fumarate 300mg, Emtricitabine 200mg & Efavirenz 600mg Tablets (Fixed-dose combination)	J05AR06-964-T32-01-XXX	Yes	No	A/KK	Indicated for the treatment of HIV-1 infection in adults	None	One tablet once daily taken orally on an empty stomach. Dosing at bedtime may improve the tolerability of nervous system symptoms
Terazosin HCl 1 mg Tablet	G04CA03110T1001XX	No		A/KK	i) Treatment of Benign Prostatic Hyperplasia ii) Hypertension		i) Initial dose: 1 mg at bedtime. Maintenance dose: 5-10mg once daily ii) Initial dose: 1mg at bedtime. Maintenance dose: 1-5mg once daily. Max: 20-40mg/day
Terazosin HCl 2 mg Tablet	G04CA03110T1002XX	No		A/KK	i) Treatment of Benign Prostatic Hyperplasia ii)Hypertension		i) Initial dose: 1 mg at bedtime. Maintenance dose: 5-10mg once daily ii) Initial dose: 1mg at bedtime Maintenance dose: 1-5mg once daily. Max: 20-40mg/day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Terazosin HCl 5 mg Tablet	G04CA03110T1003XX	No		A/KK	i) Treatment of Benign Prostatic Hyperplasia ii)Hypertension		i) Initial dose: 1 mg at bedtime. Maintenance dose: 5-10mg once daily ii) Initial dose: 1mg at bedtime. Maintenance dose: 1-5mg once daily. Max: 20-40mg/day
Terbinafine 1% gel	D01AE15-110-G30-01-XXXX	Yes	No	A/KK	Skin infections caused by dermatophytes, mould and candida.	Second line treatment	For adults and adolescents aged 12 years and over Apply topically once daily for 1 week to 2 weeks.
Terbinafine HCl 250 mg Tablet	D01BA02110T1001XX	No	No	A/KK	Fungal infections especially onchomycosis caused by dermatophytes		250 mg once daily for 6 weeks for fingernails: 12 weeks for toenails
Terbutaline Sulphate 0.5mg/ml Injection	R03CC03-183-P30-01-XXX	Yes	Yes	B	Bronchial asthma, chronic bronchitis, emphysema and other lung diseases where broncoconstriction is a complicating factor	None	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 10mg/ml Nebulizer Solution	R03AC03-183-A30-01-XXX	Yes	Yes	B	Asthma and other conditions associated with reversible airways obstruction	None	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
Teriflunomide 14 mg tablet	L04AA31-000-T32-01-XXX	Yes	Yes	A*	Treatment of adult patients with relapsing remitting multiple sclerosis (MS)		14mg once daily.
Terlipressin 1mg Injection	H01BA04000P4001XX	No	No	A*	Acute oesophageal variceal bleeding		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	G03BA03-000-P30-01-XXX	Yes	No	A*	i. In male: Testosterone replacement therapy for male hypogonadism, when testosterone deficiency has been confirmed by clinical features and biochemical test. ii. In female: Additive therapy in cases of advanced breast cancer in postmenopausal women.		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 climateric disorders: 250 mg every 3-4 weeks. Repeated 6-8 weeks courses at 2-3 months interval
Tetanus Toxoid Vaccine Injection	J07AM01-000-P30-01-XXX	Yes	No	C+	Immunisation against tetanus infection.	None	0.5 mL by IM. Dosing is according to product insert.
Tetracycline HCl 250 mg Capsule	J01AA07110C1001XX	Yes		B	Infections caused by susceptible pathogens		"Adult: 250-500 mg 6 hrly. Max: 4 g/day. Child: ≥12 yr Max: 2 g daily"
Tetracycline HCl 250 mg Tablet	J01AA07110T1001XX	No		B	Infections caused by susceptible pathogens		"Adult: 250-500 mg 6 hrly. Max: 4 g/day. Child: ≥12 yr Max: 2 g daily"
Thalidomide 50 mg Capsule	L04AX02000C1001XX	Yes	Yes	A*	Treatment of multiple myeloma.		50 mg to 200 mg daily
Thallous Chloride (Thallium-201) Injection	V09GX01100P3001XX	No	No	A*	Used in myocardial perfusion scintigraphy, acute myocardial infarction and post-surgical assessment of coronary artery bypass graft patency, muscle perfusion scintigraphy, visualisation of brain and thyroid tumours and metastases		As IV infusion
Theophylline 125mg Tablet	R03DA04-000-T10-01-XXX	Yes	Yes	B	Reversible airways obstruction, acute severe asthma	None	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 250mg Long Acting Tablet	R03DA04-000-T50-01-XXX	Yes	Yes	B	Reversible airways obstruction and acute severe asthma	None	ADULT: 250 mg 2 times daily. CHILD under 12 years : Up to 10 mg/kg body weight 2 times daily
Theophylline 80mg/15ml Syrup	R03DA04-000-L90-01-XXX	Yes	Yes	B	Reversible airways obstruction and acute severe asthma	None	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 per day
Thiamine HCl 100mg/ml Injection	A11DA01110P3001XX	Yes	No	B	i) For the prevention or treatment of Vitamin B1 deficiency syndromes including beri-beri and peripheral neuritis associated with pellagra ii) Wernicke-Korsakoff Syndrome		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
Thiamine Mononitrate 10mg Tablet	A11DA01-221-T10-02-XXX	Yes	No	C	Prevention and treatment of thiamine deficiency state	-	Mild chronic deficiency: 5mg to 30mg daily Severe deficiency: up to 300mg daily
Thiamine Mononitrate 3mg Tablet	A11DA01-221-T10-01-XXX	Yes	No	C	Prevention and treatment of thiamine deficiency state	-	Mild chronic deficiency: 5mg to 30mg daily Severe deficiency: up to 300mg daily
Thioguanine 40 mg Tablet	L01BB03000T1001XX	Yes	Yes	A	For acute leukaemia and chronic granulocytic leukaemia		Refer to specific protocols. Usually 100 mg/m2 for 5 - 7 days (acute myeloid leukaemia) or up to 2 weeks (chronic myeloid leukaemia for accelerated/ advanced disease). CHILD: 40 - 60 g/m2 daily according to protocol

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Thiopental Sodium 500mg Injection	N05CA19-520-P30-01-XXX	Yes	No	B	i) General anaesthesia, induction ii) Anticonvulsant for cases resistant to conventional anticonvulsants in the ICU	None	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	A01AD11985M2001XX	No		C	For sore throat and minor mouth inflammation		To be gargled 3-4 times daily
Thyrotropin alfa 0.9mg/ml Injection	H01AB01000P3002XX	No		A*	Thyrogen (thyrotropin alfa) is indicated for use as an adjunctive treatment for radioiodine ablation of thyroid tissue remnants in patients who have undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer and who do not have evidence of distant metastatic thyroid cancer.		A two-injection regimen is recommended for thyrotropin administration. The two-injection regimen is thyrotropin 0.9 mg intramuscularly (IM), followed by a second 0.9 mg IM injection 24 hours later. After reconstitution with 1.2 mL Sterile Water for Injection, 1.0 mL solution (0.9 mg thyrotropin alfa) is administered by intramuscular injection to the buttock. For radioiodine imaging or treatment, radioiodine administration should be given 24 hours following the final Thyrogen injection. Diagnostic scanning should be performed 48 hours after radioiodine administration, whereas post-therapy scanning may be delayed additional days to allow background activity to decline.
Tibolone 2.5 mg Tablet	G03CX01-000-T10-01-XXX	No		A*	i. Treatment of complaints resulting from the natural or surgical menopause & in cases at high risk for breast carcinomas where general hormone replacement therapy is contraindicated ii. Prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or contraindicated for, other medicinal products approved for the prevention of osteoporosis.	-	2.5mg daily
Ticagrelor 90 mg Tablet	B01AC24-000-T10-01-XXX	No		A*	Co-administration with aspirin, for the prevention of atherothrombotic events: a) Second line treatment for patients readmitted to hospital with recurrent atherothrombotic event failing treatment with clopidogrel. b) STEMI patients going for invasive PCI c) NSTEMI/UA patients with intermediate to high risk TIMI score d) Other complicated ACS cases treated either medically or invasively via PCI or CABG (risk of Stent thrombosis, 3VD etc.)		Initially, 180mg as single dose followed by 90mg bd with maintenance dose of ASA 75-150 mg daily.
Ticlopidine HCl 250 mg Tablet	B01AC05110T1001XX	No		A/KK	i) Prevention of thrombotic stroke for patients who are sensitive /intolerant to Acetysalicylic Acid ii) Maintenance of coronary bypass surgery or angioplasty iii) Maintenance of patency of access in patients on chronic haemodialysis		250 mg twice daily taken with food
Timolol 0.5% Eye Drops	S01ED01-253-D20-02-XX	Yes	No	A	Elevated intraocular pressure, chronic open angle glaucoma	None	One drop in the affected eye(s) twice daily or as directed by physician
Timolol 0.5% Ophthalmic Gel Forming Solution	S01ED01-253-D20-02-XXX	Yes	No	A	Elevated intraocular pressure, chronic open angle glaucoma	None	One drop in the affected eye(s) once a day
Tinidazole 500 mg Tablet	P01AB02000T1001XX	No		B	i) Amoebiasis ii) Urogenital trichomoniasis and giardiasis		i) ADULT : 2 g as a single dose for 2 - 3 days. CHILD 3 years and older : 50 mg/kg daily for 3 days ii) ADULT : 2 g as a single dose (repeated once if necessary). Sexual partners should be treated concomitantly with the same dose. CHILD 6 years and older : single dose of 1 gram
Tiotropium 2.5mcg and Olodaterol 2.5mcg per actuation, inhalation	R03AL06-989-A10-01-XXX	No	Yes	A/KK	As a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	Patients without inhaler coordination problem (Only applies to Primary Care settings)	2 puffs once daily, at the same time of the day.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Tiotropium 2.5mcg/puff solution for inhalation	R03BB04-320-A30-01-XXX	Yes	Yes	A/KK	i) Maintenance bronchodilator treatment to relieve symptoms of patients with chronic obstructive pulmonary disease (COPD). ii) As add-on maintenance bronchodilator treatment in adult patients (18 years and older) with asthma who are currently treated with the maintenance combination of inhaled corticosteroids (≥800µg budesonide/day or equivalent) and long-acting β2-agonist and who experienced one or more severe exacerbations in the previous year.	For indication (i): The diagnosis of COPD should be confirmed by spirometry.	5 mcg (2 puff) once daily, at the same time of the day
Tirofiban HCl 0.25 mg/ml Injection	B01AC17110P9901XX	No		A*	Unstable angina or non-ST segment elevation myocardial infarction with the following: elevated cardiac markers, refractory chest pain, ST-segment changes and thrombolysis in myocardial infarction (TIMI) risk score 4		By IV infusion, 0.4 mcg/kg/min for 30 minutes, then 0.1 mcg/kg/min for at least 48 hours, maximum 108 hours
Tocilizumab 162mg/0.9ml solution for injection in prefilled syringe (for subcutaneous injection)	L04AC07000P3003XX	Yes	No	A*	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.		Adult patients: 162mg given once every week as a subcutaneous injection.
Tocilizumab 20 mg/ml Injection	L04AC07-000-P30-01-001	Yes	No	A*	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.		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	L04AA29136T3201XX	No		A*	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-rheumatic drugs (DMARDs).		One tablet twice daily
Tolterodine Tartrate ER 4 mg Capsule	G04BD07-123-C20-02-XXX	No		A*	Treatment of overactive bladder with symptoms of urinary, frequency or urge incontinence	-	4 mg once daily. May decrease to 2 mg once daily depending on response and tolerability
Topiramate 100 mg Tablet	N03AX11-000-T10-03-XXX	Yes		A*	As adjunctive therapy for adults and children (2 years and above) with: i) partial onset seizures and generalized tonic-clonic seizures ii) seizures associated with Lennox Gastaut syndrome.		ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert.
Topiramate 25 mg Capsule Sprinkle	N03AX11000C1002XX	Yes		A*	Add-on therapy for intractable partial epilepsy		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 Tablet	N03AX11-000-T10-01-XXX	Yes		A*	As adjunctive therapy for adults and children (2 years and above) with: i) partial onset seizures and generalized tonic-clonic seizures ii) seizures associated with Lennox Gastaut syndrome.		ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert.
Topiramate 50 mg Tablet	N03AX11-000-T10-02-XXX	Yes		A*	As adjunctive therapy for adults and children (2 years and above) with: i) partial onset seizures and generalized tonic-clonic seizures ii) seizures associated with Lennox Gastaut syndrome.		ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert.
Trace Elements and Electrolytes (Adult) Solution	B05XA30905P3001XX	No		A*	Only to be used to cover daily loss of electrolyte and trace elements for patient on parenteral nutrition		10 ml added to 500-1000 ml solution, given by IV infusion

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Trace Elements and Electrolytes (Paediatric) Solution	B05XA30905P3002XX	No		A*	Only to be used to cover daily loss of electrolyte and trace elements for patient on parenteral nutrition		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
Tramadol HCl 50mg Capsule	N02AX02-110-C10-01-XXX	Yes	No	A/KK	Moderate to severe acute or chronic pain (eg. Post-operative pain, chronic cancer pain and analgesia/pain relief for patients with impaired renal function)		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 50mg Tablet	N02AX02-110-T10-01-XXX	Yes	No	A/KK	Moderate to severe acute or chronic pain (e.g. Post-operative pain, chronic cancer pain and analgesia/pain relief for patients with impaired renal function)	None	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 50mg/ml Injection	N02AX02-110-P30-01-XXX	Yes	No	A/KK	Moderate to severe acute or chronic pain (eg. Post-operative pain, chronic cancer pain and analgesia/pain relief for patients with impaired renal function)	None	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 100mg/ml Injection	B02AA02000P3001XX	Yes	No	B	Haemorrhage associated with excessive fibrinolysis		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	B02AA02000C1001XX	Yes	No	B	Haemorrhage associated with excessive fibrinolysis		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
Trastuzumab 440mg Injection	L01XC03-000-P40-01-XXX	Yes	Yes	A*	i) Used only in adjuvant setting for patients with HER2 over-expressed breast cancer, that is HER2 3+ by immunohistochemistry and over-expressed by FISH (Fluorescence in situ hybridization) and high risk group ii) Treatment of HER2-positive non-metastatic breast cancer in combination with neoadjuvant chemotherapy followed by adjuvant trastuzumab, for locally advanced (including inflammatory) breast cancer or tumours >2cm in diameter.	ii) To be prescribed by oncologists only	i) Initial loading dose is 4 mg/kg administered as a 90 minutes IV infusion. Subsequent doses is 2 mg/kg administered as 30 minutes IV infusion weekly for 51 weeks ii) Initial loading dose of 8 mg/kg body weight, followed by 6 mg/kg body weight 3 weeks later and then 6 mg/kg repeated at 3-weekly intervals administered as infusions over approximately 90 minutes. If the prior dose was well tolerated, the dose can be administered as a 30-minute infusion.
Trastuzumab 600mg/5ml Solution for Injection (for subcutaneous)	L01XC03-000-P30-01-XX	Yes	Yes	A*	Used only in adjuvant setting for patients with HER2 over-expressed breast cancer, that is HER2 3+ by immunohistochemistry and over-expressed by FISH (Fluorescence in situ hybridization) and high risk group.	None	The recommended fixed dose of trastuzumab 600mg is 600mg irrespective of the patient's body weight. No loading dose is required. This dose should be administered over 2-5 minutes every three weeks.
Travoprost 0.004% & Timolol 0.5% Eye Drops	S01ED51-990-D20-03-XXX	No	No	A*	To decrease intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to other topical anti glaucomas	None	1 drop in the affected eye(s) once daily
Tretinoin 0.01% Gel	D10AD01000G3001XX	No	No	A/KK	Acne vulgaris, recalcitrant cases of acne (comedonal type)		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
Tretinoin 0.05% Cream	D10AD01-000-G10-01-XXX	No	No	A/KK	Acne vulgaris and recalcitrant cases of acne (comedonal type)	None	Apply once daily to the affected area, at bedtime, after cleansing with soap and water.
Tretinoin 0.1% Cream	D10AD01000G1002XX	No	No	A	Acne vulgaris and recalcitrant cases of acne (comedonal type)		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	A01AC01-351-G31-01-XXX	Yes	No	B	As an adjunctive treatment and for the temporary relief of symptoms associated with inflammatory or ulcerative lesions of oral mucosa resulting from trauma.	-	Apply thin film to affected areas 2 to 3 times daily
Triamcinolone Acetonide 10 mg/ml Injection	H02AB08-351-P30-01-XXX	No		A	Inflammation of joints, bursae and tendon sheaths	-	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	H02AB08-351-P30-02-XXX	No		A/KK	Allergies, dermatoses, rheumatoid arthritis and inflammatory opthalmic diseases	-	40-80 mg deep into the gluteal muscle

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Trifluoperazine HCl 5 mg Tablet	N05AB06-110-T10-01-XXX	No		B	i) Schizophrenia, other psychotic disorder ii) Treatment of behavioural disorders in adults and in children		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 body weight. Elderly reduce initial dose by at least half.
Trimetazidine 20 mg Tablet	C01EB15110T1001XX	No	Yes	B	Prophylactic treatment of episodes of angina pectoris		20 mg 3 times daily
Trimetazidine 35mg MR Tablet	C01EB15110T5001XX	No	Yes	B	Prophylactic treatment of episodes of angina pectoris		35 mg twice daily in the morning and evening with meals
Trimethoprim 100mg Tablet	J01EA01-000-T10-01-XXX	Yes	No	B	Treatment of urinary tract infections due to susceptible pathogens	None	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: 6-8 mg/kg/day in 2 divided doses. 6 - 12 years: 100 mg twice daily; 6 months - 5 years: 50 mg twice daily. 6 weeks - 5 months: 25mg twice daily
Trimethoprim 300mg Tablet	J01EA01-000-T10-02-XXX	Yes	No	B	Treatment of urinary tract infections due to susceptible pathogens	None	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
Trioxsalen 5 mg Tablet	D05BA01000T1001XX	No	No	A	Vitiligo		5 - 10 mg daily, 2 - 4 hours before exposure to sunlight. To increase pigmentation: 10 mg daily, 2 hours prior to UV irradiation
Triprolidine HCl 1.25mg and Pseudoephedrine HCl 30mg/5ml Syrup	R01BA52-110-L90-01-XXX	No	No	B	Decongestion of the upper respiratory tract in common cold, hay fever, allergic and vasomotor rhinitis and sinusitis. Doses to be taken twice daily or three times daily	None	Adult and children over 12 years: 10ml 3 times a day (max 4 times a day). CHILD: 6 - 12 years: 5 ml (6-8 hourly). 2 - 5 years: 2.5 ml (6-8 hourly).
Triprolidine HCl 2.5mg and Pseudoephedrine HCl 60mg Tablet	R01BA52-988-T10-02-XXX	No	No	B	Decongestion of the upper respiratory tract in common cold, hay fever, allergic and vasomotor rhinitis and aerotitis	None	ADULT 2.5 mg every 4 - 6 hours; maximum dose 10 mg/day. CHILD (syrup) 6 - 12 years : 1.25 mg every 4 - 6 hours; maximum dose 5 mg/day 4 - 6 years : 0.938 mg every 4 - 6 hours; maximum dose 3.744 mg/day 2 - 4 years : 0.625 mg every 4 - 6 hours; maximum dose 2.5 mg/day
Triptorelin 3.75 mg Injection	L02AE04000P2001XX	Yes	No	A	i) Treatment of confirmed central precocious puberty (preterm sexual development) (before 8 years in girls and 10 years in boys) ii) Genital and extragenital endometriosis (stage I to stage IV). Treatment should not be administered for more than 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue.		1 intramuscular injection every 4 weeks. The treatment must be started in the first 5 days of the menstrual cycle. The duration of treatment depends on the initial severity of the endometriosis and the changes observed in the clinical features. In principle, the treatment should be administered for at least 4 months and for at most 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue.
Triptoreline 11.25mg Powder and Solvent for Suspension for Injection	L02AE04-127-P40-01-xxx	Yes		A	i. Treatment of confirmed central precocious puberty (preterm sexual development) (before 8 years in girls and 10 years in boys) ii. Genital and extragenital endometriosis (stage I to stage IV). Treatment should not be administered for more than 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue.	i. First-line treatment for central precocious puberty ii. Second-line treatment for genital and extragenital endometriosis	i. Children over 20 kg in body weight: One intramuscular injection of triptorelin PR 11.25 mg administered every 3 months. Treatment should be stopped around the physiological age of puberty in boys and girls and it is recommended that treatment is not continued in girls with a bone maturation of more than 12 to 13 years. There are limited data available in boys relating to the optimum time to stop treatment based on bone age, however it is advised that treatment is stopped in boys with a bone maturation age of 13 to 14 years. ii. One intramuscular injection of Diphereline P.R. repeated every 3 months. The subcutaneous administration has not been studied in women. The treatment must be started in the first five days of the menstrual cycle. Duration of treatment: This depends on the initial severity of the endometriosis and the changes observed in the clinical features (functional and anatomical) during treatment. The treatment should not be administered for more than 6 months
Tropicamide 1% Eye Drops	S01FA06-000-D20-02-XXX	Yes	No	A/KK	Topical use to produce cycloplegic refraction for diagnostic purposes	None	1 - 2 drops several times a day

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Trospium Chloride 20mg coated tablet	G04BD09-100-C10-01-XXX	No		A*	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	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 other day
Tuberculine PPD Injection	V04CF01000P3001XX	Yes	No	B	For routine Mantoux (tuberculin sensitivity) test		10 units is injected intradermally
Typhoid Vaccine Capsule	J07AP01000C1001XX	No	No	B	Active immunization against typhoid fever in adult and child 6 years of age or older		ADULT and CHILD 6 years of age or older, 1 capsule on days 1, 3 and 5
Typhoid Vaccine Injection	J07AP02000P3001XX	Yes	No	B	Active immunization against typhoid fever in adult and child more than 2 years		0.5 ml single IM injection into the deltoid or vastus lateralis, may reimmunize with 0.5 ml IM every 3 years if needed.
Ulipristal Acetate 30mg Tablet	G03AD02-122-T10-01-XXX	Yes	No	A	Emergency contraception within 120 hours (5 days) of unprotected sexual intercourse for sexual assault victim.	-	30mg orally as soon as possible, but no later than 120 hours (5 days) after unprotected sexual intercourse or contraceptive failure.
Umeclidinium 62.5mcg and Vilanterol 25mcg inhalation	R03AL03-989-A20-01-XXX	Yes	Yes	A*	Indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	None	One inhalation daily
Upadacitinib 15mg Extended-Release Film Coated Tablet	L04AA44-020-T50-01-XXX	No	No	A*	1. Indicated for the treatment of severe atopic dermatitis in adults and adolescents 12 years and older who are candidates for systemic therapy. 2. Indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs. May be used as monotherapy or in combination with methotrexate. 3. Indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Upadacitinib may be used as monotherapy or in combination with methotrexate.	Indication 1 (severe atopic dermatitis): i. As fourth line of treatment in patients who have failed / have contraindications / experienced adverse events to: • Intensive and optimized topical treatment • Phototherapy • At least two immunosuppressants ii. To be prescribed by Dermatologists only. Indication 2 (active psoriatic arthritis): To be prescribed by Rheumatologist only Indication 3 (moderate to severe active rheumatoid arthritis): i. To be prescribed after failing/ intolerance/ contraindicated to csDMARDs (as per Malaysian Consensus on Biologic Usage) and one biologic DMARDs. ii. To be prescribed by Rheumatologist only	Indication 1 (severe atopic dermatitis): Adults: The recommended dose of upadacitinib is 15 mg or 30 mg once daily based on individual patient presentation (Refer to package insert). The lowest effective dose for maintenance should be considered. Adolescents (from 12 to 17 years of age): The recommended dose of upadacitinib is 15 mg once daily for adolescents weighing at least 40 kg. Upadacitinib can be used with or without concomitant topical therapies (Refer package insert) Indication 2 & 3 (active psoriatic arthritis & moderate to severe active rheumatoid arthritis): 15 mg once daily
Urofollitropin (FSH) 150 IU Injection	G03GA04-000-P30-02-XXX	No		A*	For stimulation of follicular growth in the treatment of infertility		To be individualised. Initial: 75 IU-150 IU daily for 7 days and then may be increased or decreased by 75 IU/day according to follicular response. Max : 450 IU/day. In-vitro fertilisation: Initial: 150 IU daily from Cycle Day 2 or Day 3 until sufficient follicular development is attained.
Urofollitropin (FSH) 75 IU Injection	G03GA04-000-P30-01-XXX	No		A*	For stimulation of follicular growth in the treatment of infertility	-	To be individualised. Initial: 75 IU-150 IU daily for 7 days and then may be increased or decreased by 75 IU/day according to follicular response. Max : 450 IU/day. In-vitro fertilisation: Initial: 150 IU daily from Cycle Day 2 or Day 3 until sufficient follicular development is attained
Urokinase 250,000 IU Injection	B01AD04-000-P40-04-XXX	No		A	Treatment of thromboembolic disease such as mycocardial infarction, peripheral artery occlusion, pulmonary embolism, retinal artery thrombosis and other ophthalmologic use		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 futher dissolution
Ursodeoxycholic Acid 250 mg Capsule	A05AA02-000-C10-01-XXX	No		A	Cholestatic liver diseases (eg. primary biliary cholangitis, primary cholangitis etc.)	-	10-15 mg/kg daily in 2 to 3 divided doses Dosing is individualised based on body weight and according to product insert/protocol
Ustekinumab 90 mg/ml Injection	L04AC05000P3002XX	No		A*	Treatment of moderate to severe plaque psoriasis in adults who failed to, or who have contraindication to, or are intolerant to conventional systemic therapies including ciclosporin, methotrexate and photochemotherapy (PUVA).		Body weight less than 100kg: Initial dose of 45 mg SC, followed by 45 mg 4 weeks later, then every 12 weeks thereafter. Body weight more than 100 kg: initial dose 90 mg SC, followed by 90 mg 4 weeks later, & then every 12 weeks thereafter.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Valganciclovir 450mg Tablet	J05AB14-110-T10-01-XXX	Yes	No	A*	For the prevention of cytomegalovirus (CMV) disease in CMV-negative patients who have received a solid organ transplant from a CMV-positive donor	None	For adult patients who have received other than kidney transplant, the recommended dose is 900 mg (two 450 mg tablets) once a day starting within 10 days of transplantation until 100 days post-transplantation. For adult patients who have received a kidney transplant, the recommended dose is 900 mg (two 450 mg tablets) once a day starting within 10 days of transplantation until 200 days post-transplantation.
Valproic Acid and Sodium Valproate (ER) 500mg Tablet	N03AG01-520-T50-01-XX	Yes	Yes	B	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-Gastatut). ii) Treatment and prevention of mania associated with bipolar disorders.	None	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 160 mg and Hydrochlorothiazide 12.5 mg Tablet	C09DA03935T1005XX	No	Yes	A/KK	Hypertension in patients intolerant to ACE inhibitors		Initial: Valsartan/Hydrochlorothiazide 80/12.5mg once daily Max: Valsartan/Hydrochlorothiazide 320/25mg once daily Dosing is individualised and according to product insert / protocol.
Valsartan 160 mg Tablet	C09CA03000T1002XX	No	Yes	A/KK	Patients intolerant to ACE inhibitors in: i) Heart failure ii) Post myocardial infarction iii) Hypertension		i) Initial: 40mg twice daily. Titrate up to highest tolerated dose. Max: 320mg daily in divided doses ii) Initial: 20mg twice daily Titrate up to 160mg over next few weeks. Max: 160mg twice daily iii) 80mg or 160mg once daily Max: 320mg daily Dosing is individualised and according to package insert / protocol.
Valsartan 80 mg and Hydrochlorothiazide 12.5 mg Tablet	C09DA03-935-T10-01-XXX	No	Yes	A/KK	Hypertension in patients intolerant to ACE inhibitors		Initial: Valsartan/Hydrochlorothiazide 80/12.5mg once daily Max: Valsartan/Hydrochlorothiazide 320/25mg once daily Dosing is individualised and according to product insert / protocol.
Valsartan 80 mg Tablet	C09CA03-000-T10-01-XXX	No	Yes	A/KK	Patients intolerant to ACE inhibitors in: i) Heart failure ii) Post myocardial infarction iii) Hypertension		i) Initial: 40mg twice daily. Titrate up to highest tolerated dose. Max: 320mg daily in divided doses ii) Initial: 20mg twice daily Titrate up to 160mg over next few weeks. Max: 160mg twice daily iii) 80mg or 160mg once daily Max: 320mg daily Dosing is individualised and according to package insert / protocol.
Vancomycin HCl 500mg Injection	J01XA01-110-P40-01-XXX	Yes	No	A*	i. Treatment of infections due to susceptible gram-positive organisms which cannot be treated with other agents (eg. MRSA and Enterococcus sp.) ii. Treatment of severe staphylococcal infections in patients who cannot receive or who have failed to respond to the penicillins and cephalosporins.	None	Slow IV infusion. ADULT: 15-20mg/kg q 8-12 hours, not to exceed 2gm per dose. 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
Varenicline Tartrate 0.5mg Tablet	N07BA03123T1001XX	Yes	Yes	A/KK	Smoking cessation treatment		0.5 mg once daily for Day 1-3, then 0.5 mg twice daily for Day 4-7, then 1 mg twice daily; duration of treatment is 12 weeks
Varenicline Tartrate 1mg Tablet	N07BA03123T1002XX	Yes	Yes	A/KK	Smoking cessation treatment		0.5 mg once daily for Day 1-3, then 0.5 mg twice daily for Day 4-7, then 1 mg twice daily; duration of treatment is 12 weeks
Varicella Virus Vaccine Live Attenuated Injection	J07BK01000P4001XX	Yes	No	A*	Immunisation against varicella virus infection.		0.5ml by SC. Dosing is according to product insert.
Vasopressin 20 units/ml Injection	H01BA01000P3001XX	No		A	i) Pituitary diabetes insipidus ii) Oesophageal variceal bleeding		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

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Vedolizumab 300mg powder for concentrate for solution for infusion	L04AA33-000-P41-01-XXX	No		A*	i) Indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to tumour necrosis factor-alpha (TNF-α) antagonist. ii) Indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to tumour necrosis factor-alpha (TNFα) antagonist.	None	300 mg administered by intravenous infusion at zero, two and six weeks and then every eight weeks thereafter.
Venetoclax 100mg Film Coated Tablet	L01XX52-000-T32-01-XXX	No	Yes	A*	Indicated in combination with azacitidine, or decitabine, or low dose cytarabine for the treatment of newly diagnosed acute myeloid leukaemia (AML) in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy.	To be prescribed by Consultant Haematologist only.	The recommended dosage and ramp-up of venetoclax depends on the combination agent. Follow the dosing schedule, including the 3-day or 4-day dose ramp-up, as following: Day 1: 100mg, Day 2: 200mg, Day 3: 400mg, Day 4 and beyond: 400mg orally once daily of each 28-day cycle in combination with azacitidine or decitabine OR 600mg orally once daily of each 28-day cycle in combination with low-dose cytarabine. Continue venetoclax, in combination with azacitidine or decitabine or low-dose cytarabine until disease progression or unacceptable toxicity.
Venetoclax 10mg Film Coated Tablet	L01XX52-000-T32-02-XXX	No	Yes	A*	Indicated in combination with azacitidine, or decitabine, or low dose cytarabine for the treatment of newly diagnosed acute myeloid leukaemia (AML) in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy.	To be prescribed by Consultant Haematologist only.	The recommended dosage and ramp-up of venetoclax depends on the combination agent. Follow the dosing schedule, including the 3-day or 4-day dose ramp-up, as following: Day 1: 100mg, Day 2: 200mg, Day 3: 400mg, Day 4 and beyond: 400mg orally once daily of each 28-day cycle in combination with azacitidine or decitabine OR 600mg orally once daily of each 28-day cycle in combination with low-dose cytarabine. Continue venetoclax, in combination with azacitidine or decitabine or low-dose cytarabine until disease progression or unacceptable toxicity.
Venetoclax 50mg Film Coated Tablet	L01XX52-000-T32-03-XXX	No	Yes	A*	Indicated in combination with azacitidine, or decitabine, or low dose cytarabine for the treatment of newly diagnosed acute myeloid leukaemia (AML) in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy.	To be prescribed by Consultant Haematologist only.	The recommended dosage and ramp-up of venetoclax depends on the combination agent. Follow the dosing schedule, including the 3-day or 4-day dose ramp-up, as following: Day 1: 100mg, Day 2: 200mg, Day 3: 400mg, Day 4 and beyond: 400mg orally once daily of each 28-day cycle in combination with azacitidine or decitabine OR 600mg orally once daily of each 28-day cycle in combination with low-dose cytarabine. Continue venetoclax, in combination with azacitidine or decitabine or low-dose cytarabine until disease progression or unacceptable toxicity.
Venlafaxine HCl 150 mg Extended Release Capsule	N06AX16110C2002XX	No		A*	i) Depression ii) Generalized anxiety disorder iii) Social anxiety disorder (social phobia) iv) Panic disorder		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.
Venlafaxine HCl 75 mg Extended Release Capsule	N06AX16110C2001XX	No		A*	i) Depression ii) Generalized anxiety disorder iii) Social anxiety disorder (social phobia) iv) Panic disorder		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	C08DA01110P3001XX	Yes	Yes	A/KK	Supraventricular tachycardia		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	C08DA01-110-T10-01-XXX	Yes	Yes	B	i) Supraventricular tachyarrhythmias (SVT) prophylaxis ii) Angina iii) Hypertension		i) 120-480mg in 2-3 divided doses ii) 80mg – 120mg 3 times daily iii) Initial: 240 mg daily in 2-3 divided doses. Max: 480 mg daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Vildagliptin 50 mg and Metformin HCl 1000 mg Tablet	A10BD08926T1002XX	No	Yes	A/KK	FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea. - 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.		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 500 mg Tablet	A10BD08926T1003XX	No	Yes	A/KK	FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea. - 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.		50/500mg or 50/850mg or 50/1000mg twice daily. Maximum daily dose is 100mg vildagliptin and 2000mg metformin.
Vildagliptin 50 mg and Metformin HCl 850 mg Tablet	A10BD08926T1001XX	No	Yes	A/KK	FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea. - 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.		50 mg/850 mg or 50 mg/1000 mg twice daily. Maximum daily dose is 100 mg vildagliptin plus 2000 mg metformin hydrochloride.
Vildagliptin 50mg Tablet	A10BH02-000-T10-01-XXX	Yes	Yes	A/KK	FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea. 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.	None	ADULT over 18 years: 50mg bd when combine with metformin, 50 mg od when combine with sulphonylurea
Vinblastine Sulphate 10 mg Injection	L01CA01183P3002XX	Yes	Yes	A	Hodgkin's disease, choriocarcinoma resistant to other chemotherapeutic agents, non-small cell lung cancer, Langerhans cell histiocytosis		Adult: Initially, 3.7 mg/m2, increase dose weekly based on WBC counts in increments of about 1.8 mg/m2 until leukocyte count decreases to about 3000/mm3, or maximum weekly dose of 18.5 mg/m2 reached. Usual dose: 5.5-7.4 mg/m2 per week. Do not administer next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm3. Child: Initial 2.5 mg/m2 of BSA, increased dose at weekly intervals in increments of about 1.25 mg/m2 until leukocyte count decreases to about 3000/ mm3, or maximum weekly dose of 12.5 mg/m2 reached. Do not increase dose once leukocyte count reaches approximately 3000 cells/mm3, 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/mm3.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Vincristine Sulphate 1 mg/ml Injection	L01CA02183P3001XX	Yes	Yes	A	i) Solid tumours ii) Gestational trophoblastic disease iii) Lymphoma iv) Multiple myeloma v) Acute lymphoblastic leukemia		ADULT 1.4 mg/m2 injection CHILD 1 mg/m2 to 2 mg/m2 weekly (0.05 mg/kg for infants less than 10kg) Dosing is according to product insert/protocol
Vinorelbine 10mg/mL Injection	L01CA04000P4002XX	Yes	Yes	A*	i) First line treatment in non-small cell lung cancer in combination with cisplatin/ifosfomide ii) Metastatic breast cancer		i) Single agent: Adult 30mg/m2 IV administered over 6-10 minutes once weekly Combination with cisplatin : 30mg/m2 IV administered over 6-10mintes once weekly combination with cisplatin IV on days and 29 and then every 6 weeks or Vinolrebine 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 vinolrebine maybe given as an 8mg/m2 IV BOLUS followed by 8mg/m2 as a 96-hour intravenous infusion.
Vitamin A 50,000 IU Capsule	A11CA01000C1001XX	No		C	Children with measles malnutrition and serious infections. Category C can use this drug for Orang Asli and in Sabah		i) 0-5 months, 50,000 IU ii) 6-11 months, 100,000 IU iii) 1-5 years, 200,000 IU. Frequency twice daily
Vitamin B Complex Tablet	A11EA00901T1001XX	Yes		C+	Prophylaxis and treatment of vitamin B deficiency		1-2 tablets daily
Vitamin B1, B6, B12 Tablet	A11DB00901T1001XX	Yes		B	For deficiency or raised requirement of Vitamin B1, B6, B12		1 tablets 3 times daily swallowed unchewed.
Vitamin K1 1 mg/ml Injection	B02BA01000P3001XX	Yes	No	C+	Vitamin K deficiency in neonates		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	B02BA01000P3002XX	Yes	No	B	Haemorrhage associated with hypoprothrombinaemia caused by overdose of anticoagulants		0.5 - 20 mg by very slow IV at a rate not exceeding 1 mg per minute
Voriconazole 200 mg Injection	J02AC03-000-P30-01-XXX	Yes	No	A*	i) Treatment of immunocompromised patients with progressive, possibly life-threatening infections such as invasive aspergillosis, fluconazole-resistant serious invasive candidiasis, serious fungal infections caused by Scedosporium species and Fusarium species ii)Prevention of breakthrough fungal infections in febrile high-risk neutropenic patients	None	Adult and Children 12 years and greater: Loading dose: 6 mg/kg 12 hourly for first 24 hours. Maintenance: i) 4 mg/kg 12 hourly ii) 3 mg/kg 12 hourly. Dose may be increased to 4 mg/kg 12 hourly if response is inadequate. Children aged 2years to <12years with normal hepatic and renal function: No loading dose needed; 7mg/kg 12hourly
Voriconazole 200 mg Tablet	J02AC03-000-T10-02-XXX	Yes	No	A*	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	None	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
Voriconazole 50 mg Tablet	J02AC03-000-T10-01-XXX	Yes	No	A*	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	None	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
Vortioxetine 10mg tablet	N06AX26-330-T32-01-XXX	No	Yes	A*	Treatment of major depressive episodes in adults.	Consultant/specialists for specific indications only, including Geriatricians and Neurologists	10mg once daily in adults less than 65 years of age. Depending on the individual patient response, the dose may be increased to a maximum of 20mg vortioxetine once daily or decreased to a minimum of 5mg vortioxetine once daily. After the depressive symptoms resolve, treatment for at least 6 months is recommended for consolidation of the anti-depressive response.
Warfarin Sodium 1 mg Tablet	B01AA03520T1001XX	Yes	Yes	B	Treatment and prophylaxis of thromboembolic disorders		Initially 2 to 5mg per day. Maintenance dose 2-10mg daily according to the INR Dosing is individualised based on patient's INR and according product insert/protocol/ guideline.

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Warfarin Sodium 2 mg Tablet	B01AA03520T1002XX	Yes	Yes	B	Treatment and prophylaxis of thromboembolic disorders		Initially 2 to 5mg per day. Maintenance dose 2-10mg daily according to the INR Dosing is individualised based on patient's INR and according product insert/protocol/ guideline.
Warfarin Sodium 3mg Tablet	B01AA03520T1003XX	Yes	Yes	B	Treatment and prophylaxis of thromboembolic disorders		Initially 2 to 5mg per day. Maintenance dose 2-10mg daily according to the INR Dosing is individualised based on patient's INR and according product insert/protocol/ guideline.
Warfarin Sodium 5 mg Tablet	B01AA03520T1004XX	Yes	Yes	B	Treatment and prophylaxis of thromboembolic disorders		Initially 2 to 5mg per day. Maintenance dose 2-10mg daily according to the INR Dosing is individualised based on patient's INR and according product insert/protocol/ guideline.
Water for Injection	V07AB00000P3001XX	Yes	No	C+	As a diluent and vehicle for the administration of medications		According to the needs of the patient
Zidovudine 1% Injection	J05AF01-000-P30-01-XXX	Yes	No	A	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	None	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	J05AF01-000-L90-01-XXX	Yes	No	A*	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	None	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 anti-retrovirals. 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	J05AF01-000-C10-01-XXX	Yes	No	A/KK	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	None	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 anti-retrovirals. 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 300 mg Tablet	J05AF01-000-T10-01-XXX	Yes	No	A*	i) Management of patients with asymptomatic and symptomatic (early or advanced) HIV infections with CD4 cell counts < 500 cu. mm; ii) HIV positive pregnant mothers	None	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 anti-retrovirals. ii)Prophylaxis of maternal-foetal HIV transmission Adult: 100 mg 5 times daily or 200 mg tid or 300 mg bid. Start treatment after 14th wk of gestation until the start of labour. Haemodialysis or peritoneal dialysis (CrCl <10 ml/min: 100 mg every 6-8 hr.
Zidovudine 300mg & Lamivudine 150mg Tablet	J05AR01-964-T10-01-XXX	Yes	No	A/KK	HIV infection in combination with at least one other antiretroviral drug	None	ADULT and CHILD over 12 years: 1 tablet twice daily

Generic Name	MDC	NEML	NCD	Category	Indications	Prescribing Restrictions	Dosage
Zinc Oxide Cream	D02AB00000G1001XX	No	No	C+	Skin protective in various skin conditions such as nappy rash, eczema and problem skin		Apply 3 times daily or as required
Zinc Oxide Ointment	D02AB00240G5001XX	No	No	C	Skin protective in various skin conditions such as nappy rash and eczema		Apply 3 times daily or as required
Zinc oxide, benzyl benzoate and balsam peru suppository	C05AX04931S1001XX	No	No	C	For relief of pruritus, burning and soreness in patients with haemorrhoids and perianal conditions		Insert 1 suppository night and morning after bowel movements; do not use for longer than 7 days OR please refer to the product insert.
Zoledronic Acid 4 mg Injection	M05BA08000P3001XX	Yes	No	A*	i) Treatment of hypercalcaemia of malignancy ii) Prevention of skeletal related events (SREs) in patients with multiple myeloma involving multiple bone lesions iii) Prevention of skeletal related events (SREs) for metastatic cancers of solid tumours		i) 4mg single dose ii) 4mg every 3-4 weeks iii) 4mg reconstituted and should be given as a 15- minute IV infusion every 12 weeks (as advised in MaHTAS 2018 Report)
Zolpidem Tartrate 10 mg Tablet	N05CF02123T1001XX	No		A	For treatment of insomnia		ADULT: 10mg daily at bedtime ELDERLY OR DEBILITATED SUBJECTS: 5mg daily at bed time Max. dose: 10mg daily
Zonisamide 100mg tablet	N03AX15-000-T10-01-XXX	No		A*	As adjunctive therapy in the treatment of partial seizures in adults with epilepsy.	As adjunctive therapy in the treatment of partial seizures in adults with epilepsy when 1st line and 2nd line therapy failed.	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 20 mg/ml Drops	N05AF05000D5001XX	No		A*	i) Acute schizophrenia and other acute psychoses, including agitation ii) Chronic schizophrenia and other chronic psychoses iii) Mania		i) & iii) 10-50mg daily Max. dose: 100-150mg daily in 2-3 divided doses ii) 20-40mg daily
Zuclopenthixol Acetate 50 mg/ml Injection	N05AF05122P3001XX	Yes	Yes	A*	Initial treatment of acute psychoses, including mania, and exacerbations of chronic psychoses in patients not responding to available standard drugs		50-150mg IM repeated if necessary, preferably within a time interval of 2-3 days. Additional injection may be needed 24-48 hours following the first injection
Zuclopenthixol Decanoate 200 mg/ml Injection	N05AF05135P2001XX	Yes	Yes	B	Maintenance treatment of schizophrenia and other psychoses, especially with symptoms such as hallucinations, delusions and thought disturbances along with agitation, restlessness, hostility and aggressiveness in patients not responding to available standard drugs		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