



New Medicines in Hospital Taiping (Lulus JKUT HTPG 3/2018)

	Generic Name	Group/Dicipline	MDC	Category	Indication	Dose
1	Vortioxetine 10 mg tablet	Psychiatry	N06AX26330T3201XXX	A* (LP 30 patients/year)	Treatment of major depressive episodes in adults.	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.

Medicines Formulary Hospital Taiping 1\_2019

	Generic Name	Group/Dicipline	MDC	Category	Indication	Dose
1	Abacavir 600mg/Lamivudine 300mg Tablet	Antiinfectives	J05AR02964T1001X X	A* (LP by patient basis)	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	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
2	Acarbose 50 mg Tablet		A10BF01000T1001X X	A/KK	Only for treatment of: i) Non insulin dependent diabetes mellitus (NIDDM) when diet therapy is insufficient ii) Non insulin dependent diabetes mellitus (NIDDM) in combination with existing conventional oral therapy where glycaemic control is inadequate.	Initially 50 mg daily, increase to 3 times daily up to 100 mg 3 times daily. Max 200 mg 3 times daily
3	Acetazolamide 250 mg Tablet		S01EC01000T1001X X	B	Reduction of intraocular pressure in open-angle glaucoma, secondary glaucoma and peri-operatively in angle-closure glaucoma	250mg 1-4 times a day, the dosage being titrated according to patient response
4	Acetazolamide Sodium 500mg Injection		S01EC01000P4001X X	B	Reduction of intra-ocular pressure in open-angle glaucoma, secondary glaucoma and peri-operatively in angle-closure glaucoma.	Adult : 250-1000mg per 24hours, usually in divided doses for amounts over 250mg daily
5	Acetylcysteine 2g/10mL Injection		V03AB23520P3001X X	A*	Antidote for paracetamol poisoning	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
6	Acetylsalicylic acid 100mg/ Glycine 45mg Tablet		B01AC06259T1001X X	B	Prevention of myocardial infarct, stroke, vascular occlusion and deep vein thrombosis. Transient ischaemic attacks	1 tablet daily
7	Acetylsalicylic acid 300 mg Tablet		N02BA01000T4001X X	C	Mild to moderate pain	300 - 900 mg every 4 - 6 hours as required. Max 4 g daily. Use in children not recommended
8	Acitretin (Neotigason) 10 mg Capsule		D05BB02000C1001X X	A* KPK for skin	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	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
9	Acitretin (Neotigason) 25 mg Capsule		D05BB02000C1002X X	A* KPK for skin	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	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
10	Acriflavine 0.1% Lotion		D08AA03000L6001X X	C+	Infected skin, lesions, cuts, abrasions, wounds and burns.	Apply undiluted three times daily to the affected part .



11	Acyclovir 200 mg Tablet		J05AB01000T1001X X	A/KK	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)	i) ADULT: initially 400 mg 5 times daily for 7 - 14 days. CHILD less than 2 years: 200 mg 4 times daily, CHILD more than 2 years: 400 mg 4 times daily ii), iii) and iv) ADULT: 200 - 400 mg 4 times daily. CHILD: less than 2 years, half adult dose; more than 2 years, adult dose v) ADULT: 800 mg 5 times daily for 7 days vi) ADULT: 20 mg/kg (maximum: 800 mg) four times daily for 5 days, CHILD 6 years: 800 mg four times daily. CHILD less than 2 years; 400mg 4 times daily, more than 2 years; 800mg 4 times daily
12	Acyclovir 3% Eye Ointment		S01AD03000G5101X X	A*	Only for the treatment of herpes simplex keratitis	Apply 1 cm 5 times daily. Continue for at least 3 days after healing
13	Acyclovir 800 mg Tabet		J05AB01000T1002X X	A/KK	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)	i) ADULT: initially 400 mg 5 times daily for 7 - 14 days. CHILD less than 2 years: 200 mg 4 times daily, CHILD more than 2 years: 400 mg 4 times daily ii), iii) and iv) ADULT: 200 - 400 mg 4 times daily. CHILD: less than 2 years, half adult dose; more than 2 years, adult dose v) ADULT: 800 mg 5 times daily for 7 days vi) ADULT: 20 mg/kg (maximum: 800 mg) four times daily for 5 days, CHILD 6 years: 800 mg four times daily. CHILD less than 2 years; 400mg 4 times daily, more than 2 years; 800mg 4 times daily
14	Acyclovir Sodium 250 mg Injection		J05AB01000P4001X X	A*	Treatment and prophylaxis of herpes simplex in immunocompromised, severe initial genital herpes and Varicella -Zoster	ADULT: 5 mg/kg by IV infusion 8 hourly for 5 days, doubled to 10mg/kg every 8 hourly in varicella-zoster in the immunocompromised and in simplex encephalitis (usually given for at least 10 days in encephalitis; possibly for 14 - 21 days). NEONATE & INFANT up to 3 months with disseminated herpes simplex: 20mg/kg every 8 hourly for 14 days (21 days in CNS involvement), varicella-zoster 10-20mg/kg every 8 hourly usually for 7 days. CHILD, 3 months - 12 years: Herpes simplex or Varicella Zoster: 250 mg/m <sup>2</sup> 8 hourly for 5 days, doubled to 500 mg/m <sup>2</sup> 8 hourly for varicella-zoster in the immunocompromised and in simplex encephalitis (usually given for 10 days in
15	Adenosine (Adenocor) Injection 3 mg/mL		C01EB10000P3001X X	B	Rapid conversion of paroxysmal supraventricular tachycardia to sinus rhythm	ADULT: Initially: 3 mg given as a rapid IV bolus (over 2 seconds). Second dose: If the first dose does not result in elimination of the supraventricular tachycardia with in 1 or 2 minutes, 6 mg should be given also as a rapid IV bolus. Third dose: If the second dose does not result in elimination of the supraventricular tachycardia with in 1-2 minutes, 12 mg should be given also as a rapid IV bolus
16	Adrenaline Acid Tartrate 1mg/1mL Injection		C01CA24123P3001X X	B	Cardiopulmonary resuscitation	1 mg by intravenous injection repeated every 3-5 minutes according to response
17	Agomelatine 25mg Tablet		N06AX22000T1001X X	A* kuota	Major depression	The recommended dose is 25mg once daily at bedtime, maybe increased to 50mg once daily at bedtime.



18	Albendazole 200 mg Tablet		P02CA03000T1001X X	C+	i) Single or mixed infestations of intestinal parasites ii) Strongyloides infection	i) Child 12-24 months: 200mg as a single dose ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24 months: 200mg as a single dose for 3 consecutive days
19	Albendazole 200 mg/5 ml Suspension		P02CA03000L8001X X	C+	i) Single or mixed infestations of intestinal parasites ii) Strongyloides infection	i) Child 12-24 months: 200mg as a single dose ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24 months: 200mg as a single dose for 3 consecutive days
20	Alcohol 70% Solution		D08AX08000L9901X X	C+	Use as antiseptic and disinfectant	Apply to the skin undiluted or when needed
21	Alendronate sodium 70mg/ Cholecalciferol (Fosamax Plus) 5600 IU Tablet		M05BB03972T1002X X	A*	Osteoporosis in post menopausal women with a history of vertebral fracture and whom oestrogen replacement therapy is contraindicated. Review treatment after 2 years and if there is positive response, treatment may be continued up to 5 years and then re- evaluate. Treatment should be stopped if there is no positive response after 5 years. Otherwise, patient needs to be given drug holiday for 1 to 2 years and then continue treatment shall the benefit outweigh the risk.	1 tablet once weekly [70mg/5600 IU]. Patient should receive supplemental calcium or vitamin D, if dietary vitamin D inadequate. The tablet should be taken at least half an hour before the first food, beverage, or medication of the day with plain water only. To facilitate delivery to stomach and thus reduce the potential for esophageal irritation, it should only be swallowed upon arising for the day with a full glass of water and patient should not lie down for at least 30 minutes and until after their first food of the day
22	Alfacalcidol 1 mcg Capsule		A11CC03000C1002X X	A/KK	i) Renal osteodystrophy in patients on haemodialysis ii) Hypoparathyroidism and pseudohypoparathyroidism iii) Adjunct to the management of tertiary hyperparathyroidism iv) Rickets and osteomalacia v) Osteoporosis	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
23	Alfacalcidol 2 mcg/ml Drops (Oral)		A11CC03000D5001X X	A*	i) Renal osteodystrophy in patients on haemodialysis ii) Hypoparathyroidism and pseudohypoparathyroidism iii) Adjunct to the management of tertiary hyperparathyroidism iv) Rickets and osteomalacia v) Osteoporosis	NEONATES : 0.1 mcg/kg/day
24	Alfuzosin HCl 10 mg Tablet		G04CA01110T1001X X	A*	Treatment of functional symptoms related with benign prostatic hypertrophy (BPH)	10 mg once a day pre bed
25	Alkaline nasal douche		R01A000999L5001X X	B	To remove nasal plug	To be diluted with an equal volume of warm water before use
26	Allopurinol 300 mg Tablet		M04AA01000T1001X X	A/KK	i) Frequent and disabling attacks of gouty arthritis (3 or more attacks/year). ii) Clinical or radiographic signs of erosive gouty arthritis. iii) The presence of tophaceous deposits. iii) Urate nephropathy. iv) Urate nephrolithiasis. v) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia	Initial dose : 100-300 mg daily. Maintenance : 300-600 mg daily. Maximum: 900 mg daily
27	All-Trans Retinoic Acid 10 mg Capsule		L01XX14000C1001X X	A*	Acute promyelocytic leukaemia	Induction: 45 mg/m <sup>2</sup> daily for 30 - 90 days. Maintenance: 45 mg/m <sup>2</sup> daily for 2 weeks every 3 months. Renal/or hepatic insufficiency: 25mg/m <sup>2</sup> daily for 30-90
28	Alprazolam 0.5 mg Tablet		N05BA12000T1002X X	A	Anxiety disorders	0.25 - 0.5 mg 3 times daily (elderly or debilitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children
29	Alprostadil (Prostin VR Pediatric) 500 mcg/ml Injection		C01EA01000P3001X X	A*	For treatment of congenital heart diseases which are ductus arteriosus dependent	0.05 - 0.1 mcg/kg/min by continuous IV infusion, then decreased to lowest effective dose
30	Alteplase 50mg/50mL Injection		B01AD02000P4001X X	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



31	Amantadine 100mg Tablet		N04BB01110C1001X X	B Kuota MED	Parkinson's disease	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
32	Amikacin Sulphate 250 mg / 2 mL Injection		J01GB06183P3003X X	A	Infections due to susceptible organisms	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. <del>Maximum 15mg/kg/day</del>
33	Amikacin Sulphate 500 mg / 2 mL Injection		J01GB06183P3002X X	A	Infections due to susceptible organisms	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. <del>Maximum 15mg/kg/day</del>
34	Amiloride 5mg/Hydrochlorothiazide 50mg (Moduretic) Tablet		C03EA01900T1001X X	B	i) Diuretic as an adjunct to the management of oedematous states ii) Hypertension	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
35	Aminophylline Dihydrate Fresenius 250 mg/10 ml Injection (271mg equal to aminophylline anhydrous 250mg)		R03DA05000P3001X X	B	Reversible airways obstruction, acute severe bronchospasm	Adult: Loading dose: 5 mg/kg (ideal body weight) or 250-500 mg (25 mg/ml) by slow inj or infusion over 20-30 min. Maintenance infusion dose: 0.5 mg/kg/hr. Max rate: 25 mg/min. Child: Loading dose: same as adult dose. Maintenance dose: 6 mth-9 yr: 1 mg/kg/hr and 10-16 yr: <del>0.8 mg/kg/hr</del>
36	Amiodarone HCl 150 mg/3 ml Injection		C01BD01110P3001X X	A*	Arrhythmias when other drugs are contraindicated or ineffective	Initial infusion of 5mg/kg via large venous access over 20-120 minutes with ECG monitoring; subsequent infusion given if necessary according to response up to a maximum of 1.2 g in 24 hours
37	Amiodarone HCl 200 mg Tablet		C01BD01110T1001X X	A*	Arrhythmias	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
38	Amisulpiride 100mg Tablet		N05AL05000T1001X X	A* kuota PSY	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	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)
39	Amisulpiride 400mg Tablet		N05AL05000T1002X X	A* kuota PSY	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	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)



40	Amitryptilline HCl 25 mg Tablet		N06AA09110T1001X X	B	Depression	Initially 25mg 3 times a day. Maintenance: 25-100mg daily in divided doses. Hospitalized patient: 100mg/day & gradually increase to 200- 300mg/day. ADOLESCENT and ELDERLY: initially 20- 30mg/day in divided doses w/ gradual increments. CHILD under 16 years are not recommended
41	Amlodipine 10 mg Tablet		C08CA01000T1002X X	B	Hypertension	5 mg once daily. Max: 10 mg once daily
42	Amlodipine 5 mg Tablet		C08CA01000T1001X X	B	Hypertension	5 mg once daily. Max: 10 mg once daily
43	Amorolfine 5% Nail Lacquer (Loceryl)		D01AE16110L5001X X	A* skin SS only	Fungal nail infections	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)
44	Amoxicillin 500mg/ Clavulanic Potassium Acid 125mg Tablet		J01CR02961T1002X X	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	ADULT & CHILD more than 12 years: Mild to moderate infections: 625 mg twice daily.
45	Amoxicillin sodium 1g/ Clavulanic potassium Acid 200mg Injection		J01CR02961P4002X X	A	Infections caused by susceptible organisms. Respiratory tract, skin, soft tissue, GUT infection, septicaemia, peritonitis, post- operative infection & osteomyelitis	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
46	Amoxicillin trihydrate 200mg/ Clavulanic Acid 28.5mg Syrup		J01CR02961F2102X X	A/KK	Infections caused by susceptible organisms	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
47	Amoxicillin trihydrate 250 mg Capsule		J01CA04012C1001X X	B	Infections caused by susceptible strains of gram positive and gram negative organisms	ADULT: 250 - 500 mg 3 times daily. CHILD: 20 - 40 mg/kg/day in divided doses 8 hourly
48	Amphotericin B Sodium Deoxycholate 50 mg Injection		J02AA01801P4001X X	A	Systemic fungal infections	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
49	Ampicilin 220mg/ Sulbactam 147mg Tablet		J01CR01961T1001X X	A/KK	Treatment of susceptible bacterial infections	ADULT: 375-750mg twice daily CHILDREN AND INFANTS: 25-50mg/kg/day in 2 divided doses, if ≥ 30kg use an adult dose
50	Ampicillin Sodium 1g/ Sulbactam 500mg Injection		J01CR01961P4002X X	A	Treatment of susceptible bacterial infections	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
51	Ampicillin Sodium 500 mg Injection		J01CA01520P4001X X	B	Treatment of susceptible bacterial infections (non beta-lactamase-producing organisms); meningitis	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
52	Ampicillin Trihydrate 125 mg/5 ml Syrup		J01CA01012F2101X X	B	Treatment of susceptible bacterial infections (non beta-lactamase-producing organisms)	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
53	Anastrozole 1 mg Tablet		L02BG03000T1001X X	A*	Treatment of hormone responsive metastatic or locally advanced breast cancer after failure of tamoxifen	1 mg daily



54	Antivenin Cobra 0.6mg/mL Injection		J06AA03000P3002X X	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.
55	Antivenin Malaysian Pit Viper 1.6mg / mL Injection		J06AA03000P3001X X	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.
56	Antivenin Serum Sea Snake 0.6mg / mL Injection		J06AA03000P3003X X	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
57	Antivenin Serum Snake Neuro Polyvalent Injection (Malayan Krait venom .0.4mg/ml, Cobra venom 0.6mg/ml, Banded Krait venom 0.6mg/ml, King Cobra venom 0.8mg/ml) -		J06AA03000P3004X X	B	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Indian Cobra (Naja naja), Common Krait (Bungarus caeruleus), Russell's Viper (Daboia russelli) and Saw-scaled Viper (Echis carinatus)	Recommended initial dose is 20ml by intravenous infusion. The injection should be given very slowly as 5 minutes by direct slow intravenous route or 1 hour by infusion. If symptoms continue, further doses are administered as required until symptoms completely disappear
58	Antivenin Serum Snake Polyvalent Injection (Indian Cobra venom 0.6mg/ml, Common Krait 0.45mg/ml, Russell's Viper 0.6mg/ml, Saw scaled Viper 0.45mg/ml)		J06AA03000P3004X X	B	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Indian Cobra (Naja naja), Common Krait (Bungarus caeruleus), Russell's Viper (Daboia russelli) and Saw-scaled Viper (Echis carinatus)	Recommended initial dose is 20ml by intravenous infusion. The injection should be given very slowly as 5 minutes by direct slow intravenous route or 1 hour by infusion. If symptoms continue, further doses are administered as required until symptoms completely disappear
59	Aprepitant 125 mg Capsule	Gastro-Intestinal	A04AD12000C1002X X	A* (Hemato LP 3 patients/year)	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
60	Aprepitant 80 mg Capsule	Gastro-Intestinal	A04AD12000C1001X X	A* (Hemato LP 3 patients/year)	In combination with other antiemetic agents for prevention of delayed nausea and vomiting 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
61	Aqueous Cream		D02AX00000G1001X X	C+	Dry skin	As a soap or apply to the skin as an emollient cream
62	Aripiprazole 10mg Tablet		N05AX12000T1001X X	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	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
63	Artemether 20mg/ Lumefantrin 120mg (Riamet) Tablet		P01BE52981T1001X X	B	Acute uncomplicated falciparum malaria	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



64	Artesunate 60 mg Injection		P01BE03000P3001X X	A	Treatment of severe malaria caused by Plasmodium falciparum in adults and children	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.
65	Ascorbic Acid 100 mg Tablet		A11GA01000T1002X X	C+	Vitamin C deficiency	ADULT: 100-250 mg once or twice daily CHILD: 100 mg three times daily for one week followed by 100mg daily until symptoms abate.
66	Asenapine 10mg tablet (for second & third line)	Psychiatry	N05AH05253T7002X X	A* (LP 20 patients/year)	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.	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
67	Asenapine 5mg tablet (for second & third line)	Psychiatry	N05AH05253T7001X X	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.	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
68	Atenolol 100 mg Tablet		C07AB03000T1002X X	B	Hypertension, angina pectoris, myocardial infarction and arrhythmias	Hypertension and arrhythmias: 50 - 100 mg daily, Angina; 100 mg daily. Myocardial infarction: individualised
69	Atomoxetine HCl 10 mg Capsule		N06BA09110C1001X X	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	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
70	Atomoxetine HCl 18 mg Capsule		N06BA09110C1002X X	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	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
71	Atomoxetine HCl 25 mg Capsule		N06BA09110C1003X X	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	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
72	Atomoxetine HCl 40 mg Capsule		N06BA09110C1004X X	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	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



73	Atomoxetine HCl 60 mg Capsule		N06BA09110C1005X X	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	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
74	Atorvastatin Calcium 20 mg Tablet		C10AA05000T1002X X	A/KK	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	10 mg once daily. Maximum: 80 mg daily
75	Atorvastatin Calcium 40 mg Tablet		C10AA05000T1001X X	A/KK	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	10 mg once daily. Maximum: 80 mg daily
76	Atorvastatin Calcium 80 mg Tablet		C10AA05000T1004X X	A/KK	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	10 mg once daily. Maximum: 80 mg daily
77	Atracurium Besylate 25 mg/2.5 ml Injection		M03AC04197P3001X X	A*	Muscle relaxant in general anaesthesia, Endotracheal intubation, Aid controlled ventilation.	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.
78	Atropine Sulphate 1 mg/ml Injection		A03BA01183P3001X X	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	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.
79	Atropine Sulphate 1% Eye Drop (Isopto-Atropin)		S01FA01183D2001X X	B	Determination of refraction, strabismus, iritis and iridocyclitis, after extra or intracapsular extraction of lens	PREOPERATIVE MYDRIASIS : one drop of a 1% solution supplemented with one drop of 2.5 or 10% phenylephrine prior to surgery. ANTERIOR UVEITIS or POSTOPERATIVE MYDRIASIS : one drop of a 1% or 2% solution up to 3 times a day
80	Azathioprine 50 mg Tablet		L04AX01000T1001X X	A	i) Treatment of complicated respiratory tract infection not responding to standard macrolides ii) Adult treatment of uncomplicated genital infections due to Chlamydia trichomatis or susceptible Neisseria gonorrhoea iii) Prophylaxis against Mycobacterium avium complex in patients with advanced HIV	i) 500 mg daily for 3 days ii) 1 g as a single dose iii) 1 g weekly
81	Azithromycin 200 mg/5 ml Oral Suspension		J01FA10011F1001X X	A*	Treatment of complicated respiratory tract infections not responding to standard macrolides	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





82	Azithromycin 250mg Tablet		J01FA10011T1001X X	A*	i) Treatment of complicated respiratory tract infection not responding to standard macrolides ii) Adult treatment of uncomplicated genital infections due to Chlamydia trichomatis or susceptible Neisseria gonorrhoea iii) Prophylaxis against Mycobacterium avium complex in patients with advanced HIV	i) 500 mg daily for 3 days ii) 1 g as a single dose iii) 1 g weekly
83	Azithromycin dihydrate 500 mg Injection		J01FA10011P4001X X	A*	Only for treatment of severe atypical pneumonia	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
84	Bacampicillin HCl 400 mg Tablet		J01CA06000T1001X X	B	Infections caused by ampicillin- sensitive gram positive & gram negative microorganisms	ADULT: 400 mg twice daily. Severe infection: 800 mg twice daily. CHILD more than 25 kg: 12.5 - 25 mg/kg 12 hourly
85	Baclofen 10 mg Tablet		M03BX01000T1001X X	B	Spasticity of the skeletal muscle	ADULT: 5 mg 3 times daily. Max: 80 mg daily. CHILD: 0.75 - 2 mg/kg daily (more than 10 years, maximum: 2.5 mg/kg daily)
86	Balance Salt (BSS) 500 ml Solution		B05CB10907L5001X X	A	For irrigation during ocular surgery	irrigate as directed
87	BCG Freeze-Dried Vaccine 0.5 mg Injection		J07AN01000P4001X X	C+	For the prevention of tuberculosis	0.1 ml by intradermal injection. INFANT under 12 months: 0.05 ml
88	Beclomethasone dipropionate 100mcg/ dose Metered Dose Inhaler		R03BA01133A2101X X	B	Prophylaxis of asthma especially if not fully controlled by bronchodilators	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.
89	Benzalkonium 0.01% Cream (Drapolene)		D08AJ01000G1001X X	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
90	Benzathine Penicillin 2.4 MIU (1.8 g) Injection		J01CE08702P4001X X	B	i) Treatment of mild to moderately severe infections due to Penicillin G-sensitive organisms ii) Treatment of syphilis	i) ADULT: 1.2 mega units IM ii) For syphilis: 2.4 mega units weekly for 1 - 3 weeks
91	Benzhexol HCL Tablet 2 mg		N04AA01110T1001X X	B	i) Parkinson's disease ii) Drug induced parkinsonism iii) Dystonias	ADULT: Initially 1 mg daily, increase gradually. Maintenance: 5 - 15 mg daily in 3 - 4 divided doses. (Max 15mg/day)
92	Benzoic Acid Compound 2% Ointment (Whitfield)		D01AE12952G5002X X	C	Tinea infections of thickened skin of palms and soles	Apply sparingly to affected area once or twice daily
93	Benzoyl Peroxide 5% Gel		D10AE01241G3001X X	B	Mild to moderate acne vulgaris	Apply 1-2 times daily preferably after washing with soap and water
94	Benzylamine HCl (Diffiam) GARGLE 22.5mg/15mL		A01AD02110M2001X X	B	For relief of painful condition of the oral cavity	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
95	Benzylamine Hydrochloride 3.0 mg/ml throat spray (Diffiam)		A01AD02110A4201X X	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 otorhinolaryngology use. Restrict to patients who are not able to gargle)	ADULTS and CHILDREN OVER 12 YEARS: 2-4 sprays (1-2mg) directly onto the sore/inflamed area and swallow gently. Repeat every 1 1/2 to 3 hours as necessary. CHILDREN 6-12 YEARS: 2 sprays (1mg) directly onto sore/inflamed area and swallow gently. Repeat every 1 1/2 to 3 hours as necessary. CHILDREN UNDER 6 YEARS: Not recommended. Uninterrupted treatment should not exceed seven days, unless under medical supervision



96	Benzyl Benzoate 12.5 % Emulsion (Child)		P03AX01252L2001X X	C	Scabies	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
97	Benzyl Benzoate 25 % Emulsion		P03AX01000L2002X X	C+	Scabies	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
98	Benzylpenicillin 1 mega unit (600 mg) Injection		J01CE01702P4001X X	B	i) Infections caused by susceptible organisms ii) Infective endocarditis	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
99	Benzylpenicillin 5 mega units (3 g) Injection		J01CE01702P4002X X	B	i) Infections caused by susceptible organisms ii) Infective endocarditis	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
100	Betahistine Dihydrochloride 24 mg Tablet		N07CA01110T1003X X	A*	Vertigo, tinnitus and hearing loss associated with Meniere's disease	24-48mg in divided doses daily
101	Betamethasone (as 17-Valerate) 0.1% Ointment		D07AC01256G5002X X	A	Eczema, prurigo nodularis, psoriasis (excluding widespread plaque psoriasis)	Apply sparingly to affected area 2-3 times daily then reduced to once daily when improvement occurs
102	Betamethasone (as 17-Valerate) 0.1% Ointment (Strength 1:2, 1:4, 1:10)		D07AC01256G5001X X	B	Eczema, prurigo nodularis, limited psoriasis in appropriate in sites	Apply sparingly to affected area 2 - 3 times daily then reduced to once daily when improvement occurs
103	Betamethasone 0.5mg/g+ Calcipotriol 50mcg/g Ointment (Dalvobet)		D05AX52952G5001X X	A*	Resistant plaque psoriasis	Apply once daily up to 4 weeks with maximum weekly dose of 100g and maximum treatment area 30% of body surface
104	Betamethasone 17-Valerate 0.1% Cream		D07AC01256G1002X X	A	Eczemas, prurigo nodularis, psoriasis (excluding widespread plaque psoriasis)	Apply sparingly to affected area 2 - 3 times daily then reduced to once daily when improvement occurs
105	Betamethasone 17-Valerate Cream (Strength 1:2, 1:4, 1:10)		D07AC01256G1001X X	B	Eczemas, prurigo nodularis, limited psoriasis in appropriate in sites	Apply sparingly to affected area 2 - 3 times daily then reduced to once daily when improvement occurs
106	Betamethasone dipropionate 0.5 mg/g & Calcipotriol monohydrate 50 mcg/g Gel (Xamiol)		D05AX52952G3001X X	A* skin SS only	Topical treatment of scalp and non-scalp plaque psoriasis vulgaris in adults	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
107	Betamethasone Sodium Phosphate 0.1% Eye/Ear Drop		S03BA03162D1001X X	B	Non-infected inflammatory conditions	Apply 2 - 3 drops every 2 - 3 hours, reduce frequency when relief obtained
108	Betaxolol HCl 0.25% Eyedrop (Betoptic S)		S01ED02110D2001X X	A	Chronic open-angle glaucoma, ocular hypertension	One to two drops in the affected eye(s) twice daily
109	Bicalutamide 50mg Tablet		L02BB03000T1001X X	A*	Advanced prostate cancer in combination with 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



110	Bisacodyl 10 mg Suppository		A06AB02000S2002X X	C	i) Constipation ii) Bowel preparation for radiological procedures and surgery	i) ADULT and CHILD over 10 years: 10 mg, CHILD less than 10 years 5 mg insert rectally ii) ADULT 10-20 mg, CHILD over 4 years 5 mg the following morning before procedures insert rectally
111	Bisacodyl 5 mg Tablet		A06AB02000T1001X X	C	i) Constipation ii) Bowel preparation for radiological procedures and surgery	i) ADULT and CHILD over 10 years 5-10 mg, CHILD 4-10 years 5 mg. To be taken at night for effect on the following morning ii) ADULT 10-20 mg the night before procedures, CHILD over 4 years 5 mg the night before procedures
112	Bismuth Subnitrate, Iodoform & Liquid Paraffin Paste (BIPP) 500 g		R01AX30984G6001X X	B	As a mild antiseptic for wounds and abscesses. Sterile gauze impregnated with paste for packing cavities after otorhinological surgery	As directed for local application
113	Bisoprolol 2.5 mg Tablet		C07AB07000T1001X X	B	Treatment of stable moderate to severe congestive cardiac failure in addition to ACEI's and diuretics	1.25 mg once daily to 5 - 10 mg daily
114	Bisoprolol 5 mg Tablet		C07AB07000T1002X X	B	Treatment of stable moderate to severe congestive cardiac failure in addition to ACEI's and diuretics	1.25 mg once daily to 5 - 10 mg daily
115	Bleomycin Hydrochloride 15 mg Injection		L01DC01110P4001X X	A	Squamous cell carcinoma, germ cell tumours, lymphomas. Routes: SC, IM, IV (either as bolus or as infusion over 24 hours), intra-arterial, intra-pleural	15 - 30 mg weekly in divided doses or 10 - 20 mg/m <sup>2</sup> once or twice weekly or 10 mg/m <sup>2</sup> slow bolus in 15 minutes D1 and D15. Total dosage: should not exceed 300 mg. CHILD: 10 - 15 mg/m <sup>2</sup> over 6 hours every 3 - 4 weeks
116	Boric Acid with Spirit 2% Ear Drop		S02AA03000D1001X X	C	Perforated eardrum	3 drops instilled into affected ear 3 - 4 times daily
117	Brimonidine Tartrate 0.15% Eye Drop (Alphagan P)		S01EA05123D2001X X	A*	Lowering of intraocular pressure in patients with open-angle glaucoma or ocular hypertension	1 drop in the affected eye(s) 3 times daily
118	Bromazepam 3 mg Tablet		N05BA08000T1002X X	A	Anxiety disorders	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
119	Bromhexine HCl 4mg/5mL Syrup		R05CB02110L1001X X	B	Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport	1) Adults :10 ml three times a day.Can increase up to 15 ml four times a day. 2)Children 5 to 12 years : 5 ml four times a day 3)Children 2 to 5 years: 5 ml two times a day
120	Bromhexine HCl 8 mg Tablet		R05CB02110T1001X X	B	Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport	ADULT and CHILD more than 12 years : 8 mg 3 times daily, 6 - 12 years : 4 mg 3 times daily, 2 - 6 years : 4 mg 2 times daily
121	Bromocriptine Mesylate 2.5 mg Tablet		G02CB01196T1001X X	A/KK	i) Hypogonadism or Galactorrhoea ii) Acromegaly	i) Initially 1 - 1.25 mg at bedtime increased gradually, usual dose: 7.5 mg daily in divided doses. Max 30 mg daily ii) 1.25 - 2.5 mg at bedtime for 3 days and may be increased by 1.25 - 2.5 mg every 3 - 7 days up to 30 mg a day in divided doses
122	Budesonide 1 mg/2 ml Nebuliser Solution		R03BA02000A3002X X	B	Maintenance treatment of asthma as prophylactic therapy especially if not fully controlled by bronchodilators	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



123	Budesonide 160 mcg and Formoterol 4.5 mcg (Symbicort Turbohaler)		R03AKO7989A2101X X	A/KK	i) Regular treatment of asthma where use of a combination (inhaled corticosteroid & long-acting $\beta$ 2- agonist) is appropriate. ii) Symptomatic treatment of patients with severe COPD (FEV1 < 50% predicted normal) & a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.	Asthma Maintenance therapy Adult $\geq$ 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 $\geq$ 18 yr 320 mcg/day either as 160 mcg bd or 320 mcg either morning or evening. For some patients a maintenance dose of 320 mcg bd may be appropriate. Patients should take 160 mcg additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation should be taken. Not more than 960 mcg should be taken on any single occasion. A total daily dose of more than 1280 mcg is not normally needed, however a total daily dose of up to 1920 mcg could be used for a limited period. Patients using more than 1280 mcg daily should seek medical advice, should be reassessed & their maintenance therapy reconsidered. Childn & adolescent <18 yr Not recommended. COPD Adult $\geq$ 18 yr 320 mcg bd.
124	Budesonide 200mcg/ dose Easyhaler (Giona)		R03BA02000A2102X X	B	Maintenance treatment of asthma as prophylactic therapy especially if not fully controlled by bronchodilators	ADULT : 200 - 1600 mcg daily in 2 - 4 divided doses. Maintenance with twice daily dosing. CHILD more than 7 years 200 - 800 mcg, 2 - 7 years 200 - 400 mcg. To be taken orally in 2 - 4 divided doses
125	Budesonide 200mcg/ dose Metered Dose Inhaler		R03BA02000A2102X X	B	Maintenance treatment of asthma as prophylactic therapy especially if not fully controlled by bronchodilators	ADULT : 200 - 1600 mcg daily in 2 - 4 divided doses. Maintenance with twice daily dosing. CHILD more than 7 years 200 - 800 mcg, 2 - 7 years 200 - 400 mcg. To be taken orally in 2 - 4 divided doses
126	Budesonide 320 mcg and Formoterol 9mcg (Symbicort Turbohaler)		R03AKO7989A2102X X	A/KK	i) Regular treatment of asthma where use of a combination (inhaled corticosteroid & long-acting $\beta$ 2- agonist) is appropriate. ii) Symptomatic treatment of patients with severe COPD (FEV1 < 50% predicted normal) & a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.	Asthma; Maintenance therapy: Adult $\geq$ 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 $\geq$ 18 yr 320 mcg/day either as 160 mcg bd or 320 mcg either morning or evening. For some patients a maintenance dose of 320 mcg bd may be appropriate. Patients should take 160 mcg additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation should be taken. Not more than 960 mcg should be taken on any single occasion. A total daily dose of more than 1280 mcg is not normally needed, however a total daily dose of up to 1920 mcg could be used for a limited period. Patients using more than 1280 mcg daily should seek medical advice, should be reassessed & their maintenance therapy reconsidered. Children & adolescent less than 18 yr: Not recommended. COPD; Adult more than or equal to 18 yr: 320 mcg bd.
127	Bumetanide 1mg Tablet		C03CA02000T1001X X	A*	Oedema used in furosemide allergic patient	1 mg in the early evening. Up to 5 mg daily in severe cases
128	Bupivacaine 0.5 % Heavy Injection		N01BB01110P3003X X	A	Used for spinal anaesthesia	ADULT: 2 - 4 ml. Not to exceed 2 mg/kg in a single dose



129	Bupivacaine 0.5 % Injection		N01BB01110P3002X X	B	For peripheral sympathetic nerve and epidural (excluding caudal) anaesthesia and obstetrics anaesthesia	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
130	Bupivacaine 0.5 % with Adrenaline 1:200,000 Injection		N01BB51975P3001X X	B	Regional nerve block or epidural block.	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
131	Buprenorphine 5mcg/hr transdermal patch		N02AE01110M7003X X	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. Restrictions: 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
132	Cabergoline 0.5 mg Tablet		G02CB03000T1001X X	A*	i) Treatment of hyperprolactinaemic disorders ii) Prevention of puerperal lactation and suppression of lactation in HIV infected mothers only	i)0.5mg per week given in 1 or 2 (one-half of one 0.5mg tablet) doses per week ii) HIV mothers only : Prevent lactation 2 tab first day after delivery. Interruption of lactation : 0.25mg 12 hourly for 2 days
133	Calamine Cream		D04AX00000G1001X X	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
134	Calamine Lotion		D04AX00000L8001X X	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
135	Calamine With 2%-6% Precipitated Sulphur Lotion		D04AX00952L6002X X	C	Acne vulgaris. # 6% sulphur for scabies	Apply to the skin as required and allow to dry, 1 - 3 times daily. #apply to lesion 2 times daily for 5 days.
136	Calcitonin (Synthetic Salmon) 100 IU/ml Injection		H05BA01000P3002X X	A*	Acute hypercalcaemia	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.
137	Calcitriol 0.25mcg Capsule		A11CC04000C1001X X	A/KK	i)Established postmenopausal osteoporosis ii) Renal osteodystrophy in patients on haemodialysis iii)Hypoparathyroidism and rickets iv)Secondary hyperparathyroidism in renal failure	"i) 0.25 mcg 2 times daily ii) Initial dose 0.25 mcg. In patients with normal or only slightly reduced serum calcium levels, doses of 0.25 mcg every other day is sufficient iii) 0.25 mcg/day given in the morning iv) ADULT and CHILD 3 years and older : Initially 0.25 mcg/ml. CHILD less than 3 years : 10 to 15 ng/kg/day "
138	Calcitriol 1mcg / mL Injection		A11CC04000P3001X X	A*	Management of hypocalcaemia and/or secondary hyperparathyroidism in patients undergoing chronic renal dialysis	Initially dose, depending on severity, 1 mcg (0.02 mg/kg) to 2 mcg 3 times weekly, approximately every other day
139	Calcium Carbonate 500 mg Tablet		A12AA04121T1001X X	B	To be used only for elemental calcium supplementation and phosphate binding activity in patients with chronic renal failure	Initial 2.5 g daily and increased up to 17 g daily
140	Calcium Chloride Dihydrate, Sodium Chloride, Magnesium Chloride Hexahydrate, Sodium Acetate Trihydrate, Potassium Chloride, and Malic Acid Solution DRIP (Sterofundin)		B05BB01905P6002X X	A	Replacement of extracellular fluid losses in the case of isotonic dehydration, where acidosis is present or imminent.	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.
141	Calcium Gluconate 1 g/10 ml Injection		A12AA03000P3001X X	B	i)Acute hypocalcaemia ii)Hypocalcaemic tetany iii)Cardiac resuscitation	i) 1-2 g (2.25-4.5 mmol). CHILD 50 mg/kg ii) ADULT 1g (2.2 mmol) by slow IV injection followed by continuous infusion of 4 g (8.8 mmol) daily iii) IV or intracardiac injection. 10 ml
142	Calcium Lactate 300 mg Tablet		A12AA05125T1001X X	C	For prophylaxis of calcium deficiency and treatment of chronic hypocalcaemia	ADULT 1-5 g daily in divided doses
143	Calcium Polystyrene Sulphonate 5g Powder		V03AE01999F2101X X	A	Hyperkalemia resulting from acute or chronic renal failure	15 - 30g daily in 2-3 divided doses. Each dose should be suspended in 30 - 50ml of water and administered orally



144	Capecitabine 500 mg Tablet		L01BC06000T1001X X	A*	i) Metastatic breast cancer in elderly and poor performance status patients and refractory to taxanes ii) Metastatic colon cancer, first line in elderly and poor performance status patients iii) Colon cancer, adjuvant therapy for stage III (Duke's Stage C) following surgery iv) First line treatment of patients with advanced gastric cancer in combination with a platinum-based regimen	i) & ii) 1250 mg/m <sup>2</sup> twice daily (morning and evening) for 2 weeks, every 21 days iii) Recommended for a total of 24 weeks (8 cycles of 2 weeks of drug administration and 1 week rest period iv) In combination with a platinum on day 1, give capecitabine 1250 mg/m <sup>2</sup> twice daily for 14 days. Repeated every 3 weeks for 8 cycles or optimum number of cycles
145	Captopril 25 mg Tablet		C09AA01000T1002X X	B	i) Hypertension ii) Congestive heart failure iii) Post-myocardial infarction iv) Diabetic nephropathy	i) Initially 12.5 mg twice daily. Maintenance: 25-50 mg 2 - 3 times daily, may be increased to maximum 450 mg/day in divided doses ii) Initially 6.25 - 12.5 mg 3 times daily, increase after several days to 25 - 50 mg 3 times daily iii) Start 3 days after MI Initially 6.25 mg daily, gradually increased to 37.5 mg daily in divided doses. May increase after several week to 150 mg/day in divided doses if needed and tolerated iv) 75 - 100 mg daily in divided doses
146	Carbachol 0.01% Intraocular Solution		S01EB02100D2001X X	A	For intraocular use for miosis during surgery	Instill no more than 0.5 ml gently into the anterior chamber
147	Carbamazepine 100 mg/5 ml (2% w/v) Syrup		N03AF01000L9001X X	A	Epilepsy	ADULT: Initially, 100-200 mg once or twice daily gradually increased by increments of 100-200 mg every 2 week. Maintenance: 0.8-1.2 g daily in divided doses. CHILD: 10-15 years: 0.6-1 g daily; 5-10 years: 400-600 mg daily; 1-5 years: 200-400 mg daily; less than or equal to 1 year: 100- 200 mg daily. Alternatively, 10-20 mg/kg body weight daily in divided doses. Max: Adult: 1.6 g daily
148	Carbamazepine 200 mg Tablet		N03AF01000T1001X X	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 100 mg is recommended
149	Carbamazepine CR 200 mg Tablet		N03AF01000T5001X X	A - by patient basis only	Epilepsy	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
150	Carbamazepine CR 400 mg Tablet		N03AF01000T5002X X	A	Epilepsy	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



151	Carbidopa 25mg/ Levodopa 100 mg Tablet (Sinemet)		N04BA02000T1001X X	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
152	Carbidopa 25mg/ Levodopa 250 mg Tablet (Sinemet)		N04BA02000T1002X X	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
153	Carbimazole 5 mg Tablet		H03BB01000T1001X X	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: <b>Initially 7.5mg daily in divided doses</b>
154	Carboplatin 450 mg/45 ml Injection		L01XA02000P4002X X	A*	Adult solid tumours, paediatric tumours. Salvage therapy for lymphoma	360 - 400 mg/m <sup>2</sup> BSA, by IV infusion over 15 mins to 1 hour on Day 1 every 4 weeks. Alternatively, prescription may be based on Area Under Curve (AUC) calculations. CHILD: 500-600 mg/m <sup>2</sup> 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.
155	Carboprost Tromethamine 250 mcg/ml (Hemabate) Injection		G02AD04999P3001X X	A*	Postpartum haemorrhage refractory to oxytocin	Initially 250 mcg deep IM inj. The dose may be repeated at intervals of 15-90 min if necessary. Max total dose: 2 mg.
156	Carvedilol 25 mg Tablet		C07AG02000T1002X X	A/KK	Treatment of stable moderate to severe congestive cardiac failure in addition to ACEI's and diuretics	3.125 mg twice daily for 2 weeks, then 6.25 mg twice daily for 2 weeks, then 12.5 mg twice daily for 2 weeks then 25 mg twice daily (titrated up to the highest tolerated level). Max: <85 kg: 25 mg bid; >85 kg: 50 mg bid.
157	Carvedilol 6.25 mg Tablet		C07AG02000T1001X X	A/KK	Treatment of stable moderate to severe congestive cardiac failure in addition to ACEI's and diuretics	3.125 mg twice daily for 2 weeks, then 6.25 mg twice daily for 2 weeks, then 12.5 mg twice daily for 2 weeks then 25 mg twice daily (titrated up to the highest tolerated level). Max: <85 kg: 25 mg bid; >85 kg: 50 mg bid.
158	Caspofungin Acetate 50mg Injection		J02AX04122P4001X X	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 ; intrai 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)	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/m <sup>2</sup> on D1 followed by maintenance dose of 50mg/m <sup>2</sup> od.
159	Cefazolin 1 g Injection		J01DB04520P3001X X	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	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



160	Cefepime HCl 1 g Injection		J01DE01110P4002X X	A*	Febrile neutropenia, septicaemia, lower respiratory tract infection, urinary tract infection, skin and skin structure infections, gynaecologic and intra-abdominal infections	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
161	Cefoperazone Sodium 1 g Injection		J01DD12520P4002X X	A	Infections due to gram-negative bacteria	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
162	Cefoperazone Sodium 500 mg & Sulbactam Sodium 500 mg Injection		J01DD62000P4001X X	A	i) Treatment of infections due to multi-drug resistance pathogens producing B-lactamase ii) Treatment of infections caused by Acinetobacter species	ADULT: 1 - 2 g twice daily. In severe or refractory infections the daily dosage of sulbactam/cefoperazone may be increased up to 8g (4g cefopreazone activity); CHILD: 40 - 80 mg/kg/day in 2 to 4 equally divided doses; in serious or refractory infections, may increase to 160mg/kg/d in 2 - 4 equally divided doses.
163	Cefotaxime Sodium 1000 mg Injection		J01DD01520P4002X X	A	Infections due to gram-negative bacteria	ADULT: 1 g 12 hourly (up to 12 g/day in severe cases). CHILD: 50 - 180 mg/kg/day in 4 - 6 divided doses
164	Cefotaxime Sodium 500 mg Injection		J01DD01520P4001X X	A	Infections due to gram-negative bacteria	ADULT: 1 g 12 hourly (up to 12 g/day in severe cases). CHILD: 50 - 180 mg/kg/day in 4 - 6 divided doses
165	Ceftazidime 1g Injection		J01DD02520P4003X X	A	Severe gram negative bacterial infections	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
166	Ceftazidime 2g Injection		J01DD02520P4004X X	A	Severe gram negative bacterial infections	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
167	Ceftriaxone 1g Injection		J01DD04520P4003X X	A	Infections caused by susceptible organisms	ADULT: 1 - 2 g once daily. Severe infection: 4 g daily at 12 hour intervals. INFANT & CHILD, 3 weeks - 12 years: 20 - 80 mg/kg body weight daily. CHILD with body weight 50 kg or more: adult dose. NEONATE up to 2 weeks: 20 - 50 mg/kg body weight daily, not to exceed 50 mg/kg
168	Cefuroxime Axetil 125 mg/5 ml Suspension		J01DC02233F2101X X	A	Infections caused by susceptible organisms	30 mg/kg/day in 2 divided doses, up to 500 mg daily.
169	Cefuroxime axetil 125mg Tablet		J01DC02233T1001X X	A/KK	Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI)	ADULT: 250 mg twice daily :UTI: 125 mg twice daily. CHILD:30 mg/kg/day in 2 divided doses, up to 500 mg daily
170	Cefuroxime Sodium 1.5g Injection		J01DC02520P4003X X	A	Infections caused by susceptible organisms, surgical prophylaxis	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
171	Cefuroxime Sodium 750mg Injection		J01DC02520P4002X X	A	Infections caused by susceptible organisms, surgical prophylaxis	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





172	Celecoxib 200 mg Capsule		M01AH01000C1001X X	A	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
173	Celecoxib 400 mg Capsule		M01AH01000C1002X X	A* -for in patient only	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
174	Cephalexin Monohydrate 250 mg Capsule		J01DB01010C1001X X	B	i) Respiratory tract infection, urinary tract infection ii) Complicated, recurrent or chronic infections, bronchitis iii) Pneumonia	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.
175	Cetirizine HCl 10 mg Tablet		R06AE07110T1001X X	A/KK	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
176	Cetrimide 1% Lotion		D08AJ04000L6001X X	C+	As shampoo and cleansing agent	Apply to affected area
177	Charcoal, Activated 200 mg Tablet		A07BA01000T1001X X	C	i) Diarrhoea and food poisoning ii) Reduce absorption of drugs, plant, inorganic poison and chemicals in poisoning cases	i) ADULT 0.5-1 g given 3-4 times daily. CHILD half adult dose. ii) Need to be dissolved in liquid (slurry consistency). ADULT and CHILD over 12 years: initial 30-100 g or 1-2 g/kg; repeat initial dose as soon as possible or 20-50 g every 2-6 hours. CHILD over 1-12 years, 25-50 g or 1-2 g/kg; may repeat half the initial dose every 2-6 hour as needed. CHILD to 1 year of age, 1 g/kg; may repeat half the initial dose every 2-6 hours as needed. For maximum efficacy administer within 1 hour after ingestion of toxic compound.
178	Charcoal, Activated 50 g Granules		A07BA01000F1001X X	A - for in-patient only	Emergency treatment of acute oral poisoning and drug overdose	ADULT: Acute poisoning: 50 - 100g in suspension. Severe poisoning: 50 - 100g as an initial dose followed by 20g every 4 - 6 hours. CHILDREN: 1g/kg/dose
179	Chloral Hydrate 200 mg/5 ml Mixture		N05CC01010L2101X X	B	Preoperative sedation	ADULT : 0.5 - 1 g (max 2 g) with plenty of water at bedtime. CHILD : Neonate: 30-50 mg/kg; up to 100 mg/kg may be used with respiratory monitoring. 1 mth-12 yr: 30-50 mg/kg (max: 1 g); up to 100 mg/kg (max: 2 g) may be used; 12-18 yr: 1-2 g. Doses to be taken 45-60 minutes before procedure. May be given rectally if oral route is not available.
180	Chloramphenicol 0.5% Eye Drop		S01AA01000D2001X X	C	Broad spectrum antibiotic in superficial eye infections	Instill 1 drop of a 0.5% solution every 2 hr. Increase dosage interval upon improvement. To continue treatment for at least 48 hr after complete healing



181	Chloramphenicol 1% Eye Ointment		S01AA01000G5101X X	C	Treatment of ocular infections involving the conjunctiva and/or cornea caused by chloramphenicol susceptible organisms	ADULT and CHILD : Apply to the conjunctiva, a thin strip (approximately 1 cm) of ointment every 3 hours or more frequently
182	Chlorhexidine 2% in Alcohol 70% Solution		D08AC52137L9902X X	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
183	Chlorhexidine Gluconate 0.2% Gargle		R02AA05137M2001X X	C	As a gargle	Rinse mouth with 10 ml for about 1 minute twice daily
184	Chloroquine Phosphate 250 mg (150mg Chlorquine base) Tablet		P01BA01162T1001X X	C	Treatment of malaria - acute attack	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
185	Chlorpheniramine Maleate 10 mg/ml Injection		R06AB04253P3001X X	B	Allergic conditions	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
186	Chlorpheniramine Maleate 2 mg/5 ml Syrup		R06AB04253L9001X X	C	Symptomatic treatment of allergic conditions responsive to antihistamine	CHILD 1 - 2 years : 1 mg twice daily, 2 - 5 years : 1 mg every 4 - 6 hours (maximum 6 mg daily), 6 - 12 years : 2 mg every 4 - 6 hours (maximum 12 mg daily)
187	Chlorpheniramine Maleate 4 mg Tablet		R06AB04253T1001X X	C	Symptomatic treatment of allergic conditions responsive to antihistamines	ADULT : 4 mg every 4 - 6 hours. Maximum 24 mg daily. CHILD 1 - 2 years : 1 mg twice daily, 2 - 5 years : 1 mg every 4 - 6 hours (maximum 6 mg daily), 6 - 12 years : 2 mg every 4 - 6 hours (maximum 12 mg daily)
188	Chlorpromazine HCl 100mg Tablet		N05AA01110T1002X X	B	Psychosis mania and agitation	ADULT : Initial dose - 25 mg 3 times daily according to response up to 1 g daily. PAEDIATRIC: Up to 5 years: 0.5 mg/kg body weight every 4 - 6 hours (Maximum 40 mg daily). CHILD 6 - 12 years: A third to half adult dose (Maximum 75 mg daily)
189	Chlorpromazine HCl 25 mg Tablet		N05AA01110T1001X X	B	Psychosis mania and agitation	ADULT : Initial dose - 25 mg 3 times daily according to response up to 1 g daily. PAEDIATRIC: Up to 5 years: 0.5 mg/kg body weight every 4 - 6 hours (Maximum 40 mg daily). CHILD 6 - 12 years: A third to half adult dose (Maximum 75 mg daily)
190	Choline Salicylate 8.7%, Cetylkonium Chloride 0.01% Dental GEL (Bonifela)		N02BA03900G3001X X	B	For relief of the pain and discomfort in mouth ulcers and sores, infant teething and denture irritation	Apply to area 4 times daily
191	Ciclesonide 160mcg Inhaler		R03BA08000A2101X X	A*	Prophylactic treatment of asthma in adults, adolescents and children over 6 years (follow current indication) Not meant for 6 yo)	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.



192	Ciclosporin 100 mg Capsule		L04AD01000C1002X X	A*	Only for: i) Patients in whom donor specific transplantation cannot be carried out and in young children to minimise side-effects of steroids ii) Follow-up cases of bone marrow transplant iii) Patients with severe rheumatoid arthritis not responding to other second line drugs iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide v) Severe aplastic anemia, pure red cell aplasia vi) Cases of recalcitrant psoriasis and atopic eczema vii) Treatment of chronic ocular inflammatory disorders/uveitis	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
193	Ciclosporin 25 mg Capsule		L04AD01000C1001X X	A*	Only for: i) Patients in whom donor specific transplantation cannot be carried out and in young children to minimise side-effects of steroids ii) Follow-up cases of bone marrow transplant iii) Patients with severe rheumatoid arthritis not responding to other second line drugs iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide v) Severe aplastic anemia, pure red cell aplasia vi) Cases of recalcitrant psoriasis and atopic eczema vii) Treatment of chronic ocular inflammatory disorders/uveitis	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
194	Cinacalcet 25mg tablet		H05BX01110T1001X X	A*	Secondary hyperparathyroidism in patients undergoing maintenance dialysis with hypercalcaemia. Restriction(s): 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. Response to treatment should be monitored regularly and treatment should be continued with dose escalation as appropriate. If a reduction in the plasma levels of intact parathyroid hormone of 30% or more is not seen within 4 months of treatment, then consideration should be given to stopping treatment.	The starting dose for adults is 25mg once daily to be administered orally. Depends 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. The safety of cinacalcet in low birth weight infants, newborns, sucklings, infants and children has not been established. Caution when cinacalcet is administered to patients aged 65 years or older. It is recommended not to use cinacalcet in pregnant women or in women who may possibly be pregnant. Cinacalcet should be avoided in nursing mothers.
195	Cinnarizine 25mg Tablet		N07CA02000T1001X X	B	Vestibular disorders	One tablet 3 times daily



196	Ciprofloxacin 200 mg / 100mL Injection		J01MA02125P3002X X	A	Treatment of infections due to susceptible bacterial strains	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
197	Ciprofloxacin 250 mg Tablet		J01MA02110T1001X X	A	Treatment of infections due to susceptible bacterial strains	ADULT: 125-750 mg twice daily. Acute gonorrhoea: a single dose of 250 mg
198	Ciprofloxacin HCl 0.3% Eye Drop		S01AX13110D2001X X	A*	Treatment of bacterial infections caused by susceptible strains in i) corneal ulcers ii) bacterial conjunctivitis	i) 2 drops every 15 minutes for the first 6 hours, then 2 drops every 30 minutes for the rest of the first day. Second day : 2 drops every hour. Subsequent days (3rd - 14th day) : 2 drops every 4 hours. Treatment may be continued after 14 days if corneal re-epithelialization has not occurred ii) 1 - 2 drops every 2 hours into the conjunctival sac while awake for 2 days and 1-2 drops
199	Cisplatin 50mg/50ml Injection		L01XA01000P3002X X	A	Germ cell tumours, ovarian tumours, adult solid tumours, lymphomas	Germ cell tumours: 20 mg/m <sup>2</sup> daily for 5 days every 3 weeks for 3 - 4 courses. Ovarian tumours: 75 mg/m <sup>2</sup> once every 3 weeks as part of combination therapy or 100 mg/m <sup>2</sup> IV once every 3 weeks as a single agent. Baseline creatinine clearance, pretreatment hydration and forced diuresis are mandatory. CHILD: 100mg/m <sup>2</sup> over 6 hours once every 3 weeks. Lymphomas: Refer to protocols CHILD: 100mg/m <sup>2</sup> over 6 hours once every 3 weeks. Lymphomas: Refer to protocols
200	Clarithromycin 250 mg Tablet		J01FA09000T1001X X	A*	Only for i) treatment of complicated respiratory tract infection not responding to standard macrolides ii) eradication of Helicobacter pylori infection	i) 250 - 500 mg twice daily. Up to 6 - 14 days ii) 500 mg twice daily with omeprazole & amoxicillin. Up to 2 weeks
201	Clindamycin HCl 300 mg Capsule		J01FF01110C1001X X	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 doxycycline	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
202	Clobazam 10mg Tablet		N05BA09000T1001X X	A* - by patient basis	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 to 15mg daily), if necessary, increased gradually to a maximum daily dose of about 80mg. Doses of up to 30mg may be taken as a single dose in the evening. The initial dose in children from 3 to 15 yr is normally 5mg. A maintenance dose of 0.3 to 1.0mg/kg body weight daily is usually sufficient.
203	Clobetasol Propionate 0.05% Cream (Dermovate)		D07AD01133G1001X X	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
204	Clobetasol Propionate 0.05% ointment (Dermovate)		D07AD01133G5001X X	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



205	Clobetasone Butyrate 0.05% Cream		D07AB01255G1001X X	A/KK	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
206	Clobetasone Butyrate 0.05% Ointment		D07AD01133G5001X X	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
207	Clodronate 800 mg Tablet		M05BA02011T1011X X	A*	Treatment of hypercalcaemia due to malignancy	2 tablets in single or two divided doses
208	Clomipramine HCl 25 mg Tablet		N06AA04110T1001X X	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.
209	Clonazepam 0.5 mg Tablet		N03AE01000T1001X X	B	i) Epilepsy ii) Non-epileptic myoclonus	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 2.6mg/day is reached.
210	Clonazepam 2 mg Tablet		N03AE01000T1002X X	B	i) Epilepsy ii) Non-epileptic myoclonus	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 2.6mg/day is reached.
211	Clopidogrel 75 mg Tablet		B01AC04192T1001X X	A*	Prevention of myocardial infarct, stroke or established peripheral arterial disease. As second/third line treatment in patients who are sensitive to acetylsalicylic acid & intolerant to ticlopidine	75 mg once daily
212	Clotrimazole 1% Ear Drop		S02AA00000D1002X X	B	Otomycosis; concomitant therapy with antibiotics and corticosteroid ear drops	4 to 5 drops 3 to 4 times daily
213	Clotrimazole 1% Solution		D01AC01000L6001X X	A	Cutaneous candidiasis, tinea corporis, tinea cruris, tinea pedis and tinea versicolor	Apply gently onto affected and surrounding skin area 2 or 3 times daily continuing for 2-4 weeks
214	Clotrimazole 200 mg Vaginal Tablet		G01AF02000S1002X X	B	Vaginal candidiasis	200 mg once daily, preferably at bedtime for three consecutive days
215	Clotrimazole 500 mg Vaginal Tablet		G01AF02000S1003X X	B	Vaginal candidiasis	500 mg as a single one-time dose
216	Cloxacillin Sodium 125 mg/5 ml Suspension		J01CF02520L8001X X	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci	Child: 50-100 mg/kg in divided doses every 6 hr



217	Cloxacillin Sodium 250 mg Capsule		J01CF02520C1001X X	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci	ADULT: 250 - 500 mg every 6 hours. Child: 50-100 mg/kg in divided doses every 6 hr.
218	Cloxacillin Sodium 500 mg Injection		J01CF02520P4002X X	B	Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci infections	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
219	Clozapine 100 mg Tablet		N05AH02000T1002X X	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
220	Clozapine 25 mg Tablet		N05AH02000T1001X X	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
221	Coal Tar 20% Solution		D05AA00000L5201X X	B	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis	Use 100 ml in a bath
222	Cocaine 10% Solution		N01BC01110L5001X X	B	To produce local anaesthesia or vasoconstriction during endoscopic nasal surgery, turbinectomy septoplasty, polypectomy etc	Maximum total dose recommended for application to the nasal mucosa in healthy adult is 1.5 to 2 mg/kg of a 10% cocaine solution
223	Cocis Co. Ointment		D05AA00946G5001X X	B	Scalp psoriasis and severe seborrhoeic dermatitis	Rub a small amount into the scalp gently
224	Colchicine 0.5 mg Tablet		M04AC01000T1001X X	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	i) Initial dose, 0.5-1.2 mg, then 0.5-0.6 mg every hour until relief of pain is obtained or vomiting or diarrhoea occurs (Maximum : 8 mg). The course should not be repeated within 3 days. Prevention of attacks during initial treatment with allopurinol or uricosuric drugs: 0.5 mg 1-3 times daily. ii) 0.5 mg 1-3 times daily depends on disease and severity, up to a maximum of 3 mg/day
225	Colistimethate Sodium (Polymycin E) 1million IU Injection		J01XB01520P4001X X	A*	# listed in dosage	each vial containing colistimethate sodium (pentasodium colistin-methanesulfonate) is equivalent to 150 mg of colistin base activity; colistin base 1 mg = colistimethate sodium 2.4 mg OR 30,000 International Units; colistimethate sodium 1 mg = 12,500 International Units Disease due to Gram-negative bacteria, Pseudomonas aeruginosa, Enterobacter aerogenes, Escherichia coli, and Klebsiella pneumoniae: 2.5 to 5 mg/kg per day of colistin base IM or IV in 2 to 4 divided doses, depending on severity of infection; MAX 5 mg/kg/day based on colistin base activity
226	Conjugated Estrogens Cream 0.625mg/g Vaginal Cream ( Premarin )		G03CA57000G1001X X	A	Atrophic vaginitis and post menopausal atrophic urethritis	Intravaginally or topically 0.5- 2g daily depending on severity of condition. Administration should be cyclic, with 3 weeks on conjugated estrogens and one week off. Estrogens should be used for the shortest duration possible when treating atrophic vaginitis. Every 3 to 6 months attempts should be made to taper or discontinue therapy and conjugated estrogens should be titrated to give the lowest possible dosage to control symptoms
227	Crotamiton 10 % Cream		P03A000000G1001X X	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



228	Cyanocobalamin 1 mg Injection		B03BA01000P3002X X	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: 100 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
229	Cyanocobalamin 50 mcg (Vitamin B12) Tablet		B03BA01000T1002X X	B	Vitamin B12 deficiency of dietary origin	ADULT 50-150 mcg daily. CHILD 50-105 mcg daily in 1-3 divided doses
230	Cyclopentolate 0.2% /Phenylephrine 1% Eye Drops		S01GA55990D2001X X	A	Dilating agent for premature babies	1 drop every 5 - 10 minutes; not exceeding three times to produce rapid mydriasis. <b>Observe infants closely for at least 30 minutes</b>
231	Cyclopentolate 1% Eye Drops		S01FA04000D2002X X	A	Mydriasis and cycloplegia	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 <b>examination</b>
232	Cyclophosphamide 1g Injection		L01AA01000P4002X X	A	i) Solid tumours (adult and paediatric), leukaemia, non- Hodgkin's lymphoma, multiple myeloma ii) Severe lupus nephritis (Class III and IV) iii) Other systemic vasculitis iv) Systemic lupus erythematosus, rheumatoid arthritis, polyarteritis nodosa, wegener granulomatosis v) Pemphigus vulgaris	i) ADULT: 600 - 750 mg/m <sup>2</sup> IV once every 3 weeks as part of combination regime. CHILD: Dose variable depending on disease and protocol. Range 600 mg/m <sup>2</sup> to 2 g/m <sup>2</sup> infusion over 1 hour to 6 hours (lower doses can be given as bolus). Care with pre and post-hydration. Mesna to be given with doses more than 1 g/m <sup>2</sup> . Higher doses are used in haematopoietic stem cell transplant-refer to specific protocols ii) 750 mg/m <sup>2</sup> BSA monthly for 18 months iii) 750 mg/m <sup>2</sup> BSA monthly for 6 months. Dose can be adjusted up to 1,000 mg/m <sup>2</sup> BSA to achieve adequate leucocyte suppression iv) 500 - 1000 mg intravenously (Regime varies according to indication). Starting dose may be given fortnightly then at monthly intervals followed by 3 monthly intervals v) 500 mg infusion on the 2nd day of the dexamethasone- cyclophosphamide pulsed regime, the cycle is repeated every 4 weeks up to 6 cycles or till remission followed by oral cyclophosphamide
233	Cyclophosphamide 50mg Tablet		L01AA01000T1001X X	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
234	Cycloserine 250mg Capsule		J04AB01000C1001X X	A*	Multi-Drug Resistance Tuberculosis treatment failure. (For respiratory physicians)	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 <b>max dose of 1 g daily</b>
235	Cyproterone Acetate 50mg Tablet		G03HA01122T1001X X	A*	Carcinoma of prostate	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



236	Dabigatran Etexilate 110mg Capsule		B01AE07999C1002X X	A* - by patient basis	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)	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. Patients aged 80 years and above should be treated with a dose of 220mg daily , taken orally as one 110mg capsule twice daily. 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
237	Dabigatran Etexilate 150mg Capsule		B01AE07999C1003X X	A* - by patient basis	Reduction of the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF)	Recommended daily dose is 300mg taken orally as 150mg hard capsule twice daily. Therapy should be continued lifelong. Patients aged 80 years and above should be treated with a dose of 220mg daily , taken orally as one 110mg capsule twice daily. 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).
238	Danazol 100mg Capsule		G03XA01000C1001X X	A/KK	i)Endometriosis and gynaecomastia ii)Menorrhagia iii)Prophylaxis of hereditary angioedema	i)200 - 800 mg daily for max of 9 months ii)200 mg daily for 12 weeks ii)400 mg daily. Reduce to 200 mg daily after 2 months attack free period
239	Dapsone 100mg Tablet		J04BA02000T1001X X	B	i)Leprosy ii) Dermatitis herpetiformis	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
240	Deferasirox 125mg Tablet		V03AC03000T4001X X	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. Max is 30 mg/kg/day
241	Deferasirox 500mg Tablet		V03AC03000T4002X X	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. Max is 30 mg/kg/day
242	Deferiprone 500mg Tablet		V03AC02000T1001X X	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	25 mg/kg 3 times a day for total daily dose of 75 mg/kg. Doses greater 100 mg/kg are not recommended
243	Desferrioxamine B Methanesulphonate 0.5g Injection		V03AC01196P3001X X	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	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
244	Desloratadine 5mg Tablet		R06AX27000T1001X X	A* - for ENT only	Allergic rhinitis and chronic idiopathic urticaria	ADULT & CHILD more than 12 years : 5 mg once daily. CHILD: 6-11 yr: 2.5 mg; 1-5 yr: 1.25 mg; 6-11 mth: 1 mg. Doses to be taken once daily
245	Desmopressin 4mcg/mL Injection		H01BA02122P3001X X	A	Diabetes insipidus	ADULT : 1 - 4 mcg IV daily. CHILD :0.4 mcg daily





246	Desmopressin 0.2 mg Tablet		H01BA02122T1002X X	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
247	Desmopressin 100mcg / dose Nasal Spray		H01BA02122A4101X X	A	i) Diabetes Insipidus ii) Primary nocturnal enuresis	i) ADULT : 10 - 20 mcg 1-2 times daily. CHILD: 5 - 10mcg 1-2 times daily ii) 10-40 mcg nocte
248	Desvenlafaxine succinate ER 50mg Tablet		N06AX23999T5002X X	A* Quota	Depression	Adult: PO 50 mg once daily; doses up to 400 mg once daily have been studied and shown to be effective, but no additional benefit was observed with doses >50 mg once daily.
249	Dexamethasone 0.5mg Tablet		H02AB02000T1001X X	A	Croup, septic shock, cerebral oedema and respiratory distress syndrome including status asthmaticus	0.5 - 9 mg daily, depending upon the disease being treated. Up to 15 mg daily in severe disease
250	Dexamethasone and Neomycin Sulphate and Polymyxin B Eye Ointment		S01CA01990G5101X X	A	Treatment of ocular inflammation when concurrent use of an antimicrobial is judged necessary	Apply 1 - 1.5 cm 3 - 4 times daily, may be used adjunctively with drops at bedtime
251	Dexamethasone and Neomycin Sulphate and Polymyxin B Sulphate Ophthalmic Suspension		S01CA01990D2001X X	A	Treatment of ocular inflammation when concurrent use of an antimicrobial is judged necessary	1 - 2 drops hourly for severe cases and 4 - 6 hourly for mild infection
252	Dexamethasone Phosphate 8 mg/2 ml Injection		H02AB02162P3001X X	B	Croup, septic shock, cerebral oedema and respiratory distress syndrome including status asthmaticus	Initially 0.5 - 9 mg IM, IV or infusion daily, depending upon the disease being treated
253	Dexamethasone Sodium Phosphate 0.1% Eye Drop		S01BA01162D2001X X	A	Acute steroid responsive inflammatory and allergic conditions	1 - 2 drops 4 - 6 times a day
254	Dexlansoprazole 30 mg delayed release capsule	Gastro-Intestinal	A02BC06-000-C30-01-XXX	A* (Surgical LP 50 patients/year)	i) Treatment of erosive esophagitis (EE); ii) Maintenance of healed erosive esophagitis (EE); iii) Symptomatic treatment of non-erosive gastroesophageal reflux disease. Prescribing Restriction(s): As a secondline 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.
255	Dexlansoprazole 60 mg delayed release capsule	Gastro-Intestinal	A02BC06-000-C30-02-XXX	A* (Surgical LP 50 patients/year)	i) Treatment of erosive esophagitis (EE); ii) Maintenance of healed erosive esophagitis (EE); iii) Symptomatic treatment of non-erosive gastroesophageal reflux disease. Prescribing Restriction(s): As a secondline 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.
256	Dexmedetomidine HCl 100 mcg/ml Injection		N05CM18110P4001X X	A*	Sedation of initially intubated & mechanically ventilated patients during treatment in an intensive care setting. Sedation of non-intubated patients prior to &/or during surgical & other procedures.	Not to be infused for >24 hr. Adult ICU sedation Loading dose: 1 mcg/kg IV infusion over 10 min. Maintenance infusion: 0.2-0.7 mcg/kg/hr. Procedural sedation Loading dose: 1 mcg/kg IV infusion over 10 min or 0.5 mcg/kg over 10 min is given for less invasive procedures eg ophth surgery. Maintenance infusion: Initially 0.6 mcg/kg/hr, titrated from 0.2-1 mcg/kg/hr to achieve desired clinical effect. Awake fiberoptic intubation patients Loading dose: 1 mcg/kg IV infusion over 10 min. Maintenance infusion: 0.7 mcg/kg/hr until endotracheal tube is secured. Rate of all maintenance infusion should be adjusted to achieve the desired level of sedation.
257	Dextrose 10% + Sodium Chloride 0.18% Injection		B05XA03904P6001X X	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
258	Dextrose 10% + Sodium Chloride 0.45% Injection		B05XA03904P6002X X	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
259	Dextrose 10% Injection		B05BA03000P6002X X	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



260	Dextrose 4.23%/Sodium Chloride 0.18% Injection		B05XA03904P6004X X	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
261	Dextrose 5% + Sodium Chloride 0.45% Injection		B05XA03904P6005X X	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
262	Dextrose 5% + Sodium Chloride 0.9% Injection		B05XA03904P6003X X	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
263	Dextrose 5% Injection		B05BA03000P6001X X	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
264	Dextrose 50% Injection (10ml)		B05BA03000P3005X X	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
265	Dextrose 50% Injection (500ml)		B05BA03000P3005X X	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
266	Diazepam 10 mg/2 ml Injection		N05BA01000P3001X X	B	i) Status epilepticus ii) Skeletal muscle spasm iii) Anxiety disorders	i) Status epilepticus, by slow IV: 5-10 every 10-15 minute (rate not more than 5 mg/min), to a total dose of 30 mg, may repeat in 2 hour if needed. Infants 30 days to 5 years, 0.05-0.3 mg/kg/dose given over 2-3 minutes, every 15-30 minutes to a total dose of 5 mg, repeat in 2-4 hours if necessary. CHILD more than 5 years, 1 mg by slow IV, every 2-5 minutes, maximum 10 mg, repeat in 2-4 hours if necessary ii) Skeletal muscle spasm, by slow IV or IM, 5-10 mg repeated if necessary in 3- 4 hours. CHILD (tetanus): 30 days - 5 years, 1-2 mg IM or IV slowly every 3-4 hours as needed. 5 years and above, 5- 10 mg IM or IV slowly every 3-4 hours if needed iii) Anxiety disorders, 2-10 mg by slow IV (not more than 5 mg/min). Repeat if necessary every 3-4 hours
267	Diazepam 5 mg Rectal Solution		N05BA01000G2001X X	C	Status epilepticus, skeletal muscle spasm	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
268	Diazepam 5 mg Tablet		N05BA01000T1002X X	B	i) Muscle spasm of varied aetiology, including tetanus ii) Anxiety disorders	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
269	Diclofenac 1% Gel		M02AA15520G3001X X	A	Post-traumatic inflammation of the tendons,ligaments & joints. Localised forms of soft tissue rheumatism and degenerative rheumatism	Apply 3 - 4 times daily and gently rubbed in
270	Diclofenac 12.5 mg Suppository		M01AB05520S2001X X	A - for in-patient only	Pain and inflammation in rheumatic disease and juvenile arthritis	ADULT: 75 - 150 mg daily in divided doses. CHILD 1-12 years, 12.5- 25 mg daily
271	Diclofenac 25 mg Suppository		M01AB05520S2002X X	A - for in-patient only	Pain and inflammation in rheumatic disease and juvenile arthritis	ADULT: 75 - 150 mg daily in divided doses. CHILD 1-12 years, 12.5- 25 mg daily
272	Diclofenac Sodium 50mg Tablet		M01AB05520T1001X X	B	Pain and inflammation in rheumatic disease	ADULTS: Initial dose of 150 mg daily. Mild or long term: 75 - 150 mg daily in 2 to 3 divided doses after food. Maximum 200mg/day. PAEDS more than 6 months : 1 - 3 mg/kg body weight daily in divided doses. Maximum 3mg/kg/day (Max 150mg/day)
273	Diclofenac Sodium 75 mg/3 ml Injection		M01AB05520P3001X X	A/KK	Pain and inflammation in rheumatic disease	IM 75 mg once daily (2 times daily in severe cases) for not more than 2 days. Max 150mg/day. Not suitable for children.



274	Digoxin 0.25 mg Tablet		C01AA05000T1001X X	B	Heart failure , with atrial fibrillation, supraventricular arrhythmias (particularly, atrial fibrillation)	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)
275	Digoxin 50 mcg/ml Elixir		C01AA05000L1001X X	B	Heart failure, supraventricular arrhythmias (particularly atrial fibrillation)	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
276	Digoxin 500mcg/2 ml Injection		C01AA05000P3001X X	A	Heart failure with atrial fibrillation, supraventricular arrhythmias (particularly atrial fibrillation)	Rapid digitilisation: ADULT & CHILD over 10 years, initially 0.75 - 1.5 mg, followed by 250 mcg 6 hourly until digitilisation is complete
277	Dihydrocodeine Bitartrate (DF 118) 30 mg Tablet		N02AA08123T1001X X	B	Relief of moderate to severe pain.	Adult 1 tab 4-6 hrly. Childn 4-12 yr 0.5-1 mg/kg body wt 4-6 hrly.
278	Diltiazem HCl 30 mg Tablet		C08DB01110T1001X X	B	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	Initially 30mg tds, may increase to 60mg tds (elderly initially twice daily; increased if necessary to 360 mg daily
279	Dinoprostone Vaginal 3 mg Tablet		G02AD02000S1001X X	A	Induction of labour	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
280	Diosmin 450 mg and Hesperidin 50 mg Tablet		C05CA53931T1001X X	A/KK	Treatment of symptoms related to venolymphatic insufficiency (heavy legs, pain, early morning restless legs) & acute hemorrhoidal attack.	2 tab daily in 2 divided doses. Acute hemorrhoidal attack 6 tab/day for the 1st 4 days, then 4 tab/day for 3 days.
281	Diphenhydramine Hydrochloride 14 mg/5 ml Expectorant (Adult)		R06AA52110L2101X X	C	Cough	ADULT : 5 - 10 ml 2 - 3 times daily. CHILD : 2.5 - 5 ml 2 - 3 times daily (not to be used in children less than 2 years of age)
282	Diphenhydramine Hydrochloride 7 mg/5 ml Expectorant		R06AA52110L9003X X	C	Cough	ADULT : 5 - 10 ml 2 - 3 times daily. CHILD : 2.5 - 5 ml 2 - 3 times daily (not to be used in children less than 2 years of age)
283	Diphenoxylate 2.5mg + Atropine Sulphate 25mcg Tablet		A07DA01922T1001X X	B	Acute diarrhoea	ADULT initially 4 tablet followed by 2 tablet 4 times daily until diarrhoea is controlled
284	Dipyridamole 75mg Tablet		B01AC07000T1001X X	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
285	Dobutamine HCl 250 mg/20 ml Injection		C01CA07110P3001X X	A	Hypotension and heart failure	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



286	Docetaxel Injection 20 mg / 0.5mL		L01CD02000P3002X X	A*	i) Adjuvant treatment of patients with high risk node-positive breast cancer in combination with doxorubicin and cyclophosphamide ii) Breast cancer, locally advanced or metastatic, not previously on cytotoxic therapy, in combination with doxorubicin iii) First line therapy in non small cell lung cancer in stage 3- 4 and performance status 0-1, in combination with cisplatin iv) Inoperable locally advanced squamous cell carcinoma of head and neck, in combination with cisplatin and 5-FU for induction treatment v) Prostate cancer, in combination with prednisolone	i) 75 mg/m <sup>2</sup> IV over 1 hour after doxorubicin 50 mg/m <sup>2</sup> and cyclophosphamide 500 mg/m <sup>2</sup> every 3 weeks for 6 cycles ii) 75 mg/m <sup>2</sup> IV over 1 hour every 3 week in combination with doxorubicin 50 mg/m <sup>2</sup> iii) Administer IV over 1 hour every 3 weeks. Chemotherapy-naive patients 75 mg/m <sup>2</sup> immediately followed by 75 mg/m <sup>2</sup> cisplatin over 30-60 mins or carboplatin (AUC 6 mg/mL/min) over 30-60 minutes. Monotherapy of non small cell lung cancer (NSCLC) after failure of prior platinum-based chemotherapy 75 mg/m <sup>2</sup> iv) 75 mg/m <sup>2</sup> as a 1 hour infusion followed by cisplatin 75 mg/m <sup>2</sup> over 1 hour, on day one, followed by 5- fluorouracil as a continuous infusion at 750 mg/m <sup>2</sup> per day for five days. This regimen is administered every 3 weeks for 4 cycles.
287	Docetaxel Injection 80 mg / 2mL		L01CD02000P3002X X	A*	i) Adjuvant treatment of patients with high risk node-positive breast cancer in combination with doxorubicin and cyclophosphamide ii) Breast cancer, locally advanced or metastatic, not previously on cytotoxic therapy, in combination with doxorubicin iii) First line therapy in non small cell lung cancer in stage 3- 4 and performance status 0-1, in combination with cisplatin iv) Inoperable locally advanced squamous cell carcinoma of head and neck, in combination with cisplatin and 5-FU for induction treatment v) Prostate cancer, in combination with prednisolone	i) 75 mg/m <sup>2</sup> IV over 1 hour after doxorubicin 50 mg/m <sup>2</sup> and cyclophosphamide 500 mg/m <sup>2</sup> every 3 weeks for 6 cycles ii) 75 mg/m <sup>2</sup> IV over 1 hour every 3 week in combination with doxorubicin 50 mg/m <sup>2</sup> iii) Administer IV over 1 hour every 3 weeks. Chemotherapy-naive patients 75 mg/m <sup>2</sup> immediately followed by 75 mg/m <sup>2</sup> cisplatin over 30-60 mins or carboplatin (AUC 6 mg/mL/min) over 30-60 minutes. Monotherapy of non small cell lung cancer (NSCLC) after failure of prior platinum-based chemotherapy 75 mg/m <sup>2</sup> iv) 75 mg/m <sup>2</sup> as a 1 hour infusion followed by cisplatin 75 mg/m <sup>2</sup> over 1 hour, on day one, followed by 5- fluorouracil as a continuous infusion at 750 mg/m <sup>2</sup> per day for five days. This regimen is administered every 3 weeks for 4 cycles.
288	Dolutegravir 50mg Tablet	Antiinfectives	J05AX12000T3201X X	A* (LP 2 patients/year)	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. Restriction: For patients who are not able to tolerate or failing treatment or resistance to the 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.
289	Domperidone 10mg Tablet		A03FA03253T1001X X	B	Nausea, vomiting, dyspepsia, gastro- esophageal reflux	Chronic dyspepsia ADULT 10 mg 3 times daily. Acute and subacute conditions (particularly nausea and vomiting): ADULT 20 mg 3-4 times daily
290	Domperidone 1mg/ml Suspension		A03FA03000L8001X X	B	Nausea, vomiting, dyspepsia, gastro- esophageal reflux	Chronic dyspepsia : CHILD 2.5 mL/10 kg body weight 3 times daily and once more in the evening if necessary. Dosage may be doubled in adults & childs over 1 year. Acute and subacute conditions (particularly nausea and vomiting). CHILD: 5 mL/10 kg bodyweight. All to be taken 3-4 times daily
291	Donepezil HCL 5mg Tablet		N06DA02110T1001X X	A	Treatment of mild to moderate dementia in Alzheimer's disease, as well as in patients with severe Alzheimer's disease.	5 - 10 mg once daily at bedtime. Maximum 10 mg daily
292	Donepezil Hydrochloride 5mg Orodispersible Tablet		N06DA02110T4001X X	A*	Treatment of mild to moderate dementia in Alzheimer's disease, as well as in patients with severe Alzheimer's disease. [psychiatrists and neurologists 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.



293	Donepezil Hydrochloride Orodispersible 10mg Tablet		N06DA02110T4002X X	A*	Treatment of mild to moderate dementia in Alzheimer's disease, as well as in patients with severe Alzheimer's disease. [psychiatrists and neurologists 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
294	Dopamine HCl 200 mg/5 ml Injection		C01CA04110P3001X X	B	Non-hypovolemic hypotension	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
295	Dorzolamide 2% Eye Drop		S01EC03110D2001X X	A*	All glaucoma patients where beta- blockers are contraindicated and when intraocular pressure is not well controlled by other drugs	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
296	Dothiepin 25mg Capsule		N06AA16110C1001X X	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
297	Dothiepin 75 mg Tablet		N06AA16110T1001X X	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
298	Doxazosin Mesylate 4 mg Tablet		C02CA04196T5001X X	A*	Benign Prostatic Hyperplasia	4 mg once daily to maximum 8mg/day
299	Doxorubicin HCL 50mg/25 ml Injection		L01DB01110P4002X X	A	i) Solid tumours, leukaemia, non- Hodgkin's lymphoma ii) Leukaemia (ALL induction) iii) Multiple myeloma	i) 30 - 75 mg/m <sup>2</sup> IV as a single dose at 21 day intervals ii) 25 - 45 mg/m <sup>2</sup> once a week for the first 4 weeks during induction or re-induction phase (refer to specific protocol. Caution: Total cumulative dose of doxorubicin must not exceed 550 mg/m <sup>2</sup> due to risk of cardiotoxicity. CHILD: 30 mg/m <sup>2</sup> /dose over 6 - 24 hours for 1 - 2 days. Need to check cardiac function closely by echocardiography every cumulative dose of 100 mg/m <sup>2</sup> to maximum 360 mg/m <sup>2</sup> iii) 9 mg/m <sup>2</sup> over 24 hours infusion for 4 days at monthly intervals
300	Doxycycline HCL 100 mg Capsule		J01AA02000C1001X X	B	Infections due to susceptible organisms	ADULT: 200 mg on the first day followed by 100 mg daily. Severe infections: 200 mg daily
301	Duloxetine HCl 30 mg Capsule		N06AX21110C1001X X	A*	Major depressive disorder, diabetic peripheral neuropathic pain	ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended
302	Duloxetine HCl 60 mg Capsule		N06AX21110C1002X X	A*	Major depression, diabetic peripheral neuropathic pain	ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended



303	Dydrogesterone 10 mg Tablet		G03DB01110T1001X X	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)	i) 10 mg bd from day 5 - 25 of cycle ii) 10 mg bd - tds from day 5 - 25 of the cycle or continuously iii) To arrest bleeding :10 mg bd with an oestrogen once daily for 5 - 7 days, To prevent bleeding : 10 mg bd with an oestrogen once daily from day 11 - 25 of the cycle iv) 40 mg at once, then 10mg 8hrly until symptoms remit v) 10 mg bd until 20th week of pregnancy vi) 10-20 mg daily during last 12-14 days of each cycle
304	Efavirenz 200 mg Capsule		J05AG03000C1003X X	A*	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
305	Efavirenz 600 mg Tablet		J05AG03000T1001X X	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
306	Emulsificant Ointment		D02AC00952G5001X X	C	Xerosis and ichthyosis	Use as a soap and emollient
307	Enalapril 20 mg Tablet		C09AA02253T1003X X	B	i) Hypertension ii) Congestive heart failure	i) Initially 5 mg daily, (ELDERLY 2.5 mg once daily), usual maintenance dose 10 - 20 mg daily. Maximum: 40 mg/day in 1 - 2 divided doses ii) Initially 2.5 mg daily, usual maintenance dose 20 mg daily in 1 - 2 divided doses: maximum: 40 mg/day
308	Enalapril 5 mg Tablet		C09AA02253T1001X X	B	i) Hypertension ii) Congestive heart failure	i) Initially 5 mg daily, (ELDERLY 2.5 mg once daily), usual maintenance dose 10 - 20 mg daily. Maximum: 40 mg/day in 1 - 2 divided doses ii) Initially 2.5 mg daily, usual maintenance dose 20 mg daily in 1 - 2 divided doses: maximum: 40 mg/day
309	Enoxaparin Sodium 60 mg Injection		B01AB05520P5003X X	A*	i) Prevention of Deep Vein Thrombosis(DVT) especially in perioperative and high risk surgical cases ii) Treatment of DVT iii) Unstable angina and non Q wave Myocardial Infarction	i) Prophylaxis fo DVT especially in surgical patients: moderate risk, 20 mg SC approximately 2 hours before surgery then 20 mg every 24 hours for minimum 7 - 10 days, high risk (eg orthopaedic surgery, medical patients, 40mg every 24 hours for at least 6 days until patient ambulant, max 14 days. ii) Treatment of DVT or pulmonary embolism, 1.5 mg/kg every 24 hours, usually for 5 days and until adequate oral anticoagulation established. iii) Unstable angina and non-ST-segment- elevation myocardial infarction 1 mg/kg every 12 hours, usually for 2 - 8 days
310	Entacapone 200 mg Tablet		N04BX02000T1001X X	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



311	Ephedrine 0.5% w/v Nasal Drops		R01AA03110D6001X X	A/KK	Decongestion of the upper respiratory tract	2 drops 3 times daily. Maximum use for 1 week
312	Ephedrine HCl 30 mg/ml Injection		R03CA02110P3001X X	B	Treatment of bronchial spasm in asthma, adjunct to correct haemodynamic imbalances and treat hypotension in epidural and spinal anaesthesia	Adult: PO Diabetic neuropathic oedema 30-60 mg 3 times/day. IV Reversal of spinal or epidural anesthetic-induced hypotension As 3 mg/mL soln: 3-6 mg, up to 9 mg, may repeat every 3-4 mins if needed. Max: 30 mg
313	Epirubicin 50 mg/ 25ml Injection		L01DB03110P4002X X	A*	Breast cancer, Non-Hodgkin's lymphoma, Leukaemia (ALL induction), gastric cancer, ovarian cancer	i) 75 - 90mg/m <sup>2</sup> body area injected IV in 3 - 5 min, repeated at 21 day intervals. Higher doses up to 135mg/m <sup>2</sup> as single agent and 120mg/m <sup>2</sup> as combination (effective in treatment of breast cancer) CHILD: 50 mg/m <sup>2</sup> over 6 hours. Schedule depends on protocol.
314	Erlotinib 150 mg Tablet		L01XE03110T1002X X	A* by patient basis	i) As monotherapy for maintenance treatment in patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with stable disease after 4 cycles of standard platinum-based first-line chemotherapy. ii) For the treatment of patients with locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen. Restricted to non-smoker, female, epidermal growth factor receptor (EGFR) positive and Asian patients only.	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.
315	Ertapenem 1 g Injection		J01DH03520P4001X X	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
316	Erythromycin Ethylsuccinate 200 mg/5 ml Suspension		J01FA01238F2101X X	B	Treatment of susceptible bacterial infections	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.
317	Erythromycin Ethylsuccinate 400 mg Tablet		J01FA01238T1001X X	B	Treatment of susceptible bacterial infections	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.
318	Erythromycin Lactobionate 500mg Injection		J01FA01129P3001X X	A*	Prokinetic	250mg every 4 hourly
319	Escitalopram Oxalate 10 mg Tablet		N06AB10124T1001X X	A*	i) Major depression ii) Treatment of panic disorder with or without agoraphobia	i) 10 mg once daily; may be increased to max 20 mg daily. ii) Panic disorder with or without agoraphobia :Initially 5 mg for the first week, thereafter increased to 10 mg daily. Max 20 mg daily, ELDERLY initially half the adult dose, lower maintenance dose may be sufficient. CHILD and ADOLESCENT under 18 years not recommended
320	Esomeprazole 40 mg Tablet		A02BC05000T1001X X	A*	i)Gastro-oesophageal reflux disease ii)H. pylori eradication	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
321	Esomeprazole Sodium 40 mg Injection		A02BC05000P3001X X	A*	i) Acute erosive/ ulcerative oesophagitis ii) Non -variceal upper gastrointestinal bleed	i) 20- 40 mg once daily for 2-5 days ii) 80 mg by IV bolus followed by 8mg/hour infusion for 72 hours
322	Essential Phospholipids Capsule		A05BA00924C1001X X	A/KK	Nutritional supplement in liver disorders	Please refer to product leaflet
323	Estradiol 1 mg & Estradiol 1 mg with Dydrogesterone 10 mg (Femoston 1/10) Tablet		G03FB08954T1002X X	A*	i) Hormone replacement therapy for the relief of symptoms due to oestrogen deficiency ii) Prevention of postmenopausal osteoporosis in women with a uterus	One tablet daily, taken continuously without interruption. Should be used only in postmenopausal women more than 12 month after menopause



324	Estradiol Valerate 1 mg Tablet (Progynova)		G03CA03256T1002X X	A*	Estrogen deficiency due to natural menopause or castration. Prevention of postmenopausal osteoporosis	1-2 mg daily for 28 days. Continue treatment w/o interruption. In women w/ intact uterus, concomitant use of an appropriate progestogen is advised for 10-14 days every 4 wk or w/ each tab of estrogen.
325	Estradiol Valerate 2 mg and Norgestrel 500 mcg with Estradiol Valerate 2 mg Tablet (Progyluton)		G03FB01953T1001X X	B	Estrogen deficiency due to menopause or hypogonadism, castration or primary ovarian failure in women w/ intact uterus. Prevention of postmenopausal osteoporosis. Control of menstrual irregularities. Treatment of primary or secondary amenorrhoea.	Starting on the 5th day of the cycle, 1 white tab daily for the 1st 11 days, followed by 1 brown tab daily for 10 days, then 7 tab-free days.
326	Estrogens, conjugate 0.625 mg Tablet (Premarin)		G03CA57000T1001X X	A	Moderate to severe vasomotor symptoms associated w/ estrogen deficiency. Prevention & management of osteoporosis associated w/ estrogen deficiency. Atrophic vaginitis & atrophic urethritis. Female hypoenestrogenism.	Vasomotor symptoms, atrophic vaginitis & atrophic urethritis associated w/ estrogen deficiency Usual dosage range: 0.3-1.25 mg daily. Osteoporosis 0.3 mg daily. Female hypoenestrogenism 0.3-1.25 mg daily administered cyclically eg 3 wk on & 1 wk off. Adjust dosage depending on severity of symptoms & endometrial responsiveness.
327	Ethambutol HCl 400 mg Tablet		J04AK02110T1002X X	B	Tuberculosis	Adult: 15-25mg/kg daily (max 1200mg) or 50mg/kg biweekly (max2000mg). Children: 15-25mg/kg daily or 50 mg/kg twice weekly.
328	Ethinylestradiol 20 mcg & Desogestrel 150 mcg Tablet (Mercilon)		G03AA09954T1002X X	A/KK	Oral contraception	One tablet daily for 21 days starting on 1st day of menses followed by 7 tablet-free days.
329	Ethinylestradiol 0.035 mg & Cyproterone Acetate 2 mg Tablet (Diane 35)		G03HB01954T1001X X	A*	Treatment of moderate to severe acne related to androgen sensitivity (w/ or w/o seborrhoea) &/or hirsutism in women of reproductive age, including patients with polycystic ovary syndrome. For treatment of acne only after topical therapy or systemic antibiotic treatments have failed.	1 tab daily from 1st day of menstrual cycle for 21 days followed by 7 tab-free days.
330	Ethinylestradiol 30mcg & Desogestrel 150mcg Tablet (Marvelon)		G03AB05954T1001X X	C+	Contraception	1 tablet daily for 21 days, subsequent courses repeated after 7 day interval (during which withdrawal bleeding occurs)
331	Ethinylestradiol 30mcg & Levonorgestrel 150mcg Tablet (Rigevidon)		G03AA07954T1001X X	C+	Contraception	1 tab daily for 21 days from 1st day of the cycle, followed by 7 tab-free days.
332	Ethionamide 250 mg Tablet		J04AD03000T1001X X	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.	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.
333	Ethyl Chloride 100ml Spray		N01BX01000A4001X X	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
334	Etoposide 100 mg/5 ml Injection		L01CB01000P3001X X	A*	i) For treatment of children with solid tumours, juvenile myelomonocytic leukemia (JMML) and Langerhan cell histiocytosis ii) Leukaemia, lymphoma iii) Testicular cancer, lung cancer, gestational trophoblastic disease, gastric cancer, sarcoma	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
335	Etoricoxib 120mg Tablet		M01AH05000T1002X X	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)





336	Etoricoxib 90 mg Tablet		M01AH05000T1001X X	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)
337	Exemestane 25mg Tablet		L02BG06000T1001X X	A* by patient basis	- Treatment of post-menopausal women with advanced breast cancer whose disease has progressed following tamoxifen and non-steroidal aromatase inhibitors	25 mg once daily
338	Ezetimide 10mg Tablet		C10AX09000T1001X X	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
339	Factor IX 500IU Injection		B02BD04000P9901X X	A	Prevention and control of bleeding in patients with factor IX deficiency due to haemophilia B	Dose varies according to the patient and the circumstances of the bleeding. i) Mild haemorrhage: initial dose of 30 units/kg body weight. ii) Moderate haemorrhage: initial dose of 50 units/kg iii) Major haemorrhage/surgery: Initial dose of 75 - 100 units/kg. Half of these doses may be repeated after 18-24 hrs if necessary.
340	Factor VIII 250 IU Injection		B02BD02999P9901X X	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 10-15 units/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
341	Felodipine 10mg Tablet		C08CA02000T1002X X	A/KK	Hypertension	Initiate at 5 mg once daily. Usual dose, 5 - 10 mg once daily in the morning
342	Felodipine 5 mg Tablet		C08CA02000T1001X X	A/KK	Hypertension	Initiate at 5 mg once daily. Usual dose, 5 - 10 mg once daily in the morning
343	Fenofibrate 145mg Tablet		C10AB05000T1002X X	A/KK	As second line therapy after failed gemfibrozil in patients: i) Hypercholesterolemia and hypertriglyceridemia alone or combined [type IIa, IIb, III and V dyslipidemias] in patients unresponsive to dietary and other non-pharmacological measures especially when there is evidence of associated risk factors ii) Treatment of secondary hyperlipoproteinemias if hyperlipoproteinemia persists despite effective treatment of underlying disease iii) Dyslipidemia in Type 2 Diabetes Mellitus	145mg once daily, with or without food
344	Fentanyl 0.1 mg/2 ml Injection		N01AH01136P3001X X	A	Short duration analgesia during pre-med induction, maintenance of anaesth & in the immediate post-op period.	Adult Premed 50-100 mcg (1-2 mL) IM 30-60 mins pre-op. Adjunct to general anaesth Induction Initially, 50-100 mcg (1-2 mL) IV, repeat at 2-3 mins intervals until desired effect is achieved. Elderly & poor risk patients 25-50 mcg (0.5-1 mL). Maintenance 25-50 mcg (0.5-1 mL) IV/IM when movement &/or changes in vital signs indicate surgical stress or lightening of analgesia. Adjunct to regional anaesth 50-100 mcg (1-2 mL) IM or slow IV when additional analgesia is required. Post-op 50-100 mcg (1-2 mL) IM for the control of pain, tachypnoea & emergence delirium. The dose may be repeated in 1-2 hr as needed. Childn 2-12 yr Induction & Maintenance: 20-30 mcg (0.4-0.6 mL)/10 kg.



345	Fentanyl 12mcg/h Transdermal Patch		N02AB03136M7005X X	A* - by patient basis	As a second line drug in the management of chronic cancer pain. The use is to be restricted to pain specialists, palliative medicine specialists and oncologists.	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.
346	Fentanyl 25 mcg/h Transdermal Patch		N02AB03136M7001X X	A*	As a second line drug in the management of chronic cancer pain. The use is to be restricted to pain specialists, palliative medicine specialists and oncologists.	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.
347	Ferric Ammonium Citrate 400 mg/5 ml Paediatric Mixture		B03AB06136L2101X X	C	Prevention and treatment of iron-deficiency anaemias	CHILD up to 1 year 5 ml, 1 - 5 years 10 ml, taken well diluted with water
348	Ferrous Fumarate 200mg Tablet		B03AA02138T1001X X	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
349	Filgrastim (G-CSF) 30 MU/ml Injection		L03AA02000P3001X X	A*	i) Reduction in the duration of neutropenia and incidence of febrile neutropenia in cytotoxic chemotherapy for malignancy except chronic myeloid leukemia and myelodysplastic syndrome ii) Haemopoietic stem cell transplantation (HSCT)/stem cell harvesting	i) Adult: SC or IV 5 mcg/kg/day. Initiation: 24 - 72 hours after chemotherapy. Duration: Until a clinically adequate neutrophil recovery is achieved (absolute neutrophil count of at least 1 x 10 <sup>9</sup> /L on 2 consecutive days) ii) Refer to protocol
350	Finasteride 5 mg Tablet		G04CB01000T1001X X	A*	Treatment and control of benign prostatic hyperplasia	5 mg a day as a single dose. Clinical responses occur within 12 weeks - 6 months of initiation of therapy. Long-term administration is recommended for maximal response
351	Flecainide Acetate 100 mg Tablet		C01BC04122T1001X X	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	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
352	Fluconazole 100 mg Capsule		J02AC01000C1002X X	A	i) Oropharyngeal candidiasis, atrophic oral candidiasis associated with dentures, other candidal infections of mucosa ii) Tinea pedis, corporis, cruris, versicolor and dermal candidiasis iii) Invasive candidal & cryptococcal infections (including meningitis) iv) Prevention of relapse of cryptococcal meningitis in AIDS patients after completion of primary therapy v) Prevention of fungal infections in immunocompromised patients considered at risk as a consequence of HIV infections or neutropenia following cytotoxic chemotherapy, radiotherapy or bone marrow transplant	i) Oropharyngeal candidiasis: 50 - 100 mg daily for 7 - 14 days (Maximum 14 days) except in severely immunocompromised patients, treatment can be continued for longer periods. Atrophic oral candidiasis associated with dentures: 50 mg daily for 14 days. Other candidal infections of mucosa: 50 - 100 mg daily for 14 - 30 days. CHILD: 3 - 6 mg/kg on first day then 3 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old) ii) 50 mg daily for 2 - 4 weeks, maximum 6 weeks iii) 400 mg initially then 200 - 400 mg daily for 6 - 8 weeks. CHILD: 6 - 12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 -4 weeks old) iv) 100 - 200 mg daily v) 50 - 400 mg daily. CHILD: 3 - 12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old)



353	Fluconazole 2mg/ml Injection		J02AC01000P9901X X	A	i) Oropharyngeal candidiasis, atrophic oral candidiasis associated with dentures, other candidal infections of mucosa ii) Tinea pedis, corporis, cruris, versicolor and dermal candidiasis iii) Invasive candidal & cryptococcal infections (including meningitis) iv) Prevention of relapse of cryptococcal meningitis in AIDS patients after completion of primary therapy v) Prevention of fungal infections in immunocompromised patients considered at risk as a consequence of HIV infections or neutropenia following cytotoxic chemotherapy, radiotherapy or bone marrow transplant	i) 50 - 100 mg daily for 7 - 14 days (Maximum 14 days) except in severely immunocompromised patients, treatment can be continued for longer periods. Atrophic oral candidiasis associated with dentures: 50 mg daily for 14 days. Other candidal infections of mucosa: 50 - 100 mg daily for 14 - 30 days. CHILD: 3 - 6 mg/kg on first day then 3 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old) ii) 50 mg daily for 2 - 4 weeks, maximum 6 weeks iii) 400 mg initially then 200 - 400 mg daily for 6 - 8 weeks. CHILD: 6-12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old) iv) 100 - 200 mg daily v) 50 - 400 mg daily. CHILD: 3 - 12 mg/kg daily (every 72 hours in NEONATE up to 2 weeks old, every 48 hours in NEONATE 2 - 4 weeks old)
354	Fludrocortisone Acetate 0.1 mg Tablet		H02AA02122T1001X X	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
355	Flumazenil 0.5 mg/5 ml Injection		V03AB25000P3001X X	B	i) Diagnosis and/or management of benzodiazepine overdose due to self- poisoning or accidental overdose ii) Reversal of sedation following anaesthesia with benzodiazepine	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 re-sedation, repeated
356	Flunarizine HCL 5 mg Capsule		N07CA03110C1001X X	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
357	Fluorescein 1 mg Ophthalmic Strip		S01JA01520M9901X X	B	Diagnostic fluorescein angiography or angioscopy of the fundus and of the iris vasculature	Moisten tip with tear fluid from lower fornix, sterile water or ophthalmic solution and gently stroke across the conjunctiva
358	Fluorometholone Acetate 0.1% Eye Drop		S01BA07000D2001X X	A*	Treatment of steroid responsive ocular inflammation	1-2 drops qds. During the initial 24-48 hr, dose may be increased to 2 drops 2 hrly.



359	Fluorouracil (5-FU) 2.5g / 50mL Injection		L01BC02000P4001X X	A*	Cancers of gastro-intestinal tract, breast and pancreas, head and neck. Ophthalmological 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. 500 - 600 mg/m <sup>2</sup> IV in combination with other cytotoxic agents, repeated every 3 weeks or 300 - 450 mg/m <sup>2</sup> IV slow bolus daily for 5 days in combination with biological response modifiers, repeated every 4 weeks or 3000 - 3750 mg/m <sup>2</sup> as a continuous infusion over 5 days in combination with a platinum compound every 3 to 4 weeks
360	Fluorouracil (5-FU) 250 mg/5 ml Injection		L01BC02000P4001X X	A*	Cancers of gastro-intestinal tract, breast and pancreas, head and neck. Ophthalmological 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.
361	Fluoxetine 20 mg Capsule		N06AB03110C1001X X	A	i) Depression ii) Obsessive-compulsive disorder	Dosage: 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.
362	Flupenthixol Decanoate Depot (Fluanxol) 20 mg/ml Injection		N05AF01135P2001X X	B	Schizophrenia & allied psychoses, especially w/ symptoms eg hallucinations, paranoid delusions & thought disturbances along w/ apathv. energy & w/drawal.	Maintenance treatment: 20-40 mg IM at 2-4 wk intervals.
363	Fluphenazine Decanoate 25 mg/ml Injection		N05AB02135P3001X X	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
364	Fluticasone Furoate 27.5 mcg/dose Nasal Spray		R01AD08139A4101X X	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.	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
365	Fluticasone propionate & formoterol fumarate dihydrate (250/10mcg) per actuation pressurized inhalation, suspension	Respiratory	R03AK11989A2102X X	A/KK (Respi LP 2 patients/ year)	Indicated in the regular treatment of asthma where the use of a combination product (an inhaled corticosteroid and a long-acting β <sub>2</sub> agonist) is appropriate: I) For patients not adequately controlled with inhaled corticosteroids and 'as required' inhaled short-acting β <sub>2</sub> agonist. II) For patients already adequately controlled on both an inhaled corticosteroid and a long-acting β <sub>2</sub> agonist.	Two inhalations (puffs) twice daily normally taken in the morning and in the evening.



366	Fluticasone Propionate 125 mcg/dose Inhaler		R03BA05133A2101X X	B	Prophylactic treatment for asthma	ADULT and CHILD more than 16 years i) Mild asthma : 100 mcg - 250 mcg twice daily ii) Moderate asthma : 250 - 500 mcg twice daily iii) Severe asthma : 500 mcg - 1000 mcg twice daily. Alternatively, the starting dose of fluticasone dipropionate may be gauged at half the total daily dose of beclomethasone dipropionate or equivalent administered by inhalation. CHILD 4 - 11 years, 50 mcg twice daily (maximum 100 mcg twice daily), CHILD 1-4 years, 50-100mcg microgram twice daily
367	Fluticasone propionate 125mcg + Salmeterol xinafoate 25mcg Evohaler (Seretide)		R03AK06989A2102X X	A*	Regular treatment of reversible obstructive airway diseases including asthma.	ADULT and CHILD more than 12 years : 1 - 2 puff twice daily. CHILD over 4 years : 1 puff twice daily
368	Fluticasone propionate 250mcg + Salmeterol xinafoate 50mcg Accuhaler (Seretide)		R03AK06989A2101X X	A/KK	i) Regular treatment of reversible obstructive airways diseases including asthma ii) For the regular treatment of chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema	i) ADULT and CHILD more than 12 years : 1 - 2 puff twice daily. CHILD over 4 years : 1 puff twice daily ii) For COPD: Dose is one inhalation 50/250mcg to 50/500mcg twice daily.
369	Fluticasone propionate 500mcg + Salmeterol xinafoate 50mcg Accuhaler (Seretide)		R03AK06989A2106X X	A	i) Regular treatment of reversible obstructive airways diseases including asthma ii) Chronic obstructive pulmonary disease including chronic bronchitis and emphysema	i) ADULT and CHILD more than 12 years : 1 puff twice daily ii) ADULT 1 puff twice daily
370	Fluvoxamine maleate 50 mg Tablet		N06AB08253T1001X X	B	Depressive disorder	For depression, initially 50 - 100 mg daily in the evening, increased if necessary to 300 mg daily (over 150 mg in divided doses); usual maintenance dose 100 mg daily. CHILD and ADOLESCENT under 18 years not recommended
371	Folic Acid 5 mg Tablet		B03BB01000T1001X X	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



372	Fondaparinux Sodium 2.5 mg/0.5 ml Injection		B01AX05520P5001X X	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. ii) Treatment of unstable angina or non-ST segment elevation myocardial infarction [UA/NSTEMI] in patients for whom urgent invasive management (PCI) is not indicated. iii) Treatment of ST segment elevation myocardial infarction (STEMI) in patients managed with thrombolytics or are not receiving other forms of reperfusion therapy	i) 2.5 mg once daily given by SC, administered 6 hr following surgical closure provided homeostasis has been established. Usual duration of therapy is 5 to 9 days; for hip fracture patients, an extended course of up to 24 days is recommended. ii) ADULT more than 18 years: 2.5 mg once daily given by SC, initiated as soon as possible after diagnosis and continued for up to 8 days or until hospital discharge. If patient needs to undergo PCI, unfractionated heparin to be admin as per local practice protocol, taking into account the patient's bleeding risk and time of last dose of fondaparinux. Fondaparinux may be restarted no earlier than 2 hr after sheath removal. iii) ADULT more than 18 years: 2.5 mg once daily; first dose to be given IV (directly through an existing IV line or as infusion in 25 or 50 ml of 0.9% saline over 1-2 min), subsequent doses to be given SC. Treatment to be initiated as soon as diagnosis is made and continued up to a max of 8 days or until hospital discharge, whichever comes earlier. If patient needs to undergo non- primary PCI, unfractionated heparin to be admin as per local practice protocol, taking into account the patient's bleeding risk and time of last dose of fondaparinux. Fondaparinux may be restarted no earlier than 3 hr after sheath removal
373	Fondaparinux Sodium 7.5 mg/ 0.6ml Injection in Prefilled Syringe		B01AX05520P5002X X	A*	i) Treatment of acute Deep Vein Thrombosis (DVT). ii) Treatment of 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
374	Framycetin Sulphate 0.5%, Dexamethasone 0.05% and Gramicidin 0.005% Ear Drops (Sofradex)		S01CA01991D1001X X	A/KK	Otitis externa	Apply 2 - 3 drops 3 to 4 times daily
375	Furosemide 20 mg/2 ml Injection		C03CA01000P3001X X	B	Pulmonary oedema	Initially 20 -40 mg IM or slow IV (rate not exceeding 4 mg/min). CHILD: 0.5 - 1.5 mg/kg. Max: 20 mg daily
376	Furosemide 40 mg Tablet		C03CA01000T1001X X	B	Pulmonary oedema	ADULT: Initial 40 - 80 mg on morning if required, can be increased to a max of 1 g/day in certain cases especially in chronic renal failure. CHILD : 1 - 3 mg/kg daily
377	Fusafungine 1% NASAL/OROMUSCOSAL SPRAY		R02AB03000A4101X X	A	Local antibiotic, anti-inflammatory treatment of infectious and inflammatory syndromes of the respiratory mucosa	ADULT : 1 oral or 1 nasal inhalation 4 hourly, withdraw if no improvement after 7 days. CHILD : 1 oral or 1 nasal inhalation 6 hourly, withdraw if no improvement after 7 days
378	Fusidic Acid 1% Eye Drops		S01AA13000D2001X X	A	For staphylococcal infections	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



379	Fusidic acid 2% CREAM		D06AX01000G1001X X	A	Skin infections caused by staphylococci, streptococci, corynebacterium minutissimum and other sodium fusidate-sensitive organisms	Apply to affected area 2 - 3 times daily
380	Fusidic Acid 2% in Betamethasone Valerate 0.1% Cream		D07CC01948G1001X X	A/KK	Inflammatory dermatosis where bacterial infection is likely to occur eg atopic eczema, discoid eczema, stasis eczema, seborrheic dermatitis, contact dermatitis, lichen simplex chronicus, psoriasis, discoid lupus erythematosus	Uncovered lesion- Apply 2 to 3 times daily. Covered lesions- Less frequent applications may be adequate
381	Fusidic Acid Sodium 250 mg Tablet		J01XC01520T1001X X	A*	Treatment of infections caused by susceptible organisms especially Staphylococcal infections including Methicillin Resistant <u>Staphylococcus aureus (MRSA)</u>	ADULT: 500 mg 3 times daily, skin and soft tissue infection: 250 - 500 mg twice daily
382	Gabapentin 600 mg Tablet		N03AX12000T1001X X	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	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
383	Gamma Benzene Hexachloride 0.1% Lotion		P03AB02100L6001X X	B	Head lice	Apply a sufficient quantity of shampoo onto clean, dry hair; generally 1 ounce is sufficient, no more than 2 ounces should be used. Work the shampoo into hair thoroughly and allow to remain on hair for 4 minutes. Add small quantities of water and massage until a good lather forms. Rinse thoroughly and towel dry briskly
384	Gemcitabine HCl 1g Injection		L01BC05110P4002X X	A*	i) Locally advanced or metastatic non-small cell lung cancer ii) Locally advanced or metastatic pancreatic cancer iii) In combination with carboplatin in the treatment of patients with recurrent epithelial ovarian carcinoma, who have relapsed more than six months, following platinum-based therapy iv) In combination with paclitaxel for treatment of patients with metastatic breast cancer who have relapsed following adjuvant/ neoadjuvant chemotherapy. Prior chemotherapy should have included an anthracycline unless clinically contraindicated	i) Alone or with cisplatin: 1000 mg/m <sup>2</sup> day 1 & 8 every 3 weeks or 1000 mg/m <sup>2</sup> day 1, day 8, day 15 every 4 weeks ii) Initially 1000 mg/m <sup>2</sup> weekly for 7 weeks followed by 1 week rest. Subsequent cycles 1000 mg/ m <sup>2</sup> weekly for 3 weeks followed by 1 week rest iii) Gemcitabine 1000 mg/m <sup>2</sup> as 30 minutes IV infusion day 1 & 8 of each 21- day cycle followed by carboplatin on day 1 to attain a target AUC of 4 mg/ml/minute iv) 1250 mg/m <sup>2</sup> on days 1 and 8 of each 21-day cycle with paclitaxel 175 mg/m <sup>2</sup> given as a 3-hour infusion before gemcitabine on day 1 of each 21-day cycle
385	Gemcitabine HCl 200 mg Injection		L01BC05110P4001X X	A*	i) Locally advanced or metastatic non-small cell lung cancer ii) Locally advanced or metastatic pancreatic cancer iii) In combination with carboplatin in the treatment of patients with recurrent epithelial ovarian carcinoma, who have relapsed more than six months, following platinum-based therapy iv) In combination with Paclitaxel, for treatment of patients with metastatic breast cancer who have relapsed following adjuvant/ neoadjuvant chemotherapy. Prior chemotherapy should have included an anthracycline unless clinically contraindicated	i) Alone or with cisplatin: 1000 mg/m <sup>2</sup> day 1 & 8 every 3 weeks or 1000 mg/m <sup>2</sup> day 1, day 8, day 15 every 4 weeks ii) Initially 1000 mg/m <sup>2</sup> weekly for 7 weeks followed by 1 week rest. Subsequent cycles 1000 mg/ m <sup>2</sup> weekly for 3 weeks followed by 1 week rest iii) Gemcitabine 1000 mg/m <sup>2</sup> as 30 minutes IV infusion day 1 & 8 of each 21- day cycle followed by carboplatin on day 1 to attain a target AUC of 4 mg/ml/minute iv) 1250 mg/m <sup>2</sup> on days 1 and 8 of each 21-day cycle with paclitaxel 175 mg/m <sup>2</sup> given as a 3-hour infusion before gemcitabine on day 1 of each 21-day cycle
386	Gemeprost (Prostaglandin E1 Synthetic Analogue) 1 mg Pessary		G02AD03000S1001X X	A	Inducing abortion in the first trimester	Cervical dilatation: 1 pessary 3 hourly before surgery to a max of 5 pessaries over 24 hours



387	Gemfibrozil 300 mg Capsule		C10AB04000C1001X X	A/KK	Treatment of hyperlipoproteinaemias (TYPES IIA, IIB, III, IV, V)	ADULT: 1200 mg/day in 2 divided doses, 30 minutes before breakfast and dinner. Dose range from 0.9-1.5 g daily
388	Gentamicin 0.3% Ear/ Eye Drop		S01AA11183D2001X X	A/KK	Broad spectrum antibiotic in superficial eye infections and also for <u>Pseudomonas aeruginosa</u>	1 - 2 drops every 4 hours, in severe infection dosage may be increased up to 2 drops every hour
389	Gentamicin 0.3% Eye Ointment		S01AA11183G5101X X	A/KK	Conjunctivitis, blepharitis, blepharo- conjunctivitis, keratitis, keratoconjunctivitis, episcleritis, dacryocystitis, corneal ulcers, styes and <u>infected eye socket</u>	Apply into the conjunctival sac 3 - 4 times daily
390	Gentamicin Sulphate 40 mg/ml Injection		J01GB03183P3003X X	B	Infections due to susceptible organisms	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
391	Glibenclamide 5 mg Tablet		A10BB01000T1001X X	B	Diabetes mellitus type 2. Restriction : Use only in patient under 65 years old	Range: 2.5 - 15 mg daily (with or immediately after breakfast). Initially 2.5 mg daily increasing by 2.5 mg required for metabolic control. Max: 20mg daily.
392	Gliclazide 80mg Tablet		A10BB09000T1001X X	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
393	Gliclazide Modified Release 30mg Tablet		A10BB09000T5002X X	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
394	Glucagon Lyophilised 1 mg/ml Injection		H04AA01000P4001X X	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.
395	Glycerin 25% and Sodium Chloride 15% Enema		A06AG20921G2001X X	C+	Constipation	1 enema as required
396	Glycerin Magnesium Sulphate Paste		D11AX05183G6001X X	C	Inflammatory skin conditions such as boils and carbuncles	Apply under dressing
397	Glycerin Oral Solution		A06AX01000L5001X X	C+	As a lubricant and osmotic dehydrating agent	Apply to area when required
398	Glyceryl Trinitrate 0.5 mg Sublingual Tablet		C01DA02221T1001X X	C	Prophylaxis and treatment of angina and left ventricular failure	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.
399	Glyceryl Trinitrate 5 mg/ml Injection		C01DA02221P3001X X	A	Prophylaxis and treatment of angina, left ventricular failure. Not for direct IV injection.	Initial 5 mcg/min delivered via infusion pump. Subsequent titration must be adjusted to clinical situation with dose increment becoming more cautious as partial response is seen.
400	Glycopyrronium 50mcg, Inhalation Powder Hard Capsules		R03BB06320A2001X X	A/KK	For maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). COPD diagnosis is 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.
401	Goserelin 10.8 mg Depot Injection		L02AE03000P2002X X	A - by patient basis	Prostate cancer, endometriosis, leiomyoma uteri and assisted reproduction, breast cancer in premenopausal and perimenopausal women suitable for hormonal manipulation	One 10.8mg depot injected subcutaneously into the anterior abdominal wall, every 12 weeks.
402	Goserelin 3.6 mg Depot Injection		L02AE03000P2001X X	A	Prostate cancer, endometriosis, leiomyoma uteri and assisted reproduction, breast cancer in premenopausal and perimenopausal women suitable for hormonal manipulation	3.6 mg depot injection every 28 days





403	Granisetron 1mg Tablet		A04AA02110T1001X X	A	Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy	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
404	Granisetron 3 mg/3 ml Injection		A04AA02110P3001X X	A	i) Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy ii) Post-operative nausea and vomiting	i) ADULT 1-3 mg as an IV bolus not less than 30 seconds; maximum 9 mg/day. CHILD over 2 years; single dose of 10-40 mcg/kg as an IV infusion; maximum 3 mg/day ii) ADULT 1 mg by slow IV injection over 30 seconds prior to induction of anaesthesia
405	Griseofulvin 125 mg Tablet		D01BA01000T1001X X	B	Dermatophyte infections of the skin, scalp, hair and nails, where topical therapy has failed or inappropriate	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 1
406	Haemophilus Influenzae Type b Conjugate (Act-Hib, Hiberix) Vaccine 10 mcg/0.5 ml Injection		J07AG01000P4001X X	C	Immunisation of infants against Haemophilus Influenzae Type B	0.5 ml IM
407	Haloperidol 1.5mg Tablet		N05AD01000T1001X X	B	Schizophrenia and other psychoses	Adult: 0.5-5 mg bid/tid, may increase up to 100 mg daily in severe or resistant cases. Usual maintenance: 3-10 mg daily. Child: >3 yr: Initially, 25-50 mcg/kg daily in 2 divided doses, increased gradually if necessary. Max: 10 mg/day.
408	Haloperidol 5 mg/ml Injection		N05AD01000P3001X X	B	Acute psychoses and mania	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
409	Haloperidol 5mg Tablet		N05AD01000T1002X X	B	Schizophrenia and other psychoses	Adult: 0.5-5 mg bid/tid, may increase up to 100 mg daily in severe or resistant cases. Usual maintenance: 3-10 mg daily. Child: >3 yr: Initially, 25-50 mcg/kg daily in 2 divided doses, increased gradually if necessary. Max: 10 mg/day.
410	Heparin 25000 IU/5 ml Injection		B01AB01520P3002X X	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



411	Heparin 5000 IU/5 ml Injection		B01AB01520P3001X X	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
412	Heparinised Saline 50 IU/5 ml Injection		B01AB01930P3001X X	B	To maintain patency of peripheral venous catheters	Flush with 5 ml (50 units) every 4 hours or as required
413	Hepatitis B Immunoglobulin 100 IU / 0.5 mL (Peads) Injection		J06BB04000P3001X X	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.
414	Hepatitis B Immunoglobulin 200 IU / mL (Adult) Injection		J06BB04000P3001X X	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.
415	Hepatitis B Recombinant Vaccine 10 mcg/0.5 ml (Adult) Injection		J07BC01000P4001X X	C+	Immunisation against infections caused by Hepatitis B virus	ADULTS over 20 years: 10 mcg/dose. ADOLESCENT 11 - 19 years: 5 mcg/dose. NEWBORN and CHILD up to 10 years: 2.5 mcg/dose. INFANTS born to HBsAg positive mothers: 3 doses of 0.5 ml each. Second dose to be given after 1 month and booster dose after 6 months



416	Hepatitis B Recombinant Vaccine 20 mcg/0.5 ml (Peads) Injection		J07BC01000P4001X X	C+	Immunisation against infections caused by Hepatitis B virus	ADULTS over 20 years: 10 mcg/dose. ADOLESCENT 11 - 19 years: 5 mcg/dose. NEWBORN and CHILD up to 10 years: 2.5 mcg/dose. INFANTS born to HBsAg positive mothers: 3 doses of 0.5 ml each. Second dose to be given after 1 month and booster dose after 6 months
417	Homatropine Hydromide 2% Eye Drop		S01FA05330D2003X X	B	i) Mydriasis and cycloplegia for refraction ii) Treatment of anterior segment inflammation	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
418	Human Albumin 20% (100ml) Injection		B05AA01000P3001X X	B	i) Acute hypovolemic shock ii) Hypoproteinaemia iii) Neonatal hyperbilirubinaemia	i) ADULT 25 g. CHILD 0.6 g/kg body weight ii) Maximum daily dose is 2g iii) 1 g/kg before exchange transfusion. Dose is given at rate of 1 ml of 25% solution per minute
419	Human Albumin 20% (50ml) Injection		B05AA01000P3001X X	B	i) Acute hypovolemic shock ii) Hypoproteinaemia iii) Neonatal hyperbilirubinaemia	i) ADULT 25 g. CHILD 0.6 g/kg body weight ii) Maximum daily dose is 2g iii) 1 g/kg before exchange transfusion. Dose is given at rate of 1 ml of 25% solution per minute
420	Human Anti-RhD immunoglobulin 300mcg Injection		J06BB01000P3001X X	B	Prevention of Rh(D) sensitisation by IM injection to rhesus-negative woman after delivery of rhesus-positive infant	50 - 100 mcg within 72 hours after incompatible blood transfusion: 25 mcg (125 units) per ml transfused blood, up to 1000 mcg
421	Human Normal Immunoglobulin 3g/50mL Injection		J06BA02000P3001X X	A	i) Hypogammaglobulinaemia and other deficiency states ii) Severe refractory idiopathic thrombocytopenia purpura (platelet less than 20,000) with internal bleeding, particularly central nervous system iii) Septicaemia in immunocompromised patients or patients not responding to antibiotics iv) Chronic lymphocytic leukaemia not responding to conventional therapy	i) 50 mg/kg body weight daily for 5 days, then 25 - 50 mg/kg weekly for maintenance according to the severity of the condition ii) 400 mg/kg daily for 5 days with a further dose of 400 mg/kg as required iii) Septicaemia in immunocompromised patients or patients not responding to antibiotics iv) 250 mg/kg per month Dose varies depending on brand used
422	Hydralazine HCL 20 mg /ml Injection		C02DB02110P3001X X	B	Hypertensive crisis in pregnancy	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
423	Hydrochlorothiazide 50 mg Tablet		C03AA03000T1002X X	B	Diuretic, hypertension	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
424	Hydrocortisone 10 mg Tablet		H02AB09000T1001X X	B	Glucocorticoid replacement therapy in primary or secondary adrenal insufficiencies and long term management of congenital adrenal hyperplasia in children	ADULT: 20 - 30 mg daily in divided doses. CHILD: 10 - 30 mg daily in divided doses
425	Hydrocortisone Acetate Cream 1%		D07AA02000G1001X X	B	Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses	Apply sparingly to affected area 2 - 3 times daily until condition improve, then reduce frequency
426	Hydrocortisone Sodium Succinate 100 mg Injection		H02AB09520P4001X X	C	Conditions responsive to systemic or local glucocorticoid injection therapy especially in emergencies	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



427	Hydrogen Peroxide 3.0% Solution		D08AX01241L9901X X	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.
428	Hydroxychloroquine Sulphate 200 mg Tablet		P01BA02183T1001X X	A	i) SLE and mixed connective tissue disease for skin, joint and serosa ii) Second line therapy for acute rheumatoid arthritis	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)
429	Hydroxyethyl Cellulose Jelly (KY jelly)		V07AY00250G4001X X	B	For lubricating purpose	Apply sufficiently for lubricating purpose
430	Hydroxyurea 500 mg Cap		L01XX05000C1001X X	A	i) Solid tumours ii) Chronic myelocytic leukaemia and myeloproliferative disease iii) Severe psoriasis eg. Extensive plaque psoriasis, erythrodermic psoriasis, pustular psoriasis - as third line therapy.	i) Intermittent therapy : 80 mg/kg orally as a single dose every 3rd day. Continuous therapy : 20 - 30 mg/kg orally as a single dose dly. Concomitant therapy with irradiation : 80 mg/kg orally as a single dose every 3rd day.(administration of hydroxyurea should be started at least 7 days before initiation of irradiation and continued during radiotherapy as well). ii) Continuous therapy (20 - 30 mg/kg orally as a single dose daily, therapy should be interrupted if the white blood cell count drops below 2500/mm <sup>3</sup> , or the platelet count below 100,000/mm <sup>3</sup> .
431	Hydroxyzine HCl 25 mg Tablet		N05BB01110T1001X X	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; 1 - 5 years: 12.5 - 25 mg; to be taken daily in divided doses
432	Hyoscine ButylBromide 10 mg Tablet		A03BB01320T1001X X	B	Gastrointestinal tract and genito- urinary tract spasm, dyskinesia of the biliary system	ADULT 40mg 4 times a day. CHILD 6-12 years old: 10mg 3 times a day.
433	Hyoscine ButylBromide 20 mg/ml Injection		A03BB01320P3001X X	B	Gastrointestinal tract and genito- urinary tract spasm, dyskinesia of the biliary system	20 mg IM/IV repeated after 30 min if needed. Max: 100 mg daily.
434	Hyoscine butylbromide 5mg/5mL Syrup		A03BB01320L5001X X	B	Gastrointestinal tract and genito- urinary tract spasm, dyskinesia of the biliary system	ADULT 40mg 4 times a day. CHILD 6-12 years old: 10mg 3 times a day.
435	Hypromellose 0.3% + Carbomer 0.22% Eye Gel		S01KA02000G3201X X	B	Symptomatic relief of severe dry eye conditions and as lens lubricant during ophthalmic diagnostic procedures	Instill 1-2 drops in affected eye(s) as needed
436	Hypromellose 0.3% + Dextran 70 Eye Drops		S01XA20000D2002X X	B	Tear deficiency, ophthalmic lubricant; for relief of dry eyes and eye irritation	1 - 2 drops several times a day
437	Ibandronic Acid 150mg Tablet		M05BA06000T1003X X	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
438	Ibuprofen 200 mg Tablet		M01AE01000T1001X X	B	Pain and inflammation in rheumatic disease	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.



439	Icthammol Glycerin 10% Ear Drop		S02AA3000D1001X X	C	Ear wick for otitis externa with oedema	2 - 3 drops 3 - 4 times daily and in ear wick for otitis externa
440	Imipenem 500 mg and Cilastatin 500 mg Injection		J01DH51961P4002X X	A*	Severe infections caused by susceptible pathogens especially useful in infections involving ESBL organisms. Not to be used for prophylaxis	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
441	Imipramine 25 mg Tablet		N06AA02110T1001X X	B	Depression	Initially up to 75 mg daily in divided doses increased gradually to 150 - 200 mg (up to 300 mg in hospital patients); up to 150 mg may be given as a single dose at bedtime. ELDERLY initially 10 mg daily; increased gradually to 30 - 50 mg daily; CHILD is not recommended
442	Indacaterol Maleate + BREEZHALER 150 mg Capsule		R03AC18253C9901X X	A*	Maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD).	Once-daily inhalation of the content of one 150/300 microgram capsule. Maximum dose is 300 microgram once-daily.
443	Indomethacin 25 mg Capsule		M01AB01000C1001X X	B	Pain and inflammation in rheumatic disease	50 - 200 mg daily in divided doses, with food. Child not recommended.
444	Influenzae Vaccine (Inactivated, Trivalent) Type A (H1N1) 15 mcg, Type A (H3N2) 15 mcg & Type B 15 mcg Haemagglutinin Injection		J07BB02963P3001X X	B	Prophylaxis of influenza for frontliners (KKM staff and essential services personnel) and in high risk groups	CHILD 6-35 months: Single dose of 0.5 ml IM or deep SC; 3-8 years: 1-2 doses of 0.5 ml IM ADULT & CHILD more than 9 years: Single dose of 0.5 ml IM
445	Insulin Glargine (Lanctus) 300 IU/3 ml Injection	Endocrine	A10AE04000P5001X X	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 naïve may be initiated with 10IU daily.
446	Insulin Glargine 300 IU/ ml injection (Prefilled Pen)	Endocrine	A10AE04-000-P50-02-XXX	A* (Medical LP 60 patients/year)	Diabetes mellitus type I and II in adults; Prescribing Restriction(s): 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; Low standing insulin therapy; Renal impairment; Neuropathy. Note: The use of this strength can only be prescribed / dispensed to patients in diabetic clinic / registered under DMTC program	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).
447	Insulin Lispro (Humalog) 100U/mL Injection		A10AB04000P5001X X	A* - by patient basis	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.



448	Insulin Recombinant Synthetic Human, intermediate-acting PENFILL (Insuman Basal) 300 IU/3 ml Injection		A10AC01000P5001X X	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
449	Insulin Recombinant Synthetic Human, pre-mixed PENFILL (Insuman Comb) 300 IU/3 ml Injection		A10AD01000P3001X X	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.
450	Insulin Recombinant Synthetic Human, short-acting PENFILL (Insuman Rapid) 300 IU/3 ml Injection		A10AC01000P5001X X	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
451	Insulin, Intermediate Acting (Insulatard) 1000 IU/10 ml Injection		A10AC01000P3001X X	B	Diabetes mellitus	Dose to be individualised. The daily insulin requirement is usually between 0.3 and 1.0IU/kg /day
452	Insulin, Intermediate Acting (Insulatard) PENFILL 300 IU/3 ml Injection		A10AC01000P5001X X	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
453	Insulin, Pre-mixed (Mixtard 30HM) PENFILL 300 IU/3 ml Injection		A10AD01000P5001X X	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
454	Insulin, Short Acting (Actrapid) Injection 1000 IU/10 ml Injection		A10AB01000P3001X X	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.
455	Insulin, Short Acting (Actrapid) PENFILL 300 IU/3 ml Injection		A10AB01000P5001X X	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.
456	Iodine & Potassium Iodide Solution (Lugol's Solution)		H03CA00200L9901X X	B	i) Pre-operative treatment of thyrotoxicosis ii) Thyrotoxicosis crisis	i) 1 ml daily in divided doses ii) 2 - 3 ml daily
457	Ipratropium Bromide + Salbutamol Sulphate 500 mcg + 2.5 mg/2.5 ml Inhalation Solution		R03AK04320A3001X X	B	Management of reversible bronchospasm associated with obstructive airway diseases	Acute attacks : 1 unit dose vial. In severe cases not relieved by 1 unit dose vial, 2 unit dose vials may require, patient should consult a doctor immediately. Maintenance : 1 unit dose vial 3 - 4 times daily
458	Ipratropium Bromide 20 mcg/dose Metered Dose Inhaler		R03AK03986A2101X X	B	Bronchodilator for maintenance treatment of bronchospasm, associated w/ COPD, including chronic bronchitis, emphysema & asthma.	Adult & school childn 2 puffs qds. Max: 12 puffs/day.
459	Ipratropium bromide 20mcg + Salbutamol 100mcg Metered Dose Inhaler (Duolin)		R03AK04320A1001X X	B	Management of reversible bronchospasm associated with obstructive airway diseases	ADULT and ELDERLY: 2 inhalations 4 times daily. Maximum: 12 inhalations daily. CHILD under 12 years not recommended



460	Ipratropium Bromide 250 mcg/2 ml Inhalation Solution		R03BB01320A3001X X	B	Only for treatment of : i) Patients with ischaemic heart disease who develop extrasystole with salbutamol or terbutaline ii) Patients with chronic bronchitis who have airway obstruction and who do not respond to salbutamol or terbutaline. Reversible airways obstruction, particularly in chronic obstructive pulmonary disease	ADULT : 500 mcg up to 4 times daily. CHILD 5 - 12 years : 125 - 250 mcg up to 4 times daily, 12 years : 250 - 500 mcg up to 4 times daily
461	Ipratropium Bromide 500 mcg/2 ml Inhalation Solution		R03BB01320A3002X X	B	Only for treatment of : i) Patients with ischaemic heart disease who develop extrasystole with salbutamol or terbutaline ii) Patients with chronic bronchitis who have airway obstruction and who do not respond to salbutamol or terbutaline. Reversible airways obstruction, particularly in chronic obstructive pulmonary disease	ADULT : 500 mcg up to 4 times daily. CHILD 5 - 12 years : 125 - 250 mcg up to 4 times daily, 12 years : 250 - 500 mcg up to 4 times daily
462	Iron Dextran 50mg/mL Injection		B03AC06000P3001X X	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
463	Iron Sucrose 100 mg/5 ml Injection		B03AC02250P3001X X	B	Dialysis patients on erythropoietin therapy, second and third trimester pregnancy and post partum anaemia patients with iron deficiency: i) who are not responsive to oral iron therapy ii) who may be at risk of allergic reactions to iron dextran injection	Individualised dosage. ADULT and ELDERLY: Cumulative dose is to be administered in single doses of 100 - 200 mg of iron 2 - 3 times weekly depending on Hb level. By IV drip infusion, slow IV injection or directly into the venous limb of the dialyser. Total cumulative dose: 1000 mg
464	Isoflurane Liquid (Florane) Inhalation Solution		N01AB06000L5001X X	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
465	Isoniazid 100 mg Tablet		J04AC01000T1001X X	B	i) Tuberculosis ii) Tuberculous meningitis	i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg)
466	Isoniazid 100 mg Tablet		J04AC01000T1001X X	B	i) Tuberculosis ii) Tuberculous meningitis	i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg)
467	Isosorbide Dinitrate 10mg / 10 ml Injection		C01DA08221P3001X X	A	Treatment for angina pectoris and left ventricular failure	2-10 mg/hour IV infusion after dilution, higher doses up to 20 mg/hour may be required
468	Isosorbide Dinitrate 10mg Tablet		C01DA08221T1001X X	B	Prophylaxis and treatment for: i) Angina ii) Left ventricular failure	i) 30 - 120 mg daily in divided doses ii) 40 - 160 mg, up to 240 mg if required
469	Isotretinoin 10 mg Capsule		D10BA01000C1001X X	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 of 0.1-1mg/kg daily to meet individual need. Treatment usually lasts a total of 16 weeks. There should be an interval of at least 8 weeks before re- starting treatment
470	Itopride HCl 50mg Tablet		A03FA00110T1001X X	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
471	Itraconazole 10 mg/ml Solution		J02AC02000L9901X X	A*	Treatment of: i) oral and/or oesophageal candidiasis ii) fluconazole resistant and/or oesophageal candidiasis	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



472	Itraconazole 100 mg Capsule		J02AC02000C1001X X	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	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
473	Ivabradine 5mg Tablet		C01EB17110T1001X X	A* - by patient basis	i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers ii) Treatment of coronary artery disease. Symptomatic treatment of chronic stable angina pectoris in coronary artery disease patients with normal sinus rhythm. Ivabradine is indicated : - in patients unable to tolerate or with a contraindication to the use of beta-blockers - or in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose and whose heart rate is > 60 bpm. Treatment of chronic heart failure. Ivabradine is indicated in chronic heart failure NYHA II to IV class with sinus rhythm and whose heart rate is ≥75bpm, in combination with standard beta-blocker therapy or when beta- blocker therapy is contraindicated or not tolerated.	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
474	Ivabradine 7.5mg Tablet		C01EB17110T1002X X	A* - by patient basis	i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers ii) Treatment of coronary artery disease. Symptomatic treatment of chronic stable angina pectoris in coronary artery disease patients with normal sinus rhythm. Ivabradine is indicated : - in patients unable to tolerate or with a contraindication to the use of beta-blockers - or in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose and whose heart rate is > 60 bpm. Treatment of chronic heart failure. Ivabradine is indicated in chronic heart failure NYHA II to IV class with sinus rhythm and whose heart rate is ≥75bpm, in combination with standard beta-blocker therapy or when beta- blocker therapy is contraindicated or not tolerated.	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
475	Kanamycin Sulphate 1 g Injection		J01GB04183P4001X X	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	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
476	Ketamine HCl 200 mg/20 ml Injection		N01AX03110P3001X X	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.
477	Ketoconazole 2% Antidandruff Shampoo		D01AC08000L5201X X	A/KK	Resistant dandruff only	Apply twice weekly for 2 - 4 weeks. Prophylaxis: Once every 1 - 2 weeks
478	Ketoconazole 200 mg Tablet		J02AB02000T1001X X	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.
479	Ketorolac Tromethamine 0.5% Eye Drop		S01BC05239D2001X X	A	i) Ocular itching due to allergic conjunctivitis ii) Prophylaxis and reduction of inflammation and associated symptoms following ocular surgery	Prophylaxis and reduction of inflammation and associated symptoms following ocular surgery: 1 drop 3 times daily starting 24 hours pre- operatively and continuing up to 3 weeks post-operatively.





480	Labetalol 100 mg Tablet		C07AG01110T1001X X	B	Hypertension (including in pregnancy)	ADULT: 100 mg (50 mg in elderly) daily with food, increased at intervals of 14 days to usual dose of 200 mg twice daily, up to 800 mg twice daily (3 - 4 divided doses if higher dose). Max: 2.4 g daily
481	Labetalol HCl 25 mg/5 ml Injection		C07AG01110P3001X X	B	Hypertension crisis	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.
482	Lactulose 3.35 g/5 ml Liquid		A06AD11000L5001X X	C+	i) Constipation ii) Hepatic encephalopathy	i) ADULT 15 ml twice daily adjusted to patient's need. CHILD 0.5 ml/kg/dose once or twice daily ii) 30-50 ml 3-4 times daily, dose adjusted to produce 2-3 soft stools daily. CHILD 1 ml/kg/dose 3-4 times daily
483	Lamivudine 100 mg Tablet		J05AF05000T1001X X	A*	Management of chronic hepatitis B infection associated with evidence of hepatitis B viral replication and active liver inflammation	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.
484	Lamivudine 150mg + Zidovudine 300mg (Combivir) Tablet		J05AR01964T1001X X	A/KK	HIV infection in combination with at least one other antiretroviral drug	ADULT and CHILD over 12 years: 1 tablet twice daily
485	Lamivudine 150mg Tablet		J05AF05000T1002X X	A/KK	HIV infection in combination with other antiretroviral agents	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
486	Lamotrigine 100 mg Tablet		N03AX09000T1002X X	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	i) Up to 200 mg daily in single or divided dosage ii) 25- 200 mg daily
487	Lamotrigine Dispersible 25 mg Tablet		N03AX09000T2001X X	A	Add-on therapy in intractable partial seizures	25 mg daily - 50 mg twice daily
488	Latanoprost 0.005% and timolol maleate 0.5% eye drops (for specialist only)		S01ED51990D2004X X	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.	1 drop in the affected eye(s) once daily
489	Latanoprost 0.005% Eye Drop		S01EE01000D2001X X	A*	Reduction of elevated intraocular pressure in patients with open-angle glaucoma	The recommended dosage is one drop (1.5 µg) in the affected eye(s) once daily in the evening. If more than one topical ophthalmic drug is being used, the drugs should be administered at least five (5) minutes apart
490	Leflunomide 20 mg Tablet		L04AA13000T1002X X	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.
491	Letrozole 2.5 mg Tablet		L02BG04000T1001X X	A*	i) Treatment of hormone responsive metastatic or locally advance breast cancer after failure of tamoxifen ii) Adjunct for node positive postmenopausal women with early breast cancer (positive or unknown oestrogen or positive progesterone receptor status / receptor status) who have received 5 years of adjuvant tamoxifen therapy	2.5 mg once daily



492	Leucovorin Calcium (Folinic Acid) 50mg/5ml Injection		V03AF03237P3002X X	A	i) Biochemical modulator for 5- Fluorouracil in the treatment of colorectal cancer ii) As rescue for high dose methotrexate iii) Gestational trophoblastic disease	i) 200mg/m <sup>2</sup> by slow IV injection over a minimum 3 minutes, followed by 5- Fluorouracil or 20mg/m <sup>2</sup> 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/m <sup>2</sup> ) every 6 hours for 10 doses, starting 24 hours after the beginning of the methotrexate infusion iii) 6 - 12 mg exactly 30 hours after each dose of methotrexate. In EMA-CO regime for high risk gestational trophoblastic disease, use 30 mg IM
493	Leuprolide Acetate 3.75 mg Injection		L02AE02122P5001X X	A*	i) Endometriosis ii) Hormonal therapy in advanced prostate cancer	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 1
494	Levetiracetam 250 mg Tablet		N03AX14000T1001X X	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
495	Levetiracetam 500mg Tablet		N03AX14000T1002X X	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
496	Levoceterizine 5mg Tablet		R06AE09110T1001X X	A* - ENT only	Symptomatic treatment of allergic rhinitis (including persistent allergic rhinitis) and chronic idiopathic urticaria	Children above 6 years and adults: 5 mg orally once daily (Swallow whole, do not chew/crush).



497	Levodopa 100 mg, Benserazide 25 mg HBS capsule		N04BA02977C1001X X	B for Geriatric only	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
498	Levodopa 100 mg, Carbidopa 25 mg and Entacapone 200 mg Tablet		N04BA03977T1002X X	A* - for Geriatric only	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/entacap one). 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.
499	Levodopa 150 mg, Carbidopa 37.5 mg and Entacapone 200 mg Tablet		N04BA03977T1003X X	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/entacap one). 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.
500	Levodopa 200 mg, Benserazide 50 mg Tablet		N04BA02977T1001X X	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



501	Levodopa 50 mg, Carbidopa 12.5 mg & Entacapone 200 mg Tablet		N04BA03977T1001X X	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/entacap one). 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.
502	Levofloxacin 0.5% Ophthalmic solution (Cravit)		S01AX19000D2001X X	A*	For the treatment of bacterial conjunctivitis caused by susceptible strains of the designated microorganisms.	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.
503	Levofloxacin 500mg Tablet		J01MA12000T1002X X	A*	Community acquired pneumonia	500 mg daily for 7 - 14 days
504	Levothyroxine Sodium 50 mcg Tablet		H03AA01520T1002X X	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/m <sup>2</sup> body surface area iv) Concomitant supplementation during anti- thyroid drug treatment of hyperthyroidism: 50-100mcg v) Suppression therapy in thyroid cancer: 150-300mcg
505	Levothyroxine Sodium Tablet 25 mcg		H03AA01152T1003X X	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/m <sup>2</sup> body surface area iv) Concomitant supplementation during anti- thyroid drug treatment of hyperthyroidism: 50-100mcg v) Suppression therapy in thyroid cancer: 150-300mcg



506	Levothyroxine Sodium 100 mcg Tablet		H03AA01520T1001X X	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: 4 - 5 mcg/kg/day
507	Lidocaine 25mg & Prilocaine 25mg (Emla) Cream		N01BB52974G1001X X	A	Used for painless venepunctures, radial artery cannulations before extradural/spinal and other regional blocks in children above 1 year old and adults. Also used in chronic renal failure patients for insertion of A-V fistulas and shunts for haemodialysis.	Apply a thick layer under occlusive dressing at least 1 hour before the procedure
508	Lidocaine 5% medicated plaster (for pain clinic only)		N01BB02110M6001X X	A*	Indicated for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia, PHN). Restrictions: 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)
509	Lidocaine, Chlorhexidine Dihydrochloride ( Cathejell ) GEL 2% + 0.05%w/w		N01BB52974G3001X X	B	To provide local anaesthesia and lubrication during catheterization, exploration by sound and other endourethral operations and examinations, cystoscopy and symptomatic treatment of painful cystitis and urethritis	Adult Male Instil 20 mL slowly into the urethra until it reaches external sphincter, proximal to the prostate. Subsequently, apply compression at the corona for several mins. Fill the length of the urethra w/ the remaining gel. Sounding procedure or cystoscopy Instill 40 mL (in 3-4 portions) into the insertion area then allow 5-10 mins for anaesth 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. Childn 12 yr Up to 6 mL/kg
510	Lidocaine/ lignocaine 10% Spray		N01BB02110A4001X X	B	For surface anaesthesia in dental practice, in otorhinolaryngology and paracentesis	Spray to affected part
511	Lignocaine HCl 10% Injection		C01BB01110P3002X X	B	Ventricular tachycardia and ventricular fibrillation. To be diluted before use	50-100 mg IV as a bolus, repeated after 5 minutes if necessary. Maintenance : 1-4 mg/min by IV infusion under ECG monitoring
512	Lignocaine HCl 2% (100mg/5ml) Injection		N01BB02110P3001X X	B	Local anesth by infiltration IV regional anesthesia and nerve block. Emergency management of ventricular arrhythmias particularly after myocardial infarction and cardiac surgery	Local anesthesia : ADULT Maximum: 100 mg; CHILD Maximum: 3 mg/kg Cardiac arrhythmias : ADULT 50-100 mg IV. Maximum: 200-300 mg/hour; CHILD Loading dose: 0.5-1 mg/kg IV repeated if necessary up to 3-5 mg/kg followed by a continuous infusion of 10-50 mcg/kg/min
513	Lignocaine HCl 2% (200mg/10ml) Injection		N01BB02110P3001X X	B	Local anesth by infiltration IV regional anesthesia and nerve block. Emergency management of ventricular arrhythmias particularly after myocardial infarction and cardiac surgery	Local anesthesia : ADULT Maximum: 100 mg; CHILD Maximum: 3 mg/kg Cardiac arrhythmias : ADULT 50-100 mg IV. Maximum: 200-300 mg/hour; CHILD Loading dose: 0.5-1 mg/kg IV repeated if necessary up to 3-5 mg/kg followed by a continuous infusion of 10-50 mcg/kg/min
514	Lignocaine HCl 2% Gel		N01BB02110G4001X X	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	Apply to affected area 10 mins before catheterization, etc



515	Linezolid 600 mg/300 ml Injection		J01XX08000P3001X X	A*	MRSA patient with severe sepsis requiring intensive care and not clinically responding to vancomycin	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
516	Liquid Paraffin 100ML		A06AA01000L5001X X	C	Constipation	ADULT 10-30 ml daily at night but should not be taken immediately before going to bed. CHILD not recommended
517	Lithium Carbonate 300 mg Tablet		N05AN01121T1001X X	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.
518	Lopinavir 200 mg and Ritonavir 50 mg Tablet		J05AE06964T1001X X	A ID SS only	As second line protease inhibitor if intolerant to indinavir/ ritonavir as part of HAART regimen	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 m <sup>2</sup> as adult dose.
519	Loratadine 1 mg/ml Syrup		R06AX13000L9001X X	A	Allergic rhinitis, chronic urticaria and other allergic dermatological disorders	ADULT and CHILD over 6 years : 10 mg once daily. CHILD 2 - 6 years: 5 mg once daily
520	Loratadine 10 mg Tablet		R06AX13000T1001X X	B	Ventricular tachycardia and ventricular fibrillation. To be diluted before use	ADULT and CHILD over 6 years 10 mg once daily. CHILD 2 - 6 years: 5 mg once daily
521	Loratadine 5mg+ Pseudoephedrine sulphate 120mg Tablet		R01BA52988T1001X X	A/KK	For treatment of allergic rhinitis and allergic dermatoses	ADULT and CHILD over 12 years 1 tablet twice daily
522	Lorazepam 1 mg Tablet		N05BA06000T1001X X	A/KK	i) Severe anxiety ii) Insomnia	i) 1 - 4 mg increase to 10 mg daily in divided doses. ELDERLY (or debilitated) half adult dose ii) 1 - 2 mg at bedtime Not recommended in children
523	Losartan Potassium 100mg Tablet		C09CA01500T1002X X	B	Patients intolerant of ACE inhibitors, only in the treatment of i) Hypertensive patient with left ventricular hypertrophy ii) Hypertension in diabetics with proteinuria or nephropathy	Hypertension: Usual starting and maintenance dose: 50 mg once daily. Maximum increasing the dose to 100 mg once daily. Patients with intravascular volume-depletion starting dose of 25 mg once daily. Renal protection in Type 2 diabetic patients with proteinuria and hypertension, starting dose: 50 mg once daily, may be increased to 100 mg once daily based on blood pressure response
524	Losartan Potassium 50 mg Tablet		C09CA01500T1001X X	B	Patients intolerant of ACE inhibitors, only in the treatment of i) Hypertensive patient with left ventricular hypertrophy ii) Hypertension in diabetics with proteinuria or nephropathy	Hypertension: Usual starting and maintenance dose: 50 mg once daily. Maximum increasing the dose to 100 mg once daily. Patients with intravascular volume- depletion starting dose of 25 mg once daily. Renal protection in Type 2 diabetic patients with proteinuria and hypertension, starting dose: 50 mg once daily, may be increased to 100 mg once daily based on blood pressure response
525	LPC in 2% Salicylic Acid Ointment (Coal Tar & Salicylic) (Strength: 3%, 6%, 9%)		D05AA00946G5002X X	B	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis	Apply to the affected areas
526	LPC in Ung Emulsificant (Coal Tar Ointment) (Strength: 3%, 6%, 9%)		D05AA00000G5001X X	B	Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis. Used as a mild astringent for the skin, as a soothing and protective application in eczema and as a protective to slight excoriation	Apply sparingly to the affected area 1-3 times daily starting with low strength preparations



527	Magnesium Sulphate [conc] 2.47g/5mL (49.3% w/v) Injection		B05XA05183P3001X X	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)	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
528	Magnesium Trisilicate & Aluminium Hydroxide Tablet		A02AA10912T1001X X	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
529	Magnesium Trisilicate Mixture		A02AA10912L2101X X	C	Heartburn, dyspepsia	10-20 ml 3-4 times daily before meals
530	Mannitol 10% Injection		B05BC01000P3001X X	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
531	Mannitol 20% Injection		B05BC01000P3002X X	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
532	Mebeverine HCl 135 mg Tablet		A03AA04110T1002X X	B	Irritable bowel syndrome	135 mg 3 times daily
533	Mecobalamin 500 mcg Capsule		M09AX00000T1001X X	B	Peripheral neuropathies	1 tablet 3 times daily. The dosage should be adjusted according to age of patient and severity of symptoms
534	Medroxyprogesterone Acetate 150mg/3mL Injection		G03AC06122P3001X X	B	Prevention of pregnancy and to provide long term contraception	150mg to be administered once every 3 month
535	Medroxyprogesterone Acetate 5mg Tablet		G03DA02122T1001X X	B	i) Secondary amenorrhoea ii) Abnormal uterine bleeding due to hormonal imbalance	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
536	Mefenamic Acid 250 mg Capsule		M01AG01000C1001X X	B	Mild to moderate pain	ADULT: 250 - 500 mg 3 times daily after meals. CHILD over 6 months: 6.5 - 25 mg/kg daily 3 - 4 times daily for not longer than 7 days except in juvenile arthritis
537	Meloxicam 7.5 mg Tablet		M01AC06000T1001X X	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
538	Memantine HCL 10mg Tablet		N06DX01110T1001X X	A*	As monotherapy or as adjunctive therapy with cholinesterase inhibitors for the symptomatic treatment of patients with moderate to severe Alzheimer's disease.	Adult Initially 5 mg/day on the 1st week, 5mg twice a day on the 2nd week, then 15 mg/day (10mg in the morning and 5mg in the evening) on the 3rd week. From the 4th week on, continue treatment with maintenance dose of 20 mg/day (10mg twice a day). Max: 20 mg/day
539	Memantine HCl 20mg Tablet		N06DX01110T1002X X	A*	As monotherapy or as adjunctive therapy with cholinesterase inhibitors for the symptomatic treatment of patients with moderate to severe Alzheimer's disease.	Adult Initially 5 mg/day on the 1st week, 5mg twice a day on the 2nd week, then 15 mg/day (10mg in the morning and 5mg in the evening) on the 3rd week. From the 4th week on, continue treatment with maintenance dose of 20mg/day (10mg twice a day). Max: 20 mg/day
540	Meningococcal Polysaccharide Group A,C,W135 and Y Vaccine 50ug each strains 0.5mL Injection		J07AH04000P4001X X	B	Immunisation against meningococcal diseases caused by Neisseria meningitis Group A, Group C, Group Y or Group W-135	Prophylaxis: 0.5 ml intramuscular injection.



541	Mercaptopurine 50 mg Tablet	Haematology/Oncology	L01BB02000T1001X X	A* (5 patients/year)	i) Langerhan's cell histiocytosis ii) Acute lymphoblastic leukaemia iii) Acute promyelocytic leukaemia APML (maintenance)	"Leukaemia adults: 2.5mg/kg or 8000mg/m <sup>2</sup> p.o per day, given as a single dose. To be increased at the end of 4 weeks, If necessary, up to 5mg/kg p.o per day. Maintenance dosage are 1.5mg/kg -2.5mg/kg p.o per day Children age 5 and older: Induction: 2.5mg/kg/day p.o once daily. Maintenance dose: 1.5mg/kg -2.5mg/kg p.o once daily or 70-100mg/m <sup>2</sup> p.o once daily."
542	Meropenem 1g Injection		J01DH02000P4002X X	A*	i. Empirical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent ii. Septicaemia iii. Serious infections in renal impaired patients	ADULT: 0.5g - 1g 8 hourly CHILD: (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used
543	Mesalazine 500 mg MR Tablet		A07EC02259T1002X X	A	i. Empirical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent ii. Septicaemia iii. Serious infections in renal impaired patients	ADULT: 0.5g - 1g 8 hourly CHILD: (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used
544	Mesna 400 mg/4 ml (Uromitexan) Injection		V03AF01520P3001X X	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)
545	Metformin 500mg Tablet		A10BA02110T1001X X	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.
546	Metformin HCl 500mg + Glibenclamide 2.5mg Tablet		A10BD02926T1001X X	B	As second-line therapy when diet, exercise and initial treatment with sulphonylurea or metformin do not result in adequate glycemic control in patients with type 2 diabetes mellitus	Initial dose: 1.25 mg/250 mg ORALLY once daily; titrate in increments of 1.25 mg/250 mg per day every 2 weeks, 2.5 mg/500 mg to 5 mg/500 mg ORALLY twice daily; titrate in increments of 5 mg/500 mg up to MAX 20 mg/2000 mg once daily
547	Metformin HCl 500mg + Glibenclamide 5mg Tablet		A10BD02926T1002X X	B	As second-line therapy when diet, exercise and initial treatment with sulphonylurea or metformin do not result in adequate glycemic control in patients with type 2 diabetes mellitus	Initial dose: 1.25 mg/250 mg ORALLY once daily; titrate in increments of 1.25 mg/250 mg per day every 2 weeks, 2.5 mg/500 mg to 5 mg/500 mg ORALLY twice daily; titrate in increments of 5 mg/500 mg up to MAX 20 mg/2000 mg once daily
548	Metformin HCl Extended Release 500mg Tablet		A10BA02110T5001X X	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
549	Methadone HCl 5mg/ml Syrup		N07BC02110L9001X X	A/KK	Detoxification treatment of narcotic addiction	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
550	Methotrexate 2.5 mg Tablet		L01BA01000T1001X X	A	i) Acute lymphoblastic leukaemia and acute promyelocytic leukemia (maintenance) ii) Extensive plaque psoriasis, erythrodermic psoriasis, pustular psoriasis, Reiter's syndrome, connective tissue disease	i) ADULT: 20 mg/m <sup>2</sup> weekly. CHILD: 20 - 30 mg/m <sup>2</sup> weekly according to protocol ii) Relapsed acute lymphoblastic leukaemia (ALL): 100 mg/m <sup>2</sup> /day for 5 days 6 weekly according to protocol iii) Dose used by dermatologist: 5 - 25 mg weekly. Liver biopsy after cumulative dose of 1.5 gram and repeat liver biopsy with additional gram received. Maximum cumulative dose is 4 gram. Monitor full blood count (FBC), renal and liver function iv) Rheumatoid arthritis, psoriatic arthropathy: dose used by rheumatologist: 2.5 mg/week orally starting dose, increasing to 7.5 - 20 mg/weekly





551	Methotrexate 50 mg/2 ml Injection		L01BA01520P3001X X	A	i) Solid tumours ii) Gestational trophoblastic disease iii) Acute leukaemia/lymphomas iv) Rheumatoid arthritis, psoriatic arthropathy, severe/erythrodermic psoriasis	i) 50 mg/m <sup>2</sup> once every 2 - 3 weeks in combination with other drugs ii) 50 mg IV Day 1, 3, 5, 9 every 3 weeks. For high risk gestational trophoblastic disease, use 100 mg/m <sup>2</sup> as part of EMA- CO regime iii) High dose regimens: 500 - 3000 mg/m <sup>2</sup> per dose may be used, employing the 500 mg preparations. CHILD: Central nervous system prophylaxis for acute leukaemia 2 gm/m <sup>2</sup> over 24 hours with folinic acid rescue, 3 doses for B-cell lineage. 4 doses for T-lineage all every 3 weeks. Relapse acute lymphoblastic leukaemia (ALL): 1 gm/m <sup>2</sup> over 36 hours with folinic acid rescue every 3 weeks for 9 doses, maintenance: 50 mg/m <sup>2</sup> every 2 weeks. B-cell lymphoma: 3 gm/m <sup>2</sup> 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
552	Methoxsalen 1% lotion		D05AD02000L6001X X	A	Repigmenting agent in vitiligo in conjunction 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)
553	Methyl Salicylate Ointment		M02AC00260G5001X X	C+	Relief of minor aches and pains of muscles and joints associated with simple backache, arthritis and rheumatic conditions.	To be massage well to the affected area, 3 - 4 times daily.
554	Methyldopa 250 mg Tablet		C02AB01110T1001X X	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/m <sup>2</sup> daily in 2-4 divided doses; increase as necessary. Max: 65 mg/kg, 2 g/m <sup>2</sup> or 3 g daily, whichever is least.
555	Methylene Blue USP 10mg/ml Injection		V03AB17100P3001X X	B	For treatment of idiopathic and drug- induced methaemoglobinemia. *As dye agent in procedure	Adult and children: 1 to 2 mg/kg (0.1 to 0.2 mL/kg of a 1% solution) IV very slowly over 5 minutes. This dosage can be repeated if necessary after one hour.
556	Methylphenidate Extended-release 18 mg Capsule		N06BA04110T5002X X	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.



557	Methylphenidate Extended-release 36 mg Capsule		N06BA04110T5003X X	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
558	Methylphenidate Immediate-release 10 mg Tablet		N06BA04110T1001X X	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)
559	Methylphenidate Long-acting (Ritalin LA) 20 mg Capsule		N06BA04110C2003X X	A*	Ventricular tachycardia and ventricular fibrillation. To be diluted before use	20 mg once daily to be taken in the morning. Dosage be adjusted in increments to a maximum of 60 mg/day
560	Methylprednisolone sodium succinate 1 g Injection		H02AB04520P4002X X	A	Suppression of inflammatory and allergic disorders, cerebral oedema, immunosuppression treatment of haematological and oncological disorders, treatment of shock states and endocrine disorders	15 - 30 mg/kg daily. Large doses may be repeated 4 - 6 hourly for up to 48 hours
561	Methylprednisolone sodium succinate 500 mg Injection		H02AB04520P4001X X	A	Suppression of inflammatory and allergic disorders, cerebral oedema, immunosuppression treatment of haematological and oncological disorders, treatment of shock states and endocrine disorders	15 - 30 mg/kg daily. Large doses may be repeated 4 - 6 hourly for up to 48 hours
562	Metoclopramide HCl 10 mg Tablet		A03FA01110T1001X X	B	i) Dyspepsia, flatulence, hiatus hernia, peptic ulceration, reflux oesophagitis, gastritis, duodenitis, cholelithiasis, nausea, vomiting ii) Promote bowel transit during diagnostic procedures	i) ADULT over 20 years: 10 mg 3 times daily. ADULT between 12 - 20 years: 5 mg 3 times daily. CHILD under 12 years: 0.12 mg/kg/dose 6 - 12 hourly ii) Single dose 5 - 10 minutes before examination; ADULT and CHILD over 15 years: 10 - 20 mg; CHILD less than 15 years: 0.12 mg/kg/dose 6 - 12 hourly
563	Metoclopramide HCl 10 mg/2 ml Injection		A03FA01110P3001X X	B	i) Dyspepsia, flatulence, hiatus hernia, peptic ulceration, reflux oesophagitis, gastritis, duodenitis, cholelithiasis, nausea, vomiting ii) Promote bowel transit during diagnostic procedures	i) ADULT over 20 years: 10 mg 3 times daily. ADULT between 12 - 20 years: 5 mg 3 times daily. CHILD under 12 years: 0.12 mg/kg/dose 6 - 12 hourly ii) Single dose 5 - 10 minutes before examination; ADULT and CHILD over 15 years: 10 - 20 mg; CHILD less than 15 years: 0.12 mg/kg/dose 6 - 12 hourly
564	Metoclopramide HCl 5mg/5mL Syrup		A03FA01110L9001X X	B	i) Dyspepsia, flatulence, hiatus hernia, peptic ulceration, reflux oesophagitis, gastritis, duodenitis, cholelithiasis, nausea, vomiting ii) Promote bowel transit during diagnostic procedures	i) CHILD over 5 years: 2.5 - 5 ml 3 times daily. 3 - 5 years 2 ml 2 - 3 times daily. 1 - 3 years: 1 ml 2 - 3 times daily. Under 1 year: 1 ml 2 times daily ii) Single dose given 10 minutes before examination. CHILD over 5 years: 2.5 - 5 ml. Between 3 - 5 years: 2 ml. Under 1 year: 1 ml
565	Metoprolol Tartrate 100 mg Tablet		C07AB02123T1002X X	B	Hypertension, angina, myocardial infarction, arrhythmias	Hypertension: Initially 100 mg to maximum 400 mg daily, Angina: 50 mg - 100 mg in 2 - 3 times daily. Myocardial infarction: 200 mg daily in divided doses. Arrhythmias: 50 mg - 300 mg in 2 - 3 times daily



566	Metronidazole 200 mg Tablet		P01AB01000T1001X X	B	Anaerobic infection	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
567	Metronidazole 500 mg/100ml Injection		J01XD01000P9901X X	A	Anaerobic infection	Anaerobic infections Adult: As a 1-g suppository 8 hrly for 3 days, then 12 hrly. Substitute oral therapy as soon as possible. May be unsuitable for initiating therapy in severe infections. Child: <1 yr: 125 mg; 1-5 yr: 250 mg; 5-10 yr: 500 mg. All doses to be given 8 hrly for 3 days, then 12 hrly thereafter. May be unsuitable for initiating therapy in severe infections. Prophylaxis of postoperative anaerobic bacterial infections Adult: 1 g 8 hrly starting 2 hr before surgery.
568	Miconazole Nitrate 2% Cream		D01AC02221G1001X X	B	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	Apply sparingly and rub gently onto affected area 1-2 times daily continuing for 14 days after lesions have healed
569	Midazolam 5 mg/ml Injection		N05CD08110P3002X X	A	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
570	Midazolam 15 mg/3 ml Injection		N05CD08110P3002X X	A	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
571	Midazolam 7.5 mg Tablet		N05CD08253T1001X X	A/KK	Pre and post-operative sedation	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



572	Minoxidil 5 mg Tablet		C02DC01000T1001X X	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
573	Mirtazapine 15 mg Tablet		N06AX11000T4001X X	A*	Major depression	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
574	Mirtazapine 30 mg Tablet		N06AX11000T4002X X	A*	Major depression	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
575	Mitomycin-C 10mg Injection		L01DC03000P4001X X	A*	i) Gastrointestinal, lung, breast, cervical cancers ii) Bladder tumours iii) Ophthalmological conditions: conjunctival squamous neoplasia, squamous cell carcinoma of conjunctiva, trabeculectomy chronic lymphocytic leukaemia, chronic myelogenous leukaemia. Gastric, colorectal, lung cancer	i) 10 - 20 mg/m <sup>2</sup> 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 ophthalmological conditions, duration: 1 to 3 minutes
576	Moclobemide 150mg Tablet		N06AG02000T1001X	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
577	Modified Fluid Gelatin 4% Injection		B05AA06905P9901X X	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
578	Mometasone Furoate aqueous 0.05% (50mcg/ dose) Nasal Spray		R01AD09139A4101X X	A*	Allergic rhinitis	ADULT and CHILD over 12 years: 100 mcg/day (2 sprays) to each nostril once daily. Maximum 200 mcg (4 sprays) once daily. Reduce to 50 mcg (1 spray) once daily when control achieved. CHILD 6 - 12 years old: 50 mcg (1 spray) to each nostril once daily
579	Momethasone Furoate 0.1% w/w Cream		D07AC13139G1001X X	A*	Steroid responsive dermatosis and vitiligo. Used where a potent steroid is required for short duration not more than 6 weeks	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.
580	Montelukast 4 mg Granules		R03DC03520F1001X X	A*	Asthmatics, not controlled on high dose inhaled corticosteroids more than 1600 mcg/day and with co- morbid allergic disorders. Chronic treatment of asthma	12 months - 5 years: 1 packet of 4mg oral granules daily at bedtime
581	Montelukast Sodium 10mg Tablet		R03DC03520T1001X X	A/KK	Chronic treatment of asthma and relief of symptoms of seasonal allergic rhinitis for children more than 15 years and adults	CHILD more than 15 years and ADULT: 10 mg daily at bedtime
582	Montelukast Sodium 5 mg Tablet		R03DC03520T2001X X	A*	Asthmatics, not controlled on high dose inhaled corticosteroids more than 1600 mcg/day and with co- morbid allergic disorders. Chronic treatment of asthma	CHILD 6 - 14 years: One 5 mg chewable tablet daily at bedtime
583	Morphine Sulphate 10 mg Tablet		N02AA01183T5001X X	A	For moderate to severe pain especially that associated with neoplastic disease	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.
584	Morphine Sulphate 10 mg/ml Injection		N02AA01183P3001X X	B	For moderate to severe pain especially that associated with neoplastic disease	ADULT: 10 - 20 mg/kg or more SC or IM every 4 hours in terminal pain. CHILD: Up to 1 month: 0.15 mg/kg body weight; 1 - 12 months: 0.2 mg/kg body weight; 1 - 5 years: 2.5 - 5 mg ; 6 - 12 years: 5 - 10 mg



585	Morphine Sulphate Controlled Release 10mg Tablet		N02AA01183T6002X X	A	Prolonged relief of severe pain associated with neoplastic disease; assists in procuring sleep where sleeplessness is due to pain or shock	11 - 60 mg 12 hourly intervals, depend upon the severity of the pain
586	Morphine Sulphate Controlled Release 30mg Tablet		N02AA01183T5002X X	A	Prolonged relief of severe pain associated with neoplastic disease; assists in procuring sleep where sleeplessness is due to pain or shock	10 - 60 mg 12 hourly intervals, depend upon the severity of the pain
587	Moxifloxacin 400 mg Tablet		J01MA14110T1001X X	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
588	Moxifloxacin 400mg Tablet		J01MA14110T1001X X	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. (For ENT: Acute Rhinosinusitis)	Oral: 400 mg once daily. The recommended total treatment duration for sequential administration (intravenous followed by oral therapy) is 7 to 14 days
589	Moxifloxacin HCl Solution 0.5% Eye Drop		S01AX22110D2001X X	A*	Treatment of conjunctivitis caused by susceptible organism	CHILD more than 1 year and ADULT: 1 drop to affected eye(s) 3 times daily for 7 days
590	Multivitamin (Parentrovite) Injection 1 pair		A11BA00901P3001X X	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
591	Multivitamin Drops		A11BA00901D5001X X	B	For prevention and treatment of vitamin deficiencies	INFANT less than 1 year: 1 ml daily
592	Multivitamin Syrup		A11BA00901L9001X X	C+	For prevention and treatment of vitamin deficiencies	CHILD 5 ml daily or based on manufacturer
593	Mupirocin 2% w/w Ointment		D06AX09000G5001X X	A	For MRSA infections only	ADULT and CHILD: Apply up to three times daily for up to 10 days
594	Mycophenolate Mofetil 500mg Tablet		L04AA06236T1002X X	A* - Nephro transplant	i) Prophylaxis of acute organ rejection in patients receiving allogenic renal, cardiac and hepatic transplant ii) Used with steroids for induction and maintenance of severe lupus nephritis resistant or intolerant to cyclophosphamide therapy	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
595	Mycophenolate Sodium 360mg Tablet		L04AA06520T1002X X	A*	Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids	720 mg twice daily
596	Nalbuphine HCL 10 mg/ml Injection		N02AF02110P3001X X	B	Perioperative analgesia, for relief of moderate to severe pain	10 - 20 mg SC, IM or IV every 3 - 6 hours
597	Naloxone HCl 0.4 mg/ml Injection		V03AB15110P3002X X	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 overdose	Initially 0.4 - 2 mg IV repeated at intervals of 2 - 3 minutes according to patient's needs
598	Naproxen 250mg Tablet		M01AE02000T1001X X	A/KK	i) Rheumatic arthritis, osteoarthritis and ankylosing spondylitis ii) Acute gout iii) Muscular skeletal disorder, dysmenorrhoea	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
599	Neomycin Sulphate 0.5% Cream		D06AX04256G1001X X	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)
600	Neostigmine Methylsulphate 2.5 mg/ml Injection		N07AA01183P3002X X	B	i) Myasthenia gravis ii) Reversal of non-depolarising neuromuscular blockade	i) ADULT: 1 - 2.5 mg at suitable intervals by SC, IM or IV. Usual total daily dose 5 - 20 mg. CHILD: 200 - 500 mcg at suitable intervals throughout the day. NEONATE: 50 - 250 mcg every 4 hours ii) By IV injection over 1 minute, 50 - 70 mcg/kg (maximum 5 mg) after or with atropine sulphate 0.6 - 1.2 mg



601	Nevirapine 200 mg Tablet		J05AG01000T1001X X	A/KK	Treatment of HIV-1 infection in combination with other antiretroviral agents	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.
602	Nifedipine 10 mg Tablet		C08CA05000T1001X X	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.
603	Nimodipine 30mg Tablet		C08CA06000T1001X X	A* - In-patient only	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
604	Nitrofurantoin 100mg Tablet		J01XE01000T1002X X	B by patient basis	Uncomplicated lower urinary tract infections	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
605	Norepinephrine Bitartrate(Noradrenaline) 4mg/4ml Injection		C01CA03123P3001X X	A	Septic shock and shock where peripheral vascular resistance is low	Infuse and titrate to desired pressure response. Range: 0.05 - 0.5 mcg/kg/minute
606	Norethisterone Enanathate 0.35mg Tablet		G03AC01000T1001X X	C	Contraception	1 tablet daily starting on the first day of the menstrual bleeding
607	Nystatin 100000 IU/ml Oral Suspension		A07AA02000L8001X X	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	NEWBORN: 50,000-100,000 units daily. CHILD up to 5 years: 100,000 -500,000 units 6 hourly. CHILD up to 6-12 years and ADULT: 500,000-1,000,000 units 3 to 4 times daily
608	Nystatin 100000U/g Cream		D01AA01000G1001X X	C	Prevention and treatment of cutaneous infections caused by Candida albicans	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
609	Octreotide 0.1 mg/ml Injection		H01CB02122P3001X X	A	i) Acromegaly ii) Treatment of patients with symptoms associated with gastro-entero-pancreatic endocrine tumours iii) Carcinoid tumours with features of the carcinoid syndrome, VIPomas, glucagonomas, gastrinomas/Zollinger-Ellison syndrome, GRFomas, insulinomas iv) Prevention of complications following pancreatic surgery v) Emergency management of bleeding gastro-eosophageal varices in patients with cirrhosis	i, ii and iii) Initially 0.005 - 0.1 mg SC 1 - 2 times daily, increase gradually up to 0.1 -0.2 mg 3 times daily iv) 0.1 mg 3 times daily for 7 consecutive days, starting on the day of operation, at least 1 hour before laparotomy v) 25 mcg/hour for 5 days by continous IV infusion
610	Ofloxacin 0.3% Ear Drop		S02AA00000D1001X X	A/KK	Acute otitis media with tympanostomy tubes, chronic suppurative otitis media with perforated tympanic membranes and otitis externa	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
611	Ofloxacin 100 mg Tablet		J01MA01000T1001X X	A	i) As second-line treatment of leprosyii) 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
612	Olanzapine 10mg Disintegrating Tablet		N05AH03000T4002X X	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	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



613	Olanzapine 10mg Tablet		N05AH03000T1002X X	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	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
614	Olanzapine 5mg Disintegrating Tablet		N05AH03000T1001X X	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	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
615	Olanzapine 5mg Tablet		N05AH03000T1001X X	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	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
616	Omalizumab 150mg Injection		R03DX05000P3001X X	A* LP by patient basis	i) For adults and adolescents (≥12 years), for severe persistent allergic asthma whose symptoms are inadequately controlled with inhaled corticosteroids 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	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.
617	Omeprazole 20 mg Capsule		A02BC01000C1002X X	A/KK	: Only for : i)Reflux oesophagitis ii)For eradication of Helicobacter pylori infection iii)Benign peptic ulcer not responding to conventional therapy iv)Zollinger-Ellison Syndrome	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
618	Omeprazole Sodium 40 mg Injection		A02BC01000P4001X X	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) 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.



619	Ondansetron 4mg/2mL Injection		A04AA01110P3001X X	A	i)Prevention of nausea and vomiting induced by chemotherapy and radiotherapy ii)Postoperative nausea and vomiting	i)8 mg given by IV infusion over 15 minutes or by IM immediately before treatment followed by 8 mg orally every 12 hours for up to 5 days. CHILD 5 mg/m <sup>2</sup> 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
620	Oral Rehydration Salt		A07CA00905F2101X X	C	Replacement of fluid and electrolytes loss in diarrhoea	ADULT: 200 - 400 ml ( 1 - 2 sachets ) for every loose motion. CHILD: 200 ml (1 sachet) for every loose motion. In severe dehydration 100 ml/kg for 3 - 4 hours. INFANT: 1 - 1.5 times their usual feed volume (50 ml per stool for small infant)
621	Oseltamivir 75 mg Capsule		J05AH02000C1001	A/KK	# 1) Influenza A and B 2)Prophylaxis of influenza A and B	1) Adult: 75 mg bid for 5 days. Initiate treatment within 2 days of onset of symptoms. Child: 1-12 yr: Wt ≤15 kg: 30 mg bid; >15-23 kg: 45 mg bid; >23-40 kg: 60 mg bid; >40 kg: 75 mg bid. Initiate treatment within 2 days of onset of symptoms. Duration of treatment: 5 days. 2) Adult: 75 mg once daily for 10 days. Initiate treatment within 2 days of exposure. For community outbreak: May continue dosing for up to 6 wk. Child: 1-12 yr: Wt ≤15 kg: 30 mg once daily; >15-23 kg: 45 mg once daily; >23-40 kg: 60 mg once daily; >40 kg: 75 mg once daily. Initiate treatment within 2 days of contact with an infected individual. Duration of treatment: 10 days.
622	Oxaliplatin 50mg/10mL Injection		L01XA03000P4001X X	A*	Only for patients with colorectal cancer who: i) have relapsed within 6 months after the end of adjuvant chemotherapy with 5-fluorouracil-based regime ii) have progressive disease despite 5-fluorouracil chemotherapy for advanced disease iii) good performance status (WHO of 2 or less). The treatment must be given in a tertiary oncology centre or have clearance in writing by an oncologist	85 mg/m <sup>2</sup> IV repeated every 2 weeks





623	Oxycodone 10mg/ml Injection		N02AA05110P3001X X	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.	Adults over 18 years: The following starting doses are recommended. A gradual increase in dose may be required if analgesia is inadequate or if pain severity increases. IV Bolus: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. Administer a bolus dose of 1 to 10 mg slowly over 1-2 minutes. Doses should not be administered more frequently than every 4 hours. IV Infusion: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. A starting dose of 2 mg/hour is recommended. IV PCA: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. Bolus doses of 0.03 mg/kg should be administered with a minimum lock-out time of 5 minutes. SC Bolus: Use as 10 mg/ml concentration. A starting dose of 5 mg is recommended, repeated at 4-hourly intervals as required. SC Infusion: Dilute in 0.9% saline, 5% dextrose or water for injections if required. A starting dose of 7.5 mg/day is recommended in opioid naïve patients, titrating gradually according to symptom control. Cancer patients transferring from oral oxycodone may require much higher doses (see below). Transferring patients between oral and parenteral oxycodone: The dose should be based on the following ratio: 2 mg of oral oxycodone is equivalent to 1 mg of parenteral oxycodone. It must be emphasised that this is a guide to the dose required. Inter-patient variability requires that each patient is carefully titrated to the appropriate dose
624	Oxycodone 20 mg Tablet		N02AA05110C1003X X	A*	i)As a second line drug in the management of opioid responsive, moderate to severe chronic cancer pain ii)As a step-down analgesic drug in post-operative procedures (Initiated by palliative medicine physicians, oncologists, anaesthesiologists, haematologists and pain specialists only)	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
625	Oxycodone Hydrochloride 10mg/ Naloxone Hydrochloride Dihydrate 5mg Tablet		N02AA55900T1002X X	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. For pain specialist only	Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naïve patients or patients presenting with moderate to severe chronic pain uncontrolled by weaker opioids is one tablet 10mg/5mg at 12 hourly intervals, or one tablet 5mg/2.5mg 12-hourly for patients with mild hepatic impairment and patients with renal impairment. The dose should then be cautiously titrated, as frequently as every 1-2 days if necessary, to achieve pain relief
626	Oxymetazoline HCL (Adult) 0.05% Nasal spray		R01AA05110A4102X X	A	Acute colds, paranasal sinusitis and otitis media	2 - 3 sprays into each nostril twice daily, maximum 6 sprays per nostril/day
627	Oxymetazoline HCL (Infant) 0.01% Nasal spray		R01AA05110D6003X X	A*	Acute cold, paranasal sinusitis, syringitis, otitis media.	Dosage: Newborn (up to 4 weeks): 1 drop. Infant (1 - 12 month): 1 - 2 drop. Doses to be given twice or three times daily
628	Oxymetazoline HCL (Paed) 0.025% Nasal spray		R01AA05110A4101X X	A	Acute colds, paranasal sinusitis and otitis media	2 - 3 sprays into each nostril twice daily for child more than 1 year
629	Oxytetracycline with Polymyxin B Sulphate Eye Ointment		S01AA30947G5101X X	B	Conjunctivitis, dacryocystitis, blepharconjunctivitis, keratitis, trachoma, blepharitis, pre-op prophylaxis against infection	Apply into the conjunctival sac 4 times daily



630	Oxytocin 5IU + Ergometrine 0.5mg/ml Injection		G02AC01900P3001X X	C+	i) Prevention and treatment of post partum haemorrhage ii) Management of third stage of labour	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
631	Oxytocin, Synthetic 10 IU/ml Injection		H01BB02000P3001X X	B	Induction of labour	IV: 0.5 - 1 milliunits/minute; gradually increase dose in increments of 1 - 2 milliunits/minute until desired contraction pattern is established; dose may be decreased after desired frequency of contractions is reached and labor has progressed to 5 - 6 cm dilation
632	Paclitaxel 100 mg / 16.7mL Injection		L01CD01000P3002X X	A*	i) Treatment of recurrent breast cancer, after failure of anthracycline-based chemotherapy ii) Primary adjuvant therapy in advanced ovarian cancer in combination with cisplatin iii) Treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) in chemo-naïve patients in combination with platinum compounds	i) 175 mg/m <sup>2</sup> IV over 3 hours every 3 weeks ii) 175 mg/m <sup>2</sup> IV over 3 hour followed by cisplatin 75 mg/m <sup>2</sup> in every 3 weeks or 135 mg/m <sup>2</sup> IV over 24 hours followed by cisplatin 75 mg/m <sup>2</sup> every 3 weeks iii) 135 mg/m <sup>2</sup> IV over 24 hours followed by cisplatin 75 mg/m <sup>2</sup> every 3 weeks
633	Paliperidone 100mg Injection		N05AX13000P2004X X	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 maintenance dose can be administered in either the deltoid or gluteal muscle
634	Paliperidone 150mg Injection		N05AX13000P2005X X	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 maintenance dose can be administered in either the deltoid or gluteal muscle
635	Paliperidone 6mg Tablet		N05AX13000T5002X X	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
636	Paliperidone 75mg Injection		N05AX13000P2003X X	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 maintenance dose can be administered in either the deltoid or gluteal muscle
637	Paliperidone 9mg Tablet		N05AX13000T5004X X	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
638	Pamidronate Disodium 30mg /10ml Injection		M05BA03520P3001X X	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
639	Pantoprazole Sodium 40 mg Injection		A02BC02000P3001X X	A*	Bleeding peptic ulcer and acute stress ulceration	40 mg twice daily until oral administration can be resumed. CHILD not recommended
640	Pantoprazole Sodium 40 mg Tablet		A02BC02000T1001X X	A/KK	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



641	Paracetamol 10mg/ml in 100ml Solution for IV Infusion	Analgesics (Pain/Surgikal)	N02BE01000P3101X X	A (Surikal LP 20 patients/month)	Mild to moderate pain and pyrexia	Body Weight (BW) ≤ 10kg: 7.5mg/kg, max: 30mg/kg BW >10kg to ≤ 33kg: 15mg/kg, max 60mg/kg not exceeding 2g BW >33kg to ≤ 50kg: 15mg/kg, max 60mg/kg not exceeding 3g BW >50kg (with risk of hepatotoxicity): 1g, max 3g BW >50kg (without risk of hepatotoxicity): 1g, max 4g OR as in the product leaflet
642	Paracetamol 120 mg/5 ml Syrup		N02BE01000L9001X X	C+	Mild to moderate pain and pyrexia	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.
643	Paracetamol 125mg Suppository		N02BE01000S2002X X	C+	Symptomatic relief of fever and post operative pain for paediatric cases	CHILD 1 - 5 years: 125 - 250 mg; 6 - 12 years: 250 - 500 mg; 3 - 11 months: 80 mg inserted every 4 - 6 hours if necessary, maximum 4 doses in 24 hours. INFANTS under 3 months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable
644	Paracetamol 250mg Suppository		N02BE01000S2001X X	B	Symptomatic relief of fever and post operative pain for paediatric cases	CHILD 1 - 5 years : 125 - 250 mg; 6 - 12 years : 250 - 500 mg; 3 - 11 months : 80 mg inserted every 4 - 6 hours if necessary, maximum 4 doses in 24 hours. INFANTS under 3 months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable
645	Paracetamol 500 mg Tablet		N02BE01000T1001X X	C+	Mild to moderate pain and pyrexia	ADULT: 500 - 1000 mg every 4 - 6 hours, maximum of 4 g daily
646	Paraffin, White Soft		D02AC00000G5001X X	C	Xerosis and ichthyosis	Apply to the affected area
647	Parecoxib Sodium 40 mg Injection		M01AH04520P3001X X	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. Use limited to two days only with a maximum dose of 80 mg/day. Reduce the initial dose by 50% in elderly less than 50 kg
648	Penicillamine 250 mg Capsule		M01CC01000C1001X X	A - RA case only	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	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
649	Pentoxifylline 400mg Tablet		C04AD03000T1001X X	A/KK	Peripheral vascular disease	400 mg 2 - 3 times daily
650	Perindopril 4mg + Indapamide 12.5mg Tablet		C09BA04900T1001X X	A/KK	Essential hypertension, for patients whose blood pressure is insufficiently controlled by perindopril alone.	One tablet daily, preferably taken in the morning and before a meal.
651	Perindopril 4mg Tablet		C09AA04000T1001X X	B	i) Hypertension ii) Congestive heart failure iii) Stable coronary artery disease	i) 4 mg as single dose, may be increased to a single 8 mg dose. ELDERLY: Start treatment with 2 mg dose. In renal insufficiency, dose should be adapted according to creatinine clearance ii) Single starting oral dose of 2 mg should be increased to a single 4 mg once BP acceptability has been demonstrated iii) 4 mg once daily for 2 weeks, may be increased to 8 mg once daily. ELDERLY: 2 mg once daily for 1 week, then 4 mg once daily for the following week, may be increased up to 8 mg once daily



652	Perindopril 8 mg Tablet		C09AA04000T1002X X	B	i) Hypertension ii) Congestive heart failure iii) Stable coronary artery disease	i) 4 mg as single dose, may be increased to a single 8 mg dose. ELDERLY: Start treatment with 2 mg dose. In renal insufficiency, dose should be adapted according to creatinine clearance ii) Single starting oral dose of 2 mg should be increased to a single 4 mg once BP acceptability has been demonstrated iii) 4 mg once daily for 2 weeks, may be increased to 8 mg once daily. ELDERLY: 2 mg once daily for 1 week, then 4 mg once daily for the following week, may be increased up to 8 mg once daily
653	Peritoneal dialysis 1.5% Injection		B05DB00908H2001X X	B	For chronic renal disease requiring dialysis and for acute renal failure	Dose depending on clinical cases
654	Peritoneal dialysis 4.25% Injection		B05DB00908H2002X X	B	For chronic renal disease requiring dialysis and for acute renal failure	Dose depending on clinical cases
655	Perphenazine 4mg Tablet		N05AB03000T1001X X	B	Schizophrenia and other psychoses	ADULT: Initially 4 mg 3 times daily adjusted according to response, maximum 24 mg daily. ELDERLY: 1/4 to 1/2 adult dose. CHILD not recommended
656	Pethidine HCl 100 mg/2 ml Injection		N02AB02110P3002X X	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
657	Pethidine HCl 50mg/ml Injection		N02AB02110P3001X X	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
658	Phenobarbitone 30 mg Tablet		N03AA02000T1002X X	B	Epilepsy	ADULT: 60 - 180 mg daily on. CHILD: Up to 8 mg/kg daily
659	Phenobarbitone Sodium 200 mg/ml Injection		N03AA02520P3001X X	B	Status Epilepticus	ADULT: 10 mg/kg IV at a rate of not faster than 100 mg/minute. Initial maximum dose does not exceeding 1 gm. Daily maintenance of 1 - 4 mg/kg/day. CHILD: 10 - 20 mg/kg/dose loading dose, followed by repeated doses at 10 mg/kg/dose (strictly in ICU setting). Maintenance 5 - 8 mg/kg/day
660	Phenoxymethyl Penicillin 125 mg Tablet		J01CE02500T1001X X	C	i) Treatment or prophylaxis of infections caused by susceptible organisms ii) Prophylactic, rheumatic fever	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
661	Phenoxymethyl Penicillin 125 mg/5 ml Syrup		J01CE02500F2101X X	C	Treatment or prophylaxis of infections caused by susceptible organisms	CHILD: Up to 1 year: 62.5 mg 6 hourly; 1 - 5 years: 125 mg 6 hourly; 6 - 12 years: 250 mg 6 hourly
662	Phenylephrine HCl 2.5% Eye Drop		S01FB01110D2001X X	B	For pupillary dilation in uveitis, for refraction without cyclopegic. For fundoscopy and other diagnostic procedures	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.



663	Phenytoin 125mg / 5mL Oral Suspension		N03AB02520L8001X X	B	Epilepsy	ADULT: Patients with no previous treatment may be started on 1 teaspoonful or 5 mL (125 milligrams) 3 times daily. It is then individualized to the patient. An increase to 5 teaspoonfuls (625 milligrams) may be made if necessary. CHILD: Initially 5 mg/kg/day in 2 - 3 divided doses. Maintenance: 4 - 8 mg/kg/day. Maximum: 300 mg/day. Children over 6 years and adolescents may require the minimum adult dose (200mg/day)
664	Phenytoin Sodium 100 mg Capsule		N03AB02520C1002X X	B	Epilepsy	ADULT and CHILD more than 6 years: 300-400 mg/day in 3 - 4 divided doses before meals. Maximum: 600 mg/day. CHILD: Initially 5 mg/kg/day in 2 - 3 divided doses. Maintenance: 4 - 8 mg/kg/day. Maximum: 300 mg/day
665	Phenytoin Sodium 250 mg/5 ml Injection		N03AB02520P3001X X	B	Status epilepticus	i) Status epilepticus: ADULT 10 - 15 mg/kg by slow IV. Maximum 50 mg/minute. Maintenance: 100 mg orally/IV every 6 - 8 hours. CHILD 15 - 20 mg/kg by slow IV. Maximum: 1 - 3 mg/kg/minute ii) Neurosurgery 100 - 200 mg IM approximately at 4 hourly interval
666	Phenytoin Sodium 30 mg Capsule		N03AB02520C1001X X	B	Epilepsy	ADULT and CHILD more than 6 years: 300-400 mg/day in 3 - 4 divided doses before meals. Maximum: 600 mg/day. CHILD: Initially 5 mg/kg/day in 2 - 3 divided doses. Maintenance: 4 - 8 mg/kg/day. Maximum: 300 mg/day
667	Phospholipids 200 mg/8 ml Beractant Intratracheal Suspension		R07AA02000L8001X X	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	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
668	Phytomenadione 1 mg/ml Injection		B02BA01000P3001X X	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
669	Phytomenadione 10 mg/ml Injection		B02BA01000P3002X X	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
670	Pilocarpine 2% Eye Drops		S01EB01110D2002X X	B	Miotics in chronic open-angle glaucoma	1 drop 1 - 4 times a day
671	Pilocarpine HCL 4% Eye Drop		S01EB01110D2003X X	B	Miotics in chronic open-angle glaucoma	1 drop 1 - 4 times a day
672	Piperacillin sodium 4g + Tazobactam 0.5g Injection		J01CR05961P3001X X	A*	Febrile neutropenia, lower respiratory tract infection and severe sepsis	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
673	Piracetam 1200mg Tablet		N06BX03000T1001X X	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
674	Piracetam 1g/5ml Injection		N06BX03000P3001X X	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



675	Piracetam 20% Oral Solution		N06BX03000L5001X X	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
676	Piribedil 50mg Tablet		N04BC08000T5001X X	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)
677	Pizotifen hydrogen maleate 0.5 mg Tablet		N02CX01253T1001X X	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.
678	Pneumococcal Vaccine (Pneumovax 23) 25 mcg/0.5 ml Injection		J07AL01000P3001X X	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	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
679	Podophylline Resin BP 100g		D06BB04000L7001X X	B	External anogenital warts	Apply 2 - 3 drops carefully to lesion after protecting surrounding area with vaseline. Wash off after 6 hours or if feel burning sensation and repeat 2 - 3 times weekly or once weekly
680	Potassium Chloride 1g/10 ml Mixture		A12BA01100L2101X X	C	Potassium depletion	1 g once or twice daily until serum potassium is restored
681	Potassium Chloride 1g/10ml Injection		B05XA01100P3001X X	B	For the correction of severe hypokalaemia and when sufficient potassium cannot be taken by mouth	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
682	Potassium Chloride Sustained-release 600 mg Tablet		A12BA01100T5001X X	B	For the treatment and specific prevention of hypokalaemia	ADULT: 2 - 3 tablets daily. Severe deficiency: 9 - 12 tablets daily or according to the needs of the patient
683	Potassium Citrate 3 g/10 ml Mixture		A12BA02955L2101X X	C	For systemic or urine alkalinization	ADULT: 15-30 ml well diluted with water. CHILD up to 1 year: 2.5 ml 3 times daily; 1 - 5 years: 5 ml 3 times daily; 6 - 12 years: 10 ml 3 times daily. To be taken well diluted with water after meals and at bedtime
684	Potassium Dihydrogen Phosphate 1.36 g in 10 ml Injection		B05XA06170P3001X X	A	For treatment of hypophosphataemia	Up to 10mmol phosphate administered over 12 hours
685	Potassium Permanganate 0.1% Solution		D08AX06362L9901X X	C+	Cleansing and deodorising suppurative eczematous reactions and wounds	As soaks or wet dressing 1 - 3 times daily or as required
686	Povidone Iodine 10% Solution		D08AG02000L9902X X	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 antiseptis.
687	Pralidoxime Chloride 500mg/20ml Injection		V03AB04000P3002X X	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	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.



688	Pramipexole ER 0.375mg Tablet		N04BC05110T5001X X	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
689	Pramipexole ER 1.5mg Tablet		N04BC05110T5003X X	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
690	Pravastatin Sodium 20mg Tablet		C10AA03520T1001X X	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
691	Prazosin HCl 1mg Tablet		C02CA01110T1001X X	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
692	Prazosin HCl 2mg Tablet		C02CA01110T1002X X	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
693	Prazosin HCl 5mg Tablet		C02CA01110T1003X X	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
694	Prednisolone 3mg/5ml Syrup		H02AB06000L9001X X	B	i) Replacement therapy for primary and secondary adrenocortical insufficiency ii) Adrenogenital syndrome iii) Other therapy	i) 5 - 25 mg daily in divided doses ii) 10 - 20 mg/m <sup>2</sup> 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
695	Prednisolone 5mg Tablet		H02AB06000T1001X X	B	i) Replacement therapy for primary and secondary adrenocortical insufficiency ii) Adrenogenital syndrome iii) Other therapy	i) 5 - 25 mg daily in divided doses ii) 10 - 20 mg/m <sup>2</sup> 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
696	Prednisolone acetate 1% ophthalmic suspension		S01BA04122D2001X X	A	For steroid responsive inflammation of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe.	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.
697	Pregabalin 75mg Capsule		N03AX16000C1001X X	A*	i) Second line treatment of neuropathic pain in patients who do not response to first line drugs ii) Fibromyalgia. (For Medical: Fibromyalgia)	i) Initially, 75 mg twice daily. May be increased to 150 mg twice daily after 3-7 days. Max: 600 mg/day after an additional 7-day interval ii) Initially, 75 mg twice daily. May be increased to 150 mg twice daily within 1 week or 225 mg twice daily. Max: 450 mg/day
698	Pregabalin 75mg Capsule		N03AX16000C1001X X	A*	i) Second line treatment of neuropathic pain in patients who do not response to first line drugs ii) Fibromyalgia. (For Surgical: neuropathic pain)	i) Initially, 75 mg twice daily. May be increased to 150 mg twice daily after 3-7 days. Max: 600 mg/day after an additional 7-day interval ii) Initially, 75 mg twice daily. May be increased to 150 mg twice daily within 1 week or 225 mg twice daily. Max: 450 mg/day



699	Primaquine phosphate (7.5 mg base) Tablet		P01BA03162T1001X X	B	i) Treatment of malaria ii) Prophylaxis together with a schizonticide such as chloroquine	i) 15 mg daily for 14 days, increased to higher doses or longer course if resistance in P.vivax occurs. ii) ADULT: 30 mg once weekly. CHILD: 0.5 mg once weekly Child: 250 mcg/kg daily for 14 days. Should be taken with food. Take with meals to avoid GI discomfort.
700	Probenecid 500 mg Tablet		M04AB01000T1001X X	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
701	Prochlorperazine 5 mg Tablet		N05AB04253T1002X X	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
702	Prochlorperazine Mesylate 12.5 mg/ml Injection		N05AB04253P3001X X	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
703	Prolase Tablet		M09AB00000T1001X X	B	Oedema and inflammation in conjunction with other physical or chemotherapeutic measures	2 tablet 4 times daily
704	Promethazine HCl 5 mg/5 ml Syrup		R06AD02110L9001X X	B	Allergic conditions	CHILD 2 - 5 years: 5 - 15 mg daily, 5 - 10 years : 10 - 25 mg daily
705	Promethazine HCl 50 mg/2 ml Injection		R06AD02110P3001X X	B	Allergic conditions	By deep IM: ADULT: 25 - 50 mg, maximum 100 mg. CHILD: 5 - 10 years : 6.25 - 12.5 mg. By slow IV: 25 - 50 mg in a solution of 2.5 mg/ml in water for injection. Maximum 100 mg
706	Proparacaine 0.5% Eye Drop		S01HA04110D2001X X	B	Topical anaesthesia in ophthalmic procedures	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
707	Propiverine 15 mg Tablet		G04BD06110T1001X X	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
708	Propofol 1 % (200mg/20 ml) Injection		N01AX10000P9901X X	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





709	Propranolol HCl 40 mg Tablet		C07AA05110T1002X X	B	i) Hypertension ii) Angina iii) Myocardial infarct iv) Cardiac arrhythmia v) Portal hypertension vi) Migraine vii) Thyrotoxicosis	i) Initially 80 mg twice daily increased as required to a usual range of 160 - 320 mg daily. CHILD: Initial doses of 1 mg/kg in divided doses, can be increased to 2 - 4 mg/kg/day in divided doses ii) Initial dose of 40 mg 2 - 3 times daily. Maintenance 120 - 240 mg daily iii) 40mg 4 times daily for 2 - 3 days then 80 mg twice daily, beginning 5 - 21 days after infarction iv) 10 - 40 mg 3 - 4 times daily v) Initially 40 mg twice daily. The dose may be increased as required up to 160 mg twice daily vi) Initial prophylaxis dose: 40 mg 2 - 3 times daily. The dose may be increased at weekly intervals up to 160 mg daily vii) Adjunct: 10 - 40 mg 3 - 4 times daily. CHILD: Arrhythmias, thyrotoxicosis: 0.25 - 0.5 mg/kg 3 - 4 times daily as required
710	Propylthiouracil 50 mg Tablet		H03BA02000T1001X X	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.
711	Protamine Sulphate 50 mg/5 ml Injection		V03AB14183P3001X X	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.
712	Protein Free Haemodialysate 10% Jelly (Solcoseryl)		D03AX00000G4001X X	A	Trophic lesions in patients with arterial occlusive disease and with chronic venous insufficiency, burn injuries, impaired wound healing, <u>decubitus ulcers and skin ulcer caused by irradiation</u>	Apply 3 - 5 times daily
713	Pyrazinamide 500 mg Tablet		J04AK01000T1001X X	B	Tuberculosis	Adult: 20-40mg/kg daily (max 1500mg) or 50mg/kg biweekly (max 2000mg). Children: 20-30mg/kg daily or 30-40mg/kg thrice weekly.
714	Pyridostigmine Bromide 60 mg Tablet		N07AA02320T1001X X	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
715	Pyridoxine HCl (Vitamin B6) 10 mg Tablet		A11HA02110T1001X X	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	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



716	Quetiapine Fumarate 200mg Tablet		N05AH04138T1004X X	A* -by patient basis	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	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)
717	Quetiapine Fumarate 50mg Tablet		N05AH04138T5001X X	A*	i) Schizophrenia ii) Moderate to severe manic episodes in bipolar disorder iii) Major depressive episodes in bipolar disorder	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.
718	Quetiapine Fumarate XR 200mg Tablet		N05AH04138T5002X X	A*	i) Schizophrenia ii) Moderate to severe manic episodes in bipolar disorder iii) Major depressive episodes in bipolar disorder	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.
719	Quetiapine Fumarate XR 300mg Tablet		N05AH04138T5003X X	A*	i) Schizophrenia ii) Moderate to severe manic episodes in bipolar disorder iii) Major depressive episodes in bipolar disorder	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.
720	Quetiapine Fumarate XR 400mg Tablet		N05AH04138T5004X X	A*	i) Schizophrenia ii) Moderate to severe manic episodes in bipolar disorder iii) Major depressive episodes in bipolar disorder	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.
721	Quinine Dihydrochloride 600 mg/2 ml Injection		P01BC01110P3001X X	B	Severe and complicated malaria	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



722	Quinine Sulphate 300 mg Tablet		P01BC01183T1001X X	B	Severe and complicated malaria	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
723	Rabeprazole 20 mg Tablet		A02BC04520T1001X X	A* -Surgical only	i) Treatment and maintenance of erosive or ulcerative gastroesophageal reflux disease (GERD) ii) Duodenal ulcers	i) 10-20 mg daily for 4-8 weeks, maintenance 10-20 mg daily ii) 20 mg daily at morning for up to 4-8 weeks
724	Raloxifine HCl 60 mg Tablet		G03XC01110T1001X X	A* -Ortho only	Prevention and treatment of post menopausal osteoporosis	1 tablet daily
725	Ranitidine 150mg Tablet		A02BA02110T1001X X	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
726	Ranitidine 50 mg/2 ml Injection		A02BA02110P3001X X	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
727	Ranitidine HCl 150 mg/10 ml Syrup		A02BA02110L9001X X	B	Peptic ulcer disease	CHILD 2-4 mg/kg 2 times daily. Maximum 300 mg daily
728	Riboflavin (Vitamin B2) 3 mg Tablet		A11HA04000T1001X X	C	For prevention and treatment of riboflavine deficiency	CHILD: 2.5-10 mg/day in divided doses. ADULT: 5-30 mg/day in divided doses
729	Rifampicin 150 mg Capsule		J04AB02000C1001X X	B	i) Tuberculosis ii) Leprosy iii) Prophylaxis for meningococcal meningitis	i) ADULT: 450 - 600 mg as a single morning dose. CHILD: 10 - 20 mg/kg body weight daily in 1 - 2 doses. Directly observed therapy (DOT): 10 mg/kg twice weekly or 3 times/week. Maximum: 600 mg ii) 600 mg/day iii) 600 mg twice daily for 2 days
730	Rifampicin 150mg, Isoniazid 75mg, Pyrazinamide 400 mg & Ethambutol HCl 275 mg (Akuri T4) Tablet		J04AM06000T1001X X	B	Treatment of both pulmonary and extrapulmonary tuberculosis, in the intensive treatment phase	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
731	Rifampicin 300mg Capsule		J04AB02000C1002X X	B	i) Tuberculosis ii) Leprosy iii) Prophylaxis for meningococcal meningitis	i) Tuberculosis ADULT: Daily doses: 10mg/kg/day Body weight doses: 10-15/kg/day CHILD: 10 - 20 mg/kg body weight daily in 1 - 2 doses. Maximum daily dose : 600mg Directly observed therapy (DOT): 10 mg/kg twice weekly or 3 times/week. Maximum: 600 mg ii) Leprosy: ADULT: 600 mg/day CHILDREN: 10mg/kg iii) Prophylaxis for meningococcal meningitis: ADULT: 600 mg twice daily for 2 days CHILDREN: 10mg/kg twice daily for 2 days INFANT: 5mg/kg twice daily for 2 days"
732	Risperidone 1 mg Tablet		N05AX08000T1001X X	B	Psychoses and schizophrenia	ADULT : 2 mg in 1 - 2 divided doses on first day then 4 mg in 1 - 2 divided doses on 2nd day then 6 mg in 1 - 2 divided doses on 3rd day (slower titration appropriate in some patients); usual range 4 - 8 mg daily; dose above 10 mg daily only if benefit outweigh risk (maximum 16 mg daily). Elderly (or in hepatic or renal impairment): initially 0.5 mg twice daily increased in steps of 0.5 mg twice daily to 1 - 2 mg twice daily. Not recommended in children under 15 years



733	Risperidone 1mg/mL Oral Solution		N05AX08000L5001X X	A	Psychoses and schizophrenia	ADULT: 2 mg in 1 - 2 divided doses on 1st day then 4 mg in 1 - 2 divided doses on 2nd day then 6 mg in 1 - 2 divided doses on 3rd day (slower titration appropriate in some patients); usual range 4 - 8 mg daily; dose above 10 mg daily only if benefit outweighs risk (maximum 16 mg daily). Elderly (or in hepatic or renal impairment): initially 0.5 mg twice daily increased in steps of 0.5 mg twice daily to 1-2 mg twice daily. Not recommended in children under 15 years
734	Risperidone 2mg Tablet		N05AX08000T1002X X	B	Psychoses and schizophrenia	ADULT : 2 mg in 1 - 2 divided doses on first day then 4 mg in 1 - 2 divided doses on 2nd day then 6 mg in 1 - 2 divided doses on 3rd day (slower titration appropriate in some patients); usual range 4 - 8 mg daily; dose above 10 mg daily only if benefit outweigh risk (maximum 16 mg daily). Elderly (or in hepatic or renal impairment): initially 0.5 mg twice daily increased in steps of 0.5 mg twice daily to 1 - 2 mg twice daily. Not recommended in children under 15 years
735	Rituximab 500mg Injection	Haematology/Oncology	L01XC02000P3001X X	A* (LP 26 patients/year)	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/m <sup>2</sup> 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/m <sup>2</sup> 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/m <sup>2</sup> BSA once every 3 months until disease progression or for a maximum period of two years.
736	Rivastigmine 13.3mg/24 hours Transdermal Patch		N03DA03123M7003X X	A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	Initial, 4.6mg/24 hours patch TOPICALLY once daily, after a minimum of 4 weeks of treatment and if well tolerated, this increased to 9.5mg/24 hours or 13.3mg/24 hours (individual responses to rivastigmine may vary and some patients may derive additional benefit from higher doses)
737	Rivastigmine 4.6 mg/ 24 hr Transdermal Patch		N06DA03123M7001X X	A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	Initial, 4.6 mg/24 hr patch TOPICALLY once daily; after a minimum of 4 weeks and good tolerability, increase the dose to 9.5 mg/24 hr patch once daily
738	Rivastigmine 9.5 mg/ 24 hr Transdermal Patch		N06DA03123M7002X X	A*	Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease	Initial, 4.6 mg/24 hr patch TOPICALLY once daily; after a minimum of 4 weeks and good tolerability, increase the dose to 9.5 mg/24 hour patch once daily



739	Rocuronium Bromide 50 mg/5 ml Injection		M03AC09320P3001X X	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 3 months of age	Adult: Initially, 600 mcg/kg by inj. Higher doses of 1 mg/kg may be used for intubation during rapid sequence induction of anaesthesia. Maintenance: 150 mcg/kg by inj (may reduce to 75-100 mcg/kg if inhalational anaesthesia is used) or by infusion at a rate of 300-600 mcg/kg/hr. Doses should be based on lean body weight for obese patients weighing >30% above the ideal body weight. Child: Infants and children >1 mth: Initially, 600 mcg/kg by inj. Maintenance: 150 mcg/kg by inj or by infusion at a rate of 300-600 mcg/kg/hr, maintenance doses may be required more frequently than in adult patients. Elderly: Reduced maintenance doses: 75-100 mcg/kg. Renal impairment: Initially, 600 mcg/kg by inj. Maintenance: 75-100 mcg/kg. Hepatic impairment: or biliary tract disease: Initially, 600 mcg/kg by inj. Maintenance: 75-100 mcg/kg.
740	Ropivacaine HCL 0.75% Injection		N01BB09110P3002X X	A*	i) Surgical anaesthesia 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
741	Rosuvastatin 10 mg Tablet		C10AA07390T1002X X	A*	Dyslipidaemia not responsive to atorvastatin 40 mg or equivalent doses of other statins	Initially 5-10 mg once daily 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.
742	Rotigotine 4 mg per 24 hour Transdermal Patch		N04BC09000M7002X X	A*	For stage IV Parkinson Disease with peak dyskinesia	A single daily dose should be initiated at 4mg/24 h and then increased in weekly increments of 2mg/24 h to an effective dose up to a maximal dose of 16mg/24 hr.
743	Rotigotine 8 mg per 24 hour Transdermal Patch		N04BC09000M7004X X	A*	For stage IV Parkinson Disease with peak dyskinesia	A single daily dose should be initiated at 4mg/24 h and then increased in weekly increments of 2mg/24 h to an effective dose up to a maximal dose of 16mg/24 hr.
744	Sacubitril/ Valsartan 100 mg tablet	Cardiovascular	C09DX04-000-T32-02-XXX	A* (Medikal LP 2 patients/ year)	Treatment of symptomatic chronic heart failure in adult patients with reduced ejection fraction. Prescribing Restriction(s): i) NYHA class II-IV; ii) Patients who are symptomatic despite being on optimized treatment with an ACEi / ARB, a beta blocker, a diuretics and an mineralocorticoid receptor agonist (MRA).	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. Please refer to the product information leaflet for details of dosage information
745	Salbutamol 0.5 mg/ml Injection		R03CC02183P3001X X	A	Asthma and other conditions associated with reversible airways obstruction	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
746	Salbutamol 0.5% Inhalation Solution		R03AC02183A3001X X	B	Asthma and other conditions associated with reversible airways obstruction	2 ml may be inhaled up to 4 times daily over a period of 3 minutes per inhalation (0.5 ml diluted in 2.5 ml of normal saline by inhalation over 5 to 15 minutes)



747	Salbutamol 100mcg/ dose Metered Dose Inhaler		R03AC02183A1001X X	B	Asthma and other conditions associated with reversible airways obstruction	ADULT : 100 - 200 mcg up to 3 - 4 times daily. CHILD : 100 mcg increased to 200 mcg if necessary
748	Salbutamol 200mcg/ dose Easyhaler		R03AC02183A2001X X	B	Asthma and other conditions associated with reversible airways obstruction	CHILD : 100 - 200 mcg. Maintenance : 100 - 200 mcg 2 - 4 times daily. ADULT : 100 - 400 mcg. Maintenance : 100 - 400 mcg 2 - 4 times daily
749	Salbutamol Sulphate 2 mg Tablet		R03CC02183T1001X X	B	Asthma and other conditions associated with reversible airways obstruction	CHILD 2 - 6 years : 1 - 2 mg 3 - 4 times daily, 6 - 12 years : 2 mg 3 - 4 times daily. CHILD over 12 years and ADULT : 2 - 4 mg 3 - 4 times daily
750	Salbutamol Sulphate 2 mg/5 ml Syrup		R03CC02183L9001X X	B	Asthma and other conditions associated with reversible airways obstruction	CHILD 2 - 6 years : 1 - 2 mg 3 - 4 times daily, 6 - 12 years : 2 mg 3 - 4 times daily
751	Salbutamoln 5 mg/5 ml Injection		R03CC02183P3002X X	A*	Prevention of uncomplicated premature labour only	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
752	Salicylic Acid Cream (Strength: 2%, 4%)		D01AE12000G1001X X	C	Seborrhoeic dermatitis, scalp psoriasis and hyperkeratotic skin conditions	Apply sparingly to the affected area 2-3 times daily
753	Salicylic Acid in Hydrocortisone Cream (Strength: 2%)		D07XA01952G5001X X	B	Seborrhoeic capitis	Apply sparingly to affected areas 1-2 times daily
754	Salicylic Acid Ointment(Strength: 2%, 4%, 6%, 10%, 20%)		D01AE12000G5001X X	C	Seborrhoeic dermatitis, scalp, psoriasis and hyperkeratotic skin disorders	Apply sparingly to the affected area 2-3 times daily
755	Saxagliptin 5 mg Tablet		A10BH03000T1002X X	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/combo OAD, as insulin initiation is preferred.	2.5-5mg once daily. Patients with CrCl < 50ml/min, and when coadministered with strong CYP450 3A4/5 inhibitors: 2.5mg OD
756	Selegiline HCl 5 mg Tablet		N04BD01110T1001X X	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
757	Selenium Sulfide 2.5% Shampoo/Suspension		D11AC03180L5201X X	A/KK	Dandruff, seborrhoeic dermatitis of scalp	Dandruff: apply 5-10 mL topically twice weekly for 2 weeks, then 1-4 times per month, as needed, leave on for 2-3 min, then rinse thoroughly. Seborrhoeic dermatitis of scalp: apply 5- 10 mL topically twice weekly for 2 weeks, then 1-4 times per month, as needed, leave on for 2-3 min, then rinse thoroughly
758	Sertraline HCL 50mg Tablet (Generic Brand)		N06AB06110T1001X X	B	Major depression, obsessive- compulsive disorder (OCD), panic disorder	Depression, obsessive- compulsive disorder: 50 mg/day, may increase in steps of 50mg at weekly interval, max:200mg/day. Panic disorder: Initially 25 mg/day. After 1 week, increase dose to 50 mg/day. All dose changes should be made at intervals of more than 1 week, max: 200 mg/day



759	Sertraline HCL 50mg Tablet (Zoloft)		N06AB06110T1001X X	B	Major depression, obsessive- compulsive disorder (OCD), panic disorder	Depression, obsessive- compulsive disorder: 50 mg/day, may increase in steps of 50mg at weekly interval, max:200mg/day. Panic disorder: Initially 25 mg/day. After 1 week, increase dose to 50 mg/day. All dose changes should be made at intervals of more than 1 week, max: 200 mg/day
760	Sevelamer 800mg Tablet (second line, for non respondant CaCO3 2g for nephrologist only)		V03AE02121T1001X X	A*	Control of hyperphosphatemia in adult patients receiving haemodialysis and peritoneal dialysis. Restriction: Sevelamer carbonate 800mg tablet should be used in context of multiple therapeutic approach which include calcium supplement, 1, 25-hydroxy Vitamin D3 or one of its analogues to control the development of renal bone disease.	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).
761	Sevoflurane Liquid		N01AB08000L5001X X	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.
762	Silver Sulphadiazine 1% Cream		D06BA01199G1001X X	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
763	Simvastatin 10 mg Tablet		C10AA01000T1001X X	B	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	10 - 20 mg once daily. Maximum: 80 mg daily
764	Simvastatin 40 mg Tablet		C10AA01000T1003X X	B	Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy	10 - 20 mg once daily. Maximum: 80 mg daily
765	Sitagliptin phosphate 50mg Tablet		A10BH01000T1002X X	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%	ADULT over 18 years, 100 mg once daily: 100mg once daily CrCl ≥ 30 to < 50ml/min: 50mg once daily CrCl < 30 ml/min: 25mg once daily
766	Sodium Alginate 1000 mg/10 ml & Potassium Bicarbonate 200mg/10 ml Suspension (Gaviscon dvance)		A02BX13915L8001X X	A* - ENT SS only	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.
767	Sodium Bicarbonate 5% Ear Drop		S02DC00131D1001X X	C	To soften the impacted ear wax	2-3 drops 3-4 times daily
768	Sodium Bicarbonate 8.4% Injection		B05XA02131P3002X X	B	For acceleration of excretion in drug intoxication (where excretion of the drug into the urine is accelerated by elevated urine pH) and for acidosis	According to the needs of the patient. In severe shock due to cardiac arrest: 50 ml by IV
769	Sodium Bicarbonate, Magnesium Carbonate Compound Mixture (Carminative)		A02AH00912L2101X X	C	Heartburn, for rapid relief of dyspepsia	ADULT 10-20 ml 3 times daily
770	Sodium Biphosphate 16%, Sodium Phosphate 6% (Fleet) Rectal Solution		A06AG01162G2001X X	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)



771	Sodium Biphosphate 16%, Sodium Phosphate 6% (Oral Fleet) Solution		A06AG01162L9901X X	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.
772	Sodium Chloride 0.45% Injection (500ml)		B05XA03100P6001X X	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
773	Sodium Chloride 0.9% Eye Drop		S01XA03000D2001X X	C	Irrigation of conjunctival sac	1 - 2 drops every 3 - 4 hours
774	Sodium Chloride 0.9% Injection (100ml)		B05XA03100P6002X X	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
775	Sodium Chloride 0.9% Injection (500ml)		B05XA03100P6002X X	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
776	Sodium Chloride 3% Injection		B05XA03100P9901X X	B	Acute dilutional hyponatraemia	According to the needs of the patient
777	Sodium Citrate 0.3 M Solution		B05CB02136L9901X X	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
778	Sodium Cromoglycate 2% Eye Drop		S01GX01520D2001X X	A/KK	Prevention and treatment of allergic conjunctivitis including seasonal and perennial allergic conjunctivitis and vernal keratoconjunctivitis	1 or 2 drops 4 times daily
779	Sodium glycerophosphate Solution (Glycophos)		B05XA14171P3001X X	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.
780	Sodium Valproate 200 mg Tablet		N03AG01520T1001X X	B	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.
781	Sodium Valproate 200 mg/5 ml Syrup		N03AG01520L9001X X	B	Epilepsy	ADULT: Initially 600 mg/day; dose may be increased by 200 mg at 3-day intervals to max 2500 mg/day. Usual maintenance dose: 1000-2000 mg/day (20-30 mg/kg/day). CHILD: More than 20 kg. Initially 400 mg/day with spaced increases until control is achieved (usually 20-30 mg/kg/day), dose may be increased to 35 mg/kg/day. Less than 20 kg, 20 mg/kg/day. Severe cases: 50 mg/kg daily.





782	Sodium Valproate 400 mg Injection		N03AG01520P4001X X	B	Status epilepticus	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)
783	Solifenacin 5 mg Tablet		G04BD08000T1001X X	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.
784	Spirolactone 25 mg Tablet		C03DA01000T1001X X	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
785	Stavudine 30 mg, Lamivudine 150 mg & Nevirapine 200 mg Tablet		J05AR07964T1001X X	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	SLN 30: 30-60 kg 1 tablet twice daily. SLN 40 ≥60 kg 1 tablet twice daily
786	Streptokinase 1.5MU Injection		B01AD01000P4001X X	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
787	Streptomycin Sulphate 1 g Injection		J01GA01183P4001X X	B	Tuberculosis	ADULT: 15 mg/kg daily; max: 1 g daily. Reduce max daily dose to 500-750 mg in patients >40 yr. As part of an intermittent therapy: 25-30 mg/kg/day 2-3 times/wk; max: 1.5 g/dose. Not >120 g over the course of treatment should be given unless there are no other treatment options. Child: 20-40 mg/kg (max: 1 g) daily or 25-30 mg/kg (max: 1.5 g) 2-3 times wkly.
788	Strontium Ranelate 2 g Granules		M05BX03000F1001X X	A*	Treatment of postmenopausal osteoporosis to reduce risk of vertebral and hip fractures when biphosphonates are contraindicated or not tolerated	2 g sachet once daily
789	Sulfadoxine 500mg + Pyrimethamine 25mg Tablet		P01BD51981T1001X X	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): ? tab as a single dose; 2-5 yr (>10-20 kg): 1 tab as a single dose; 5- 10 yr (< 20-30 kg): 1? 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.
790	Sulphamethoxazole 200 mg & Trimethoprim 40mg/5ml Suspension		J01EE01961L8001X X	B	Infections caused by susceptible pathogens	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



791	Sulphamethoxazole 400 mg & Trimethoprim 80mg Tablet		J01EE01961T1001X X	B	i) Severe or complicated infections due to susceptible infection ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients	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
792	Sulphasalazine 500 mg Tablet		A07EC01000T1001X X	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, maximum 3 g/day. CHILD over 6 years, juvenile
793	Sulphur 2% & Salicylic Acid 2% Cream		D10AB02951G1001X X	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
794	Sulpiride 200 mg Tablet		N05AL01000T1001X X	B	Acute and chronic schizophrenia, chronic delusional psychoses	200-400 mg twice daily; 800 mg daily in predominantly negative symptoms and 2.4 g daily in mainly positive symptoms. Elderly, lower initial dose; increased gradually according to response. Child under 14 years not recommended
795	Sumatriptan Succinate 50 mg Tablet		N02CC01000T1001X X	A/KK	Treatment of acute migraine attacks	50 mg per attack and not more than 300 mg daily
796	Suxamethonium Chloride 100 mg/2 ml Injection		M03AB01100P3001X X	B	Muscle relaxant as an adjunct to anaesthesia	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.
797	Tacrolimus 1 mg Tablet		L04AD02000C1001X X	A*	i) Primary immunosuppressant agent for all solid organ transplantation ii) Rescue therapy for rejection	i) 0.2 mg/kg/day in 2 divided doses ii) 0.3 mg/kg/day in 2 divided doses
798	Tamoxifen Citrate 20 mg Tablet		L02BA01136T1001X X	A	Breast cancer	20 mg in 1-2 divided doses. Max: 40 mg/day
799	Telmisartan 80mg Tablet		C09CA07000T1002X X	A/KK	Hypertension in patients who cannot tolerate ACE inhibitors because of cough	40mg - 80mg once daily
800	Tenecteplase 10,000 unit (50mg) Injection		B01AD11000P4001X X	A*	Acute myocardial infarction 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
801	Tenofovir 300mg + Emtricitabine 200mg Tablet		J05AR03964T1001X X	A/KK -ID specialty only	Treatment of HIV-1 infection in adults in combination with other antiretroviral agents (such as non- nucleoside reverse transcriptase inhibitors or protease inhibitors).	1 tablet once daily.



802	Tenofovir 300mg Tablet		J05AF07138T1001X X	A* -Gastro SS only	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).	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)
803	Terbinafine 250 mg Tablet		D01BA02110T1001X X	A/KK	Fungal infections especially onychomycosis caused by dermatophytes	250 mg once daily for 6 weeks for fingernails: 12 weeks for toenails
804	Terbutaline 10mg/mL Nebuliser Solution		R03AC03183A3001X X	B	Asthma and other conditions associated with reversible airways obstruction	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
805	Terbutaline Sulphate 0.5 mg/ml Injection		R03CC03183P3001X X	B	Bronchial asthma, chronic bronchitis, emphysema and other lung diseases where bronchoconstriction is a complicating factor	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
806	Terlipressin Acetate 1 mg Injection		H01BA04000P4001X X	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.
807	Testosterone Enantate 250 mg/1ml Injection		G03BA03000P3001X X	A*	Only for treatment of male infertility, protein deficiency during convalescence after surgery and wasting disorder. In women, supplementary therapy of progressive mammary carcinoma	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
808	Tetanus Immunoglobulin 250 IU Injection		J06BB02000P3001X X	B	Passive immunization against tetanus	Prophylaxis of tetanus: IM 250 units. Treatment of tetanus: IM 30 - 300 units/kg
809	Tetanus Toxoid 0.5 ml/dose Injection		J07AM01000P3001X X	C+	Immunization against tetanus infection	2 doses of 0.5 mL IM at an interval of 4-8 wk, followed by the 3rd dose 6-12 mth later. Booster: 0.5 mL IM every 10 yr.
810	Tetracosactide 250 mcg/ml Injection		H01AA02000P3001X X	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 $\geq$ 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 m <sup>2</sup> BSA. Intramuscular
811	Tetracycline HCL 250 mg Capsule		J01AA07110C1001X X	B	Infections caused by susceptible pathogens	"Adult: 250-500 mg 6 hrly. Max: 4 g/day. Child: $\geq$ 12 yr Max: 2 g daily"



812	Thalidomide 50 mg Capsule	Haematology/Oncology	L04AX02000C1001XX	A* (5 patients/year)	First line induction therapy in newly diagnosed multiple myeloma, salvage therapy in relapsed multiple myeloma and maintenance therapy in multiple myeloma (contraindicated for pregnant women; pregnancy test for females in reproductive age group before starting treatment should be done)	50 mg to 200 mg daily
813	Theophylline 125 mg Tablet		R03DA04000T1001X X	B	Reversible airways obstruction and acute severe asthma	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
814	Theophylline SR 250 mg Tablet		R03DA04000T5001X X	B	Reversible airways obstruction and acute severe asthma	ADULT: 250 mg 2 times daily. CHILD under 12 years : Up to 10 mg/ka body weight 2 times daily
815	Thiamine (Vitamin B1) 10mg Tablet		A11DA01221T1002X X	C	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
816	Thiamine 100 mg/1ml Injection		A11DA01110P3001X X	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
817	Thiopentone Sodium 500 mg Injection		N05CA19520P3001X X	B	i) General anaesthesia, induction ii) Anticonvulsant for cases resistant to conventional anticonvulsants in the ICU	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
818	Tibolone 2.5 mg Tablet		G03CX01000T1001X X	A*	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	2.5mg daily
819	Ticagrelor 90mg Tablet		B01AC24000T1001X X	A*	a)Patient who failed clopidogrel readmitted to hospital with recurrent atherothrombotic event while patients are on clopidogrel. b) ACS patients with:i) STEMI - going for invasive (PCI), ii) NSTEMI/UA - intermediate to high risk (based on TIMI score). iii) Other complicated ACS cases treated either medically or invasively via PCI or CABG (risk of Stent thrombosis, 3VD etc.)	Initially, 180mg as single dose followed by 90mg bd with maintenance dose of ASA 75-150 mg daily.
820	Ticlopidine HCl 250 mg Tablet		B01AC05110T1001X X	A/KK	i) Prevention of thrombotic stroke for patients who are sensitive /intolerant to Acetylsalicylic Acid ii) Maintenance of coronary bypass surgery or angioplasty iii) Maintenance of patency of access in patients on chronic haemodialysis	250 mg twice daily taken with food
821	Timolol Maleate 0.5% Eye Drop		S01ED01253D2002X X	A	Elevated intraocular pressure, chronic open angle glaucoma	Initially, 1 drop of 0.25% 2 times daily, if clinical response is not adequate, 1 drop of 0.5% 2 times daily
822	Timolol Maleate 0.5% Eye Drop (Timocomod)		S01ED01253D2002X X	A	Elevated intraocular pressure, chronic open angle glaucoma	Initially, 1 drop of 0.25% 2 times daily, if clinical response is not adequate, 1 drop of 0.5% 2 times daily
823	Timolol Maleate 0.5% Eye Drop (Timolast, Timoptol XE)		S01ED01253D2002X X	A	Elevated intraocular pressure, chronic open angle glaucoma	Initially, 1 drop of 0.25% 2 times daily, if clinical response is not adequate, 1 drop of 0.5% 2 times daily



824	Tinzaparin 14000U/0.7ml Injection		B01AB10520P5002X X	A*	i)Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), not amounting to hemodynamic instability. ii)Prevention of post-operative DVT in patients undergoing general and orthopaedic surgery.	i)Treatment of DVT and PE, in conjunction with warfarin: 175 anti-Factor Xa IU/kg SC once daily for at least 6 days. ii)Thromboprophylaxis in patients with: Moderate risk of thrombosis (general surgery):3,500 anti-Factor Xa IU SC 2 hrs before surgery and postoperatively, 3,500 anti-Factor Xa IU once daily for 7-10 days. High risk of thrombosis (eg. total hip replacement):4,500 anti- Factor Xa IU SC or 50 anti- Factor Xa IU/kg body weight SC 2 hrs before surgery and then once daily until the patients has been mobilized.
825	Tinzaparin 4,500 anti-Xa IU/0.45 mL Injection		B01AB10520P5001X X	A*	i)Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), not amounting to hemodynamic instability. ii)Prevention of post-operative DVT in patients undergoing general and orthopaedic surgery.	i)Treatment of DVT and PE, in conjunction with warfarin: 175 anti-Factor Xa IU/kg SC once daily for at least 6 days. ii)Thromboprophylaxis in patients with: Moderate risk of thrombosis (general surgery):3,500 anti-Factor Xa IU SC 2 hrs before surgery and postoperatively, 3,500 anti-Factor Xa IU once daily for 7-10 days. High risk of thrombosis (eg. total hip replacement):4,500 anti-Factor Xa IU SC or 50 anti-Factor Xa IU/kg body weight SC 2 hrs before surgery and then once daily until the patients has been mobilized.
826	Tinzaparin10000U/0.5ml Injection		B01AB10520P5001X X	A*	i)Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), not amounting to hemodynamic instability. ii)Prevention of post-operative DVT in patients undergoing general and orthopaedic surgery.	i)Treatment of DVT and PE, in conjunction with warfarin: 175 anti-Factor Xa IU/kg SC once daily for at least 6 days. ii)Thromboprophylaxis in patients with: Moderate risk of thrombosis (general surgery):3,500 anti-Factor Xa IU SC 2 hrs before surgery and postoperatively, 3,500 anti-Factor Xa IU once daily for 7-10 days. High risk of thrombosis (eg. total hip replacement):4,500 anti- Factor Xa IU SC or 50 anti- Factor Xa IU/kg body weight SC 2 hrs before surgery and then once daily until the patients has been mobilized.
827	Topiramate 25mg Tablet		N03AX11000T1001X X	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.
828	Topiramate 50mg Tablet		N03AX11000T1002X X	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.
829	Tramadol 50 mg Capsule		N02AX02110C1001X X	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)



830	Tramadol 50mg/ml Injection		N02AX02110P3001X X	A	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: 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
831	Tranexamic Acid 250 mg Capsule		B02AA02000C1001X X	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
832	Tranexamic Acid 500 mg/5 ml Injection		B02AA02000P3001X X	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
833	Tretinoin Acid 0.05% Cream		D10AD01000G1001X X	A/KK	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
834	Triamcinolone Acetonide 0.1% Dental Paste		A01AC01351G3101X X	B	Oral and perioral lesions	Apply a thin layer to affected area 2-4 times daily
835	Triamcinolone Acetonide 10 mg/ml Injection		H02AB08351P3001X X	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
836	Trifluoperazine HCl 5 mg Tablet		N05AB06110T1001X X	B	Psychotic disorder	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
837	Trimetazidine 20 mg Tablet		C01EB15110T1001X	B	Prophylactic treatment of episodes of angina pectoris	20 mg 3 times daily
838	Trimethoprim 300 mg Tablet		J01EA01000T1002X X	B KPK by quota	Treatment of urinary tract infections due to susceptible pathogens	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
839	Tripolidine HCl 2.5mg + Pseudoephedrine HCl 60mg Tablet		R01BA52988T1002X X	B	Decongestion of the upper respiratory tract in common cold, hay fever, allergic and vasomotor rhinitis and aerotitis	ADULT 2.5 mg every 4 - 6 hours; maximum dose 10 mg/day. CHILD 6 - 12 years : 1.25 mg every 4 - 6 hours; maximum dose 5 mg/day, 2 - 4 years : 0.625 mg every 4 - 6 hours; maximum dose 2.5 mg/day, 4 - 6 years : 0.938 mg every 4 - 6 hours; maximum dose 3.744 mg/day
840	Tropicamide 1% Eye Drop		S01FA06000D2002X X	A/KK	Topical use to produce cycloplegic refraction for diagnostic purposes	1 - 2 drops several times a day
841	Urea 10% Ointment		D02AE01000G1001X X	B	Contact irritant dermatitis, infantile eczemas, acute and chronic allergic eczemas, ichthyosis, hyperkeratotic	Apply sparingly and rub into affected area 2 - 3 times daily and when required after cleansing skin
842	Urea Cream (Strength: 5%, 10%, 20%)		D02AE01000G1001X X	B	Contact irritant dermatitis, infantile eczemas, acute and chronic allergic eczemas, ichthyosis, hyperkeratotic	Apply sparingly and rub into affected area 2 - 3 times daily and when required after cleansing skin
843	Urokinase 6000 IU Injection		B01AD04000P4001X X	A	Treatment of thromboembolic disease such as myocardial 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. Hypphaema: 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



844	Ursodeoxycholic Acid 250 mg Capsule		A05AA02000C1001X X	A	Cholestatic liver diseases (eg. primary biliary cirrhosis, primary cholangitis etc)	10-15 mg/kg daily in 2 to 4 divided doses usually for 3 months to 2 years. If there is no decrease in stone size after 18 months, further treatment seems not to be useful
845	Valproic Acid and Sodium Valproate (ER) 500mg Tablet	Neurology /Psychiatry	N03AG01520T50 01XX	B (LP 10 patients/ year)	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.	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.



846	Vancomycin HCl 500 mg Injection		J01XA01110P4001X X	A*	Only for the treatment of MRSA and CAPD peritonitis	Slow IV infusion, ADULT: 500 mg over at least 60 minutes every 6 hours or 1 g over at least 100 minutes every 12 hours. NEONATE up to 1 week, 15 mg/kg initially, then 10 mg/kg every 12 hours. INFANT 1 - 4 weeks, 15 mg/kg initially then 10 mg/kg every 8 hours. CHILD over 1 month, <del>10 mg/kg every 6 hours</del>
847	Vasopressin 20iu/ml Injection		H01BA01000P3001X X	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
848	Venlafaxine HCl Extended Release 150 mg Capsule		N06AX16110C2002X X	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.
849	Venlafaxine HCl Extended Release 75 mg Capsule		N06AX16110C2001X X	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.
850	Verapamil HCl 40 mg Tablet		C08DA01110T1001X X	B	i) Supraventricular tachyarrhythmias (SVT) prophylaxis ii) angina	ADULT: 40 - 80 mg 3-4 times daily. In oral long term therapy, max: 480 mg daily
851	Verapamil 5 mg/2 ml Injection		C08DA01110P3001X X	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.
852	Vildagliptin 50mg + Metformin 1000mg Tablet		A10BD08926T1002X X	A* LP by patient basis	- 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.
853	Vildagliptin 50mg + Metformin 850mg Tablet		A10BD08926T1001X X	A* LP by patient basis	- 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.
854	Vincristine Sulphate 1 mg/ml Injection		L01CA02183P3001X X	A	i) Solid tumours ii) Gestational trophoblastic disease iii) Non- Hodgkin's lymphoma iv) Multiple myeloma v) Acute lymphoblastic leukemia	i) ADULT: 1.4 mg/m <sup>2</sup> weekly (maximum 2 mg weekly) ii) Refer to protocol iii) 1.4 mg/m <sup>2</sup> weekly (maximum 2 mg weekly) iv) 0.4 mg/m <sup>2</sup> IV continuous infusion on days 1 - 4 v) Refer to protocol. CHILD: 1 mg/m <sup>2</sup> to 2 mg/m <sup>2</sup> weekly according to protocol (0.05 mg/kg for infants less than 10kg)
855	Vitamin B complex Tablet		A11EA00901T1001X X	C+	Prophylaxis and treatment of vitamin B deficiency	1-2 tablets daily
856	Vitamin B1, B6, B12 Tablet		A11DB00901T1001X X	B	For deficiency or raised requirement of Vitamin B1, B6, B12	1 - 3 tablets 3 times daily swallowed unchewed.
858	Voriconazole 200mg tablet	Antiinfectives	J02AC03000 T1002XX	A* (Hemato LP 3 patients/year)	i) Treatment of immunocompromised patients with progressive, possibly life-threatening infections such as invasive aspergillosis, fluconazoleresistant 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	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





859	Warfarin Sodium 1mg Tablet		B01AA03520T1001X X	B	Treatment and prophylaxis of thromboembolic disorders	Initially 10 mg daily for 2 days. Maintenance dose, 3-10 mg daily according to the INR (taken at the same time each day)
860	Warfarin Sodium 5mg Tablet		B01AA03520T1004X X	B	Treatment and prophylaxis of thromboembolic disorders	Initially 10 mg daily for 2 days. Maintenance dose, 3-10 mg daily according to the INR (taken at the same time each day)
861	Water for Injection (10ml)		V07AB00000P3001X X	C+	As a diluent and vehicle for the administration of medications	According to the needs of the patient
862	Zidovudine 10 mg/ ml Syrup		J05AF01000L9001XX	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	i) HIV infection Adult: 600 mg daily in divided doses, in combination with other antiretroviral agents. Child: 6 wk - 12 yr: 160 mg/m <sup>2</sup> 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
863	Zidovudine 100 mg Capsule		J05AF01000C1001X X	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	i) HIV infection Adult: 600 mg daily in divided doses, in combination with other antiretroviral agents. Child: 6 wk - 12 yr: 160 mg/m <sup>2</sup> 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
864	Zidovudine 200mg / 20ml Injection		J05AF01000P3001X X	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	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/m <sup>2</sup> /hr. Alternatively, as intermittent infusion: 120 mg/m <sup>2</sup> 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.
865	Zinc Oxide Cream		D02AB00000G1001X X	C+	Skin protective in various skin conditions such as nappy rash, eczema and problem skin	Apply 3 times daily or as required
866	Zinc oxide, benzyl benzoate and balsam peru Suppository		C05AX04931S1001X X	C	For relief of pruritus, burning and soreness in patients with haemorrhoids and perianal conditions	Insert 1 suppository night and morning after bowel movements; does not use for longer than 7 days OR please refer to the product insert.
867	Zoledronic Acid 4 mg/5 ml Injection		M05BA08000P3001X X	A*	i) Treatment of hypercalcaemia of malignancy ii) Prevention of skeletal related events in patients with multiple myeloma involving multiple bone lesions	4 mg reconstituted and should be given as a 15 minutes IV infusion every 3-4 weeks
868	Zolpidem Tartrate 10 mg Tablet		N05CF02123T1001X X	A	For treatment of insomnia	10-mg tablet daily. Stilnox should always be taken just before going to bed. In elderly patients or patients with hepatic insufficiency: Dosage should be halved ie, 5 mg. Dosage must never exceed 10 mg/day.



869	Zuclopenthixol Deconoate 20 mg/ml Drops		N05AF05000D5001X X	A*	Only for psychoses with insight or compliance	Acute Schizophrenia and Other Acute Psychoses; Severe Acute States of Agitation; Mania: Oral treatment: Usually 10-50 mg/day. In moderate to severe cases initially 20 mg/day increased, if necessary, by 10-20 mg/day every 2-3 days to <b>≥75 mg daily</b> .
870	Zuclopenthixol Deconoate Depot 200 mg/ml Injection		N05AF05135P2001X X	B	Only for treatment of agitated and violent patients suffering from schizophrenia who are not responding to the available standard drugs	Clopixol-Acuphase: Clopixon- Acuphase is administered by IM injection. The dosage range should normally be 50- 150 mg (1-3 mL) IM repeated if necessary, preferably with a time interval of 2-3 days. In a few patients, an additional injection may be needed 24- 48 hrs following the 1st injection. In the maintenance therapy, treatment should be continued with oral Clopixon or Clopixon Depot IM after the following guidelines: Change to Oral Clopixon: 2-3 days after the last injection of Clopixon-Acuphase, a patient who has been treated with 100 mg Clopixon-Acuphase, oral treatment should be started at a dosage of about 40 mg daily, possibly in divided dosages. If necessary, the dose can be further increased by 10-20 mg every 2-3 days up to 75 mg or more.