# FORMULARI UBAT

## HOSPITAL TENGKU AMPUAN AFZAN EDISI 1/2025

PUSAT SUMBER DAN MAKLUMAT FARMASI
JABATAN FARMASI HTAA
TARIKH KEMASKINI 1 JUN 2025

# FORMULARI UBAT HTAA

*FORMULARI INI HANYA MENGANDUNGI JENIS UBAT YANG TERDAPAT DIDALAM FORMULARI UBAT KKM SAHAJA.

TUJUAN PANDUAN: Sebagai panduan dan rujukan dalaman kepada semua anggota penjagaan kesihatan di Hospital Tengku Ampuan Afzan (HTAA) Kuantan.

Terdapat tiga jenis Formulari yang digunakan di semua hospital dan klinik kesihatan dalam Kementerian Kesihatan Malaysia (KKM), iaitu Formulari Ubat Kementerian Kesihatan Malaysia (FUKKM), Formulari Ubat Hospital dan Formulari Ubat Kesihatan. FUKKM mengandungi senarai ubat-ubatan yang telah diluluskan oleh Panel Kaji semula Senarai Ubat-ubatan KKM di peringkat kebangsaan. Hospital, klinik kesihatan dan institusi KKM hanya boleh menggunakan ubat yang tersenarai dalam FUKKM mengikut syarat- syarat yang telah ditetapkan. Formulari Ubat Hospital adalah senarai ubat yang diluluskan oleh Jawatankuasa Ubat & Terapeutik hospital berkenaan dan adalah berdasarkan FUKKM mengikut keperluan hospital tersebut.

FUKKM merupakan rujukan di peringkat KKM mengenai semua ubat yang boleh digunakan di Kementerian Kesihatan. Formulari ini adalah suatu pendekatan dasar dan pentadbiran untuk mengawal dan menggalakkan penggunaan ubat-ubatan secara rasional dan berkualiti di semua hospital, klinik dan institusi di dalam Kementerian Kesihatan Malaysia. Dengan itu perbelanjaan yang digunakan untuk perolehan ubat dapat dikawal dan peruntukan kewangan yang ada digunakan secara optimum. Kegunaan ubat di luar FUKKM tidak dibenarkan kecuali setelah mendapat kelulusan daripada Ketua Pengarah Kesihatan Malaysia (Ubat UKK-Ubat Kelulusan Khas). Penyelenggaraan FUKKM diperlukan kerana maklumat berkaitan ubat kerap kali berubah. Antaranya adalah:

i. Perubahan atau pertambahan kepada indikasi/ kekuatan/ formulasi
ii. Adanya maklumat baru berkaitan isu keselamatan ubat
iii. Kemunculan ubat baru serta rawatan baru

GLOSARI

Kategori Preskriber yang boleh memulakan preskripsi:

| | |
|---|---|
| A* | Pakar Perunding / Pakar bagi Indikasi yang Spesifik sahaja |
| A | Pakar Perunding / Pakar |
| A/KK | Pakar Perunding / Pakar / Pakar Perubatan Keluarga |
| B | Pakar Perunding / Pakar / Pakar Perubatan Keluarga / Pegawai Perubatan |
| C | Pakar Perunding / Pakar / Pakar Perubatan Keluarga / Pegawai Perubatan / Anggota Paramedik (Penolong Pegawai Perubatan / Jururarawat Hospital atau Klinik) |
| C+ | Pakar Perunding / Pakar / Pakar Perubatan Keluarga / Pegawai Perubatan / Anggota Paramedik (Penolong Pegawai Perubatan / Jururawat Hospital atau Klinik) / Anggota Paramedik dalam Perbidanan (Jururawat Masy |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
|---|---|---|---|---|---|
| Abacavir sulphate 300mg Tablet | | A* | Antiretroviral combination therapy of HIV infection in adults and adolescents from 12 years of age. | Adult: 300mg twice daily or 600mg daily.<br>Children: i. Weighing 14 to <20kg: one-half of a scored abacavir tablet twice daily.<br>ii. Weighing ≥20kg to <25kg: one-half of a scored abacavir tablet in the morning and one whole tablet in the evening.<br>iii. Weighing at least 25kg: according to adult dose. | |
| Abacavir Sulphate 600 mg and Lamivudine 300 mg Tablet | | A* | Antiretroviral combination therapy of HIV infection in adults and adolescents from 12 years of age with the following criteria:<br>i)Patients unsuitable or failed other HAART treatment.<br>ii)Patients who are at high risk of renal impairment.<br>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. | |
| Abiraterone acetate 250mg tablet | UROLOGI | A* | With prednisone or prednisolone, for the treatment of metastatic castration-resistant prostate cancer (mCRPC) in adult men. | 1,000mg once daily. | |
| Acetazolamide 250 mg Tablet | | 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. | |
| Acetylcysteine 200 mg/ml Injection | | A* | Antidote for paracetamol poisoning. | Diluted with dextrose 5% and infused IV. Initial, 150mg/kg IV in 200 ml over 60 minutes, then 50mg/kg IV in 500 ml over 4 hours, followed by 100mg/kg IV in 1000ml over 16 hours. Total dose: 300mg/kg in 20 hr. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
|---|---|---|---|---|---|
| Acetylsalicylic Acid 100 mg, Glycine 45 mg Tablet | | B | Prevention of myocardial infarct, stroke, vascular occlusion and deep vein thrombosis. Transient ischaemic attacks. | 1 tablet daily. | |
| Acetylsalicylic Acid 150 mg Soluble Tablet | | C | Initial treatment of cardiovascular disorders such as angina pectoris and myocardial infarction and for the prevention of cardiovascular events in patients at risk. Other such uses include the treatment and prevention of cerebrovascular disorders such as stroke. | 150mg to be taken daily.<br>Dose to be individualised.<br>Use in children under 16 years old is not recommended. | |
| Acitretin 10 mg Capsule | | A* | i) Severe form of psoriasis including erythrodermic psoriasis and local or generalized pustular psoriasis.<br>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<br>CHILD: 0.5mg/kg daily occasionally up to 1 mg/kg daily to a max. 35 mg daily for limited periods. | |
| Acitretin 25 mg Capsule | | A* | i) Severe form of psoriasis including erythrodermic psoriasis and local or generalized pustular psoriasis.<br>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<br>CHILD: 0.5mg/kg daily occasionally up to 1 mg/kg daily to a max. 35 mg daily for limited periods. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
|---|---|---|---|---|---|
| Acriflavine 0.1% Lotion | | C+ | Infected skin, lesions, cuts, abrasions, wounds and burns. | Apply undiluted three times daily to the affected part. | |
| Actinomycin D (Dactinomycin) 500 mcg/ml Injection | ONKOLOGI O&G | A | i) For solid tumours.<br>ii) Gestational trophoblastic disease. | i) ADULT: 500mcg IV daily for max of 5 days. CHILD: 1.5mg/m2 once every 3 weeks (if weight less than 10 kg, 50mcg/kg).<br>ii) 500mcg IV on Days 2, 4, 6, 8, 10, repeat every 7 - 10 days or 500mcg IV bolus on D1 and D2, repeat every 15 days. | UKK (IMPORT PERMIT) |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
|---|---|---|---|---|---|
| Acyclovir 200 mg Tablet | | A/KK | i) Treatment of Herpes simplex & Varicella zoster infections.<br>ii) Prophylaxis of Herpes simplex infections in immune-compromised patients. | Indication (i) Treatment for Herpes Simplex: ADULT - 200mg 5 times daily; In severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Treatment for Varicella Zoster: ADULT - 800mg 5 times daily; CHILD - 6 years and over: 800 mg four times daily, 2 - < 6 years: 400 mg four times daily, Under 2 years: 200 mg four times daily.<br><br>Indication (ii) ADULT - Immune-compromised patients: 200 mg four times daily. Severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Dosing is according to Product Information Leaflet. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
|---|---|---|---|---|---|
| Acyclovir 200 mg/5 ml Suspension | | A* | i) Mucocutaneous Herpes Simplex infection in immunocompromised and AIDS patients.<br>ii) Primary and recurrent Varicella Zoster infection in immunocompromised and AIDS patients.<br>iii) Severe Kaposi Varicella Eruption (Eczema herpeticum).<br>iv) Severe primary HSV infections (eg. Neonatal herpes, encephalitis, eczema herpeticum, genital herpes, gingival stomatitis, vaginal delivery with maternal vulva herpes.)<br>v) Severe and complicated varicella infection (eg. Encephalitis, purpura fulminans).<br>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.<br>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.<br>v) ADULT: 800 mg 5 times daily for 7 days vi) ADULT: 20 mg/kg (maximum: 800 mg) four times daily for 5 days, CHILD 6 years: 800 mg four times daily. CHILD: less than 2 years; 400mg 4 times daily, more than 2 years; 800 mg 4 times daily | |
| Acyclovir 250 mg Injection | | A* | i) Treatment of Herpes simplex & Varicella zoster infections.<br>ii) Prophylaxis of Herpes simplex infections in immune-compromised patients. | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | every 8 hourly usually for 7 days. CHILD, 3 months - 12 years: Herpes simplex or Varicella Zoster: 250 mg/m2 8 hourly for 5 days, doubled to 500 mg/m2 8 hourly for varicella-zoster in the immunocompromised and in simplex encephalitis (usually given for 10 days in encephalitis). | |
| Acyclovir 3% Eye Ointment | | A* | Only for the treatment of herpes simplex keratitis. | Apply 1 cm 5 times daily. Continue for at least 3 days after healing. | |
| Acyclovir 5% Cream | | A* | Herpes simplex infections of the skin, including initial and recurrent labial and genital herpes simplex infections. | Apply every 4 hours for 5 - 10 days. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
|---|---|---|---|---|---|
| Acyclovir 800 mg Tablet | | A/KK | i)Treatment of Herpes simplex & Varicella zoster infections.<br>ii)Prophylaxis of Herpes simplex infections in immune-compromised patients. | Indication (i) Treatment for Herpes Simplex: ADULT - 200mg 5 times daily; In severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Treatment for Varicella Zoster: ADULT - 800mg 5 times daily; CHILD - 6 years and over: 800 mg four times daily, 2 - < 6 years: 400 mg four times daily, Under 2 years: 200 mg four times daily.<br><br>Indication (ii) ADULT - Immune-compromised patients: 200 mg four times daily. Severely immune-compromised patients: dose can be doubled to 400 mg. CHILD - two years and above should be given adult dosages, infants and children below two years old should be given half the adult dose. Dosing is according to Product Information Leaflet. | |

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|---|---|---|---|---|---|
| Adalimumab 40 mg Injection | GASTROENTEROLOGI, RHEUMATOLOGI OFTALMOLOGI (UKK) | A* | i) Third line treatment of: - Severe rheumatoid arthritis - Psoriatic arthritis - Ankylosing spondylitis after failure of conventional DMARDs or other biologics. ii)Treatment of adults with moderate to severe chronic plaque psoriasis who have not responded to, have contraindication or are unable to tolerate phototherapy and/or systemic therapies including acitretin, methotreaxate and cyclosporine. iii) Crohn's Disease a) For treatment of moderately to severely active Crohn's Disease in adult patients who have inadequate response to conventional therapy b) For treatment of moderately to severely active Crohn's Disease in adult patients who have lost response to or are intolerant to infliximab. iv) Ulcerative Colitis - For treatment of moderately to severely active ulcerative colitis in adult patients who have had an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine or azathioprine, or who are intolerant to or have medical contraindications for such therapies. | i)Severe rheumatoid arthritis, Psoriatic arthritis, Ankylosing spondylitis : Subcutaneous 40 mg every other week. ii)Chronic plaque psoriasis : Initial, 80 mg SC, followed by 40 mg SC every other week starting one week after the initial dose. iii) & iv) Crohn's disease & Ulcerative colitis: 160mg at week 0 (dose can be administered as four injections in one day or as two injections per day for two consecutive days) and 80mg at week 2. After induction treatment, the recommended maintenance dose is 40mg every other week via subcutaneous injection. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
|---|---|---|---|---|---|
| Adapalene 0.1% Gel | | A/KK | Treatment for acne vulgaris where comedones, papules and pustules predominate. | Apply once daily to the affected areas after washing at bedtime. | |
| Adenosine 3mg/ml Injection | | 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 supraventicular tachycardia with in 1-2 minutes, 12 mg should be given also as a rapid IV bolus. | |
| Adrenaline Acid (Epinephrine) Tartrate 1 mg/ml Injection | | B | Cardiopulmonary resuscitation. | 1 mg by intravenous injection repeated every 3-5 minutes according to response. | |
| Afatinib Dimaleate 40mg Film-Coated Tablet | RESPIRATORI | A* | First-line monotherapy for the treatment of Epidermal Growth Factor Receptor (EGFR) TKI-naïve adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating EGFR mutation(s). | 40mg once daily to be taken without food. Maximum dose is 50mg once daily. | |

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|---|---|---|---|---|---|
| Aflibercept 40mg/ml solution vial for Injection | OFTALMOLOGI | A* | i) Treatment of neovascular (wet) age-related macular degeneration (wet AMD).<br>ii) Visual impairment due to diabetic macular edema (DME).<br>iii) Macular Oedema secondary to Retinal Vein Occlusion (branch RVO or central RVO).<br><br>For indication (ii):<br>a) Treatment of naive patients with visual acuity equal or worse than 20/50; or<br>b) Patients with poor response to treatment with ranibizumab.<br><br>For indication (iii):<br>a) First line for patient not able to comply with monthly ranibizumab injection after initial loading doses.<br>b) Second line for patient who are refractory to ranibizumab injection.<br>c) To be prescribed by Ophthalmologist only. | i) The recommended dose is 2mg aflibercept, equivalent to 0.05mL (50 µL) given as intra-vitreal injection. Aflibercept treatment is initiated with one injection per month for three consecutive doses, followed by one injection every two months.<br><br>ii) 2 mg aflibercept (equivalent to 50 microliters) administered by intravitreal injection monthly for the first 5 consecutive doses, followed by one injection every 2 months. There is no requirement for monitoring between injections.<br><br>iii) 2 mg aflibercept (equivalent to 50 microliters) administered by intravitreal injection monthly. The interval between two doses should not be shorter than one month. | |
| Agomelatine 25 mg Tablet | PSIKIATRI | A* | Major depression. | The recommended dose is 25mg once daily at bedtime, maybe increased to 50mg once daily at bedtime. | |
| Albendazole 200 mg Tablet | | C+ | i) Single or mixed infestations of intestinal parasites.<br>ii) Strongyloides infection. | i) Child 12-24months: 200mg as a single dose.<br>ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24months: 200mg as a single dose for 3 consecutive days. | |

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| Albendazole 200 mg/5 ml Suspension | | C+ | i) Single or mixed infestations of intestinal parasites.<br>ii) Strongyloides infection. | i) Child 12-24months: 200mg as a single dose.<br>ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24months: 200mg as a single dose for 3 consecutive days. | |
| Alendronate Sodium 70 mg and Cholecalciferol 5600 IU Tablet | ORTOPEDIK, RHEUMATOLOGI, GERIATRIK | A* | i) Osteoporosis in postmenopausal women with a history of vertebral fracture and whom oestrogen replacement therapy is contraindicated.<br>ii) Male Osteoporosis. | 1 tablet once weekly [70mg/5600 IU]. The tablet should be taken at least half and hour before the first food, beverage, or medication of the day with plain water only. To facilitate delivery to stomach and thus reduce the potential for esophageal irritation, it should only be swallowed upon arising for the day with a full glass of water and patient should not lie down for at least 30 minutes and until after their first food of the day. | |
| Alendronate Sodium 70 mg Tablet | | A*<br>A/KK | Kategori preskriber A*: Osteoporosis (Male)<br><br>Kategori preskriber A/KK: Indicated for the treatment of osteoporosis in high-risk postmenopausal women | 70 mg once weekly. Swallow the tablet whole with a full glass of plain water only on an empty stomach at least 30 minutes before breakfast (and any other oral medication); stand or sit upright for at least 30 minutes and do not lie down until after eating breakfast. | |
| Alfacalcidol 0.25 mcg Capsule | | A/KK | i) Chronic kidney disease mineral bone disorder.<br>ii) Osteoporosis.<br>iii) Hypoparathyroidism and pseudohypoparathyroidism.<br>iv) Rickets and osteomalacia. | Initial dose ADULT and CHILD above 20kg body weight : 1 mcg daily; CHILD under 20kg body weight : 0.05 mcg/kg/day. Maintenance dose : 0.25 mcg to 2 mcg daily. Dosing is individualised based on serum calcium level and according to product insert/protocol. | |
| Alfacalcidol 1 mcg Capsule | | A/KK | i) Chronic kidney disease mineral bone disorder.<br>ii) Osteoporosis.<br>iii) Hypoparathyroidism and | 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 | |

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| | | | pseudohypoparathyroidism.<br>iv) Rickets and osteomalacia. | 2 mcg daily. Dosing is individualised based on serum calcium level and according to product insert/protocol. | |
| Alfacalcidol 2 mcg/ml Drops | | A* | i) Neonatal hypocalcemia.<br>ii) Osteoporosis.<br>iii) Hypoparathyroidism and pseudohypoparathyroidism.<br>iv) Rickets and osteomalacia. | NEONATES : 0.1 mcg/kg/day. Dosing is individualised based on serum calcium level and according to product insert/protocol. | |
| Alfacalcidol 2 mcg/ml Injection | | A* | i) Neonatal hypocalcemia.<br>ii) Osteoporosis.<br>iii) Hypoparathyroidism and pseudohypoparathyroidism.<br>iv) Rickets and osteomalacia. | Initial dose ADULT and CHILD above 20kg body weight : 1 mcg daily; CHILD under 20kg body weight : 0.05 mcg/kg/day. Maintenance dose : 0.25 mcg to 2 mcg daily. Dosing is individualised based on serum calcium level and according to product insert/protocol. | |
| Alfentanil HCl 0.5 mg/ml Injection | | A* | For use as short acting narcotic analgesic in short procedures and day-care surgical procedures. | Initial dose: 20 - 40 mcg/kg. Supplemental dose: 15 mcg/kg or infusion 0.5 - 1.0 mcg/kg/min. | |
| Alfuzosin HCl 10 mg Tablet | | A* | Treatment of functional symptoms related with benign prostatic hypertrophy (BPH). | 10 mg once a day pre bed. | |
| Allopurinol 100 mg Tablet | | A/KK | i) Frequent and disabling attacks of gouty arthritis (2 or more attacks/year).<br>ii) Clinical or radiographic signs of erosive gouty arthritis.<br>iii) The presence of tophaceous deposits.<br>iv) Urate nephropathy.<br>v) Urate nephrolithiasis.<br>vi) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia. | Initial dose: 50-100 mg daily. Maintenance: 300-900mg daily (depending on renal function). | |

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| Allopurinol 300 mg Tablet | | A/KK | i) Frequent and disabling attacks of gouty arthritis (2 or more attacks/year).<br>ii) Clinical or radiographic signs of erosive gouty arthritis.<br>iii) The presence of tophaceous deposits.<br>iv) Urate nephropathy.<br>v) Urate nephrolithiasis.<br>vi) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia. | Initial dose : 100-300 mg daily.<br>Maintenance : 300-600 mg daily.<br>Maximum: 900 mg daily. | |
| All-Trans Retinoic Acid (Tretinoin) 10 mg Capsule | | A* | Acute promyelocytic leukaemia. | Induction: 45 mg/m2 daily for 30 - 90 days. Maintenance: 45 mg/m2 daily for 2 weeks every 3 months. Renal/or hepatic insufficiency: 25mg/m2 daily for 30-90 days. Refer to protocols. | |
| Alprazolam 0.25 mg Tablet | | A/KK | Anxiety disorders. | 0.25 - 0.5 mg 3 times daily (elderly or delibitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children. | |
| Alprazolam 0.5 mg Tablet | | A | Anxiety disorders. | 0.25 - 0.5 mg 3 times daily (elderly or delibitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children. | |
| Alprazolam 1 mg Tablet | | A | Anxiety disorders. | 0.25 - 0.5 mg 3 times daily (elderly or delibitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children. | |
| Alprostadil 500 mcg/ml Injection | PEDIATRIK | A* | For treatment of congenital heart diseases | 0.05 - 0.1 mcg/kg/min by continuous IV infusion, then | C/S |

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| | | | which are ductus arteriosus dependent. | decreased to lowest effective dose. | |
| Alteplase 50 mg per vial Injection | | A* | Thrombolytic treatment of acute ischaemic stroke. | 0.9 mg/kg (maximum of 90 mg) infused over 60 minutes with 10% of the total dose administered as an initial intravenous bolus. Treatment must be started as early as possible within 4.5 hours after onset of stroke symptoms and after exclusion of intracranial haemorrhage by appropriate imaging technique. | |
| Amantadine HCl 100 mg Capsule | | B | 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. | |
| Amikacin 125mg/ml Injection | | 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. Maximum 15mg/kg/day. | |
| Amiloride HCl 5 mg & Hydrochlorothiazide 50 mg Tablet | | B | i) Diuretic as an adjunct to the management of oedematous states.<br>ii) Hypertension. | i) Initially 1 - 2 tab daily adjusted according to response. Max : 4 tabs daily.<br>ii) 1 -2 tabs daily as a single or divided dose. | |
| Amino Acids Injection | | A | Source of amino acids in patients needing IV nutrition. | Dose to be individualised. ADULT usually 500-2000 ml by IV. ADULT usual requirement for amino acid: 1-2 g/kg/day. | |

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| Aminophylline 25 mg/ml Injection | | B | Reversible airways obstruction, acute severe brochospasm. | Adult: Loading dose: 6 mg/kg (ideal body weight) or 250-500 mg (25 mg/ml) by slow inj or infusion over 20-30 min. Maintenance infusion dose: 0.5 mg/kg/hr. Max rate: 25 mg/min.<br><br>Children: 6 months and over (if not previously on theophylline): Loading dose: 6mg/kg. Maintenance dose: 6 mth-9 yr: 1 mg/kg/hr and 10-16 yr: 0.8 mg/kg/hr.<br>Dosing is individualised and according to product insert/protocol. | |
| Amiodarone 200 mg Tablet | | 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. Dosing is according to product insert / protocol. | |
| Amiodarone 50mg/ml Injection | | A*, A/KK | Category A*:<br>i) Arrhythmias<br>ii) Cardiopulmonary resuscitation of shock-resistant ventricular fibrillation in cardiac arrest<br><br>Category A/KK:<br>Ventricular arrythmia (ventricular tachycardia and ventricular fibrillation) | i) Initial: 5mg/kg over 20-120minutes Maintenance: 10-20mg/kg/24hr Max. dose: 1.2g/24hr.<br>ii) Initial: 300mg or 5mg/kg rapid Additional 150mg if condition persists. Dosing is according to product insert / protocol. | |
| Amisulpride 100 mg Tablet | PSIKIATRI | A* | Treatment of psychoses, particularly acute or chronic schizophrenia disorders characterized by positive symptoms(e.g. delusion, hallucinations, thought disorders) and/or | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | negative symptoms(e.g. blunted emotions, emotional and social withdrawal) including when the negative symptoms predominate. | patient's response. Should be taken on an empty stomach (Preferably taken before meals). | |
| Amisulpride 400 mg Tablet | PSIKIATRI | A* | Treatment of psychoses, particularly acute or chronic schizophrenia disorders characterized by positive symptoms(e.g. delusion, hallucinations, thought disorders) and/or negative symptoms(e.g. blunted emotions, emotional and social withdrawal) including when the negative symptoms predominate. | Predominantly negative episodes: 50-300 mg once daily adjusted according to the patient's response. Mixed episodes with positive and negative symptoms: 400-800 mg/day in 2 divided doses adjusted according to the patient's response. Should be taken on an empty stomach (Preferably taken before meals). | |
| Amitriptyline HCl 25 mg Tablet | | 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. | |
| Amlodipine 10 mg and Valsartan 160 mg Tablet | | A/KK | Essential hypertension in patients whose blood pressure is not adequately controlled by monotherapy. | Doses range from amlodipine besylate 5 mg/valsartan 160 mg to amlodipine besylate 10 mg/valsartan 320 mg ORALLY once daily, with dose titration occurring every 1 to 2 weeks if necessary. MAX amlodipine besylate 10 mg/valsartan 320 mg. | |
| Amlodipine 10 mg Tablet | | B | Hypertension. | 5 mg once daily. Max: 10 mg once daily. | |
| Amlodipine 5 mg Tablet | | B | Hypertension. | 6 mg once daily. Max: 10 mg once daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Amoxicillin & Clavulanate 228 mg/5 ml Syrup | | 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. | |
| Amoxicillin (Amoxycillin) 250mg/5mL Oral Solution | | B | Infections caused by susceptible strains of gram positive and gram negative organisms | CHILD less than 10 years: 125 - 250 mg 8 hourly. CHILD less than 20 kg: 20 - 40 mg/kg/day in 3 - 4 divided doses | |
| Amoxicillin 1 g & Clavulanate 200 mg Injection | | 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. | |
| Amoxicillin 250 mg Capsule | | 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. | |
| Amoxicillin 500 mg & Clavulanate 125 mg Tablet | | 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. | |
| Amoxicillin 500 mg Capsule | | 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. | |
| Amoxicillin Trihydrate 125 mg/5 ml Syrup | | B | Infections caused by susceptible strains of gram positive and gram negative organisms. | CHILD less than 10 years: 125 - 250 mg 8 hourly. CHILD less than 20 kg: 20 - 40 mg/kg/day in 3 - 4 divided doses. | |
| Amphotericin B 50 mg Injection | | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | mg/kg daily or on alternate days. For neonates, lower doses are recommended. | |
| Ampicillin Sodium & Sulbactam Sodium 250 mg/5 ml Suspension | | A | Treatment of susceptible bacterial infections. | ADULT: 375-750mg twice daily. CHILDREN (weight < 30kg): 25-50mg/kg/day in two divided doses. For children weighing 30kg and more, follow usual adult dose. | |
| Ampicillin Sodium & Sulbactam Sodium 375 mg Tablet | | A/KK | Treatment of susceptible bacterial infections. | CHILDREN (weight < 30kg): 25-50mg/kg/day in two divided doses. For children weighing 30kg and more, follow usual adult dose. | |
| Ampicillin Sodium 1g & Sulbactam Sodium 500mg Injection | | 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. | |
| Ampicillin Sodium 500 mg Injection | | 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. | |
| Ampicillin Trihydrate 125 mg/5 ml Suspension | | 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. | |
| Anastrozole 1 mg Tablet | | A* | Hormonal therapy in breast cancer in post-menopausal women if failed /contraindicated with Tamoxifen. | 1 mg daily. | |
| Anidulafungin 100mg Injection | | A* | Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to | Loading dose of 200 mg on day 1, then 100 mg once daily thereafter for at least 14 days after the last positive culture. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | Amphotericin B or Fluconazole. | | |
| Anti RhD Gamma Globulin 250 mcg/2 ml Injection | | B | Prevention of Rh(D) sensitisation to Rh(D)-negative woman:<br>i) Pregnancy/delivery of Rh(D)-positive infan.t<br>ii) Abortion/threatened abortion, ectopic pregnancy or hydatidiform mole.<br>iii) Transplacental haemorrhage resulting from antepartum haemorrhage, amniocentesis, chorionic biopsy or obstetric manipulative procedures e.g. external version or abdominal trauma. | i) Antenatal prophylaxis:<br>According to general recommendations, currently administered doses range from 50 – 330 micrograms or 250 - 1650 IU. For specific details, please refer to product's package insert.<br>ii) Postnatal prophylaxis:<br>According to general recommendations, currently administered doses range from 100 – 300 micrograms or 500 – 1500 IU. For specific details, please refer to product's package insert. | |
| Antilymphocyte/ Antithymocyte Immunoglobulin (from Horse) Injection | HEMATOLOGI | A* | i) To be used when conventional anti-rejection therapy is not successful.<br>ii) Treatment of aplastic anaemia not responding to oxymethalone after 3 months, in which there is persistent pancytopenia with repeated attacks of septicaemia and bleeding.<br>iii) Severe aplastic anaemia with the following parameters: a) Granulocyte less than 0.5x109/L b) Platelet less than 20x109/L c) Reticulocyte less than 20x109/L iv) As a conditioning regime prior to transplant. v) Graft-versus-host disease treatment. | 10 - 30 mg/kg body weight daily. Slow IV infusion (over at least 4 hours) diluted in 250 - 500 ml Normal Saline. For Graft versus host disease treatment:40 mg/kg/day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Antithymocyte Immunoglobulin (from rabbit) Injection | NEFROLOGI, HEMATOLOGI | A* | i) Prophylaxis of acute graft rejection.<br>ii) Treatment of acute graft rejection.<br>iii) Prophylaxis of acute and chronic graft versus host disease.<br>iv) Treatment of steroid-resistant, acute graft versus host disease.<br>v) Treatment of aplastic anemia. | i) 1.0 - 1.5 mg/kg/day for 2 - 9 days after transplantation of a kidney, pancreas or liver, for 2 - 5 days after heart transplantation.<br>ii) 1.5 mg/kg/day for 3 - 14 days.<br>iii) 2.5 - 5.0 mg/kg/day for 4 days.<br>iv) 2.5 - 5.0 mg/kg/day for 5 days<br>v)2.5 - 3.5 mg/kg/day for 5 days. | |
| Antivenene Cobra Injection | | B | Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Cobra (Naja kaouthia). | Initial dose of 100ml of reconstituted antivenene given by slow intravenous infusion (2ml/min). Subsequent dose can be given every 12 hours according to the clinical symptoms. As product may differ from batches and manufacturer, it is strongly recommended to refer to the product insert on dosing recommendation. | |
| Antivenene Pit Viper Injection | | B | Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Malayan Pit Viper (Calloselasma rhodostoma). | Initial dose of 30ml of reconstituted antivenene given by slow intravenous infusion (2ml/min). Subsequent dose can be given every 6 hours according to the clinical symptoms. As product may differ from batches and manufacturer, it is strongly recommended to refer to the product insert on dosing recommendation. | |
| Antivenene Serum (Sea snake) 1000 units Injection | | B | Treatment of patients who exhibit manifestations of systemic envenoming following a bite by sea snake. | 1000 units by IV infusion over 1/2 to 1 hour. In severe cases 3000 -10000 units may be required. | |
| Apixaban 5mg film coated Tablet | KARDIOLOGI<br>NEFROLOGI<br>PERUBATAN AM GERIATRIK | A* | Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with | 5 mg taken orally twice daily.<br>Dose reduction: 2.5mg taken orally twice daily in NVAF patients with at least two of the following characteristics: age ≥80 | |

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| | | | one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ II). | years old, body weight≤60kg, or serum creatinine≥1.5mg/dL (133micromole/L). | |
| Aprepitant 125 mg Capsule | | A* | In combination with other antiemetic agents for prevention of delayed nausea and vomiting associated with initial and repeat course of highly emetogenic chemotherapy | 125 mg 1 hour prior to chemotherapy on Day 1. To be given as part of a 3-day regimen that includes a corticosteroid and a 5-HT3 antagonist. | |
| Aprepitant 80 mg Capsule | | A* | In combination with other antiemetic agents for prevention of delayed nausea and vomitting associated with initial and repeat course of highly emetogenic chemotherapy. | 80 mg once daily in the morning on Days 2 and Day 3. To be given as part of a 3-day regimen that includes a corticosteroid & a 5-HT3 antagonist. | |
| Aqueous Cream | | C+ | As an emollient for dry skin. Can be used as soap substitute for bathing. | As a soap or apply to the skin as an emollient cream. | |
| Aripiprazole 10mg Tablet | | A* | i) Treatment of acute episodes of schizophrenia and for maintenance of clinical improvement during continuation therapy.<br>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. | C/S |
| Aripiprazole 400 mg powder and solvent for prolonged-release suspension for Injection | PSIKIATRI | A* | Maintenance treatment of schizophrenia in adult patients stabilized with oral aripiprazole. | Recommended starting and maintenance dose is 400 mg to be administered once monthly as a single injection (no sooner than 26 days after the previous injection). After the first injection, treatment with 10 mg to 20 mg oral aripiprazole should | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | be continued for 14 consecutive days to maintain therapeutic aripiprazole concentrations during initiation of therapy. | |
| Arsenic Trioxide 1 mg/ml Injection | HEMATOLOGI | A* | Relapsed acute promyelocytic leukaemia (APML). To be prescribed by consultant haematologist only. | Induction : 0.15 mg/kg/day IV until bone marrow remission. Total induction dose ≤ 60 doses. Consolidation : 0.15 mg/kg/day IV for 25 doses in 5 weeks (5 days per week, followed by 2 days interruption; treatment should begin 3-6 weeks after completion of induction therapy). | |
| Artemether 20mg + Lumefantrine 120mg Tablet | | 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. | |
| Artesunate 60 mg Injection | | B | 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. | |
| Artificial tears/eye lubricant ophthalmic gel (Genteal, Visidic) | | | 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. Refer to product information leaflet. | |

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| Artificial tears/eye lubricant ophthalmic Solution (ATPF, Hylo-Comod, Eye Glow) | OFTALMOLOGI (HYLO-COMOD ONLY) | B | Tear deficiency, ophthalmic lubricant; for relief of dry eyes and eye irritation. | 1 - 2 drops several times a day. Refer to product information leaflet. | |
| Ascorbic Acid 100 mg Tablet | | 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. | |
| Asenapine 10mg Sublingual Tablet | PSIKIATRI | 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. | |
| Asenapine 5mg Sublingual Tablet | PSIKIATRI | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Atazanavir 300mg capsule | ID-RVD | A* | Treatment of HIV-1 infected, antiretroviral treatment experienced adults, in combination with other antiretroviral medicinal products. | The recommended dose is 300mg once daily taken with ritonavir 100mg once daily and with food. Ritonavir is used as a booster of atazanavir pharmacokinetics. If atazanavir with ritonavir is co-administrated with didanosine, it is recommended that didanosine be taken 2 hours after atazanavir with ritonavir taken with food. | |
| Atenolol 100 mg Tablet | | B | Hypertension, angina pectoris, myocardial infarction and arrhythmias. | Hypertension and arrythmias; 50 - 100 mg daily, Angina; 100 mg daily, Myocardial infarction; individualised. | |
| Atenolol 100 mg Tablet | | 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. | UKK (IMPORT PERMIT) |
| Atomoxetine HCl 18 mg Capsule | | 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. | UKK (IMPORT PERMIT) |
| Atomoxetine HCl 25 mg Capsule | | A* | Attention deficit hyperactivity disorder (ADHD) in children 6 years and older who do not respond to methylphenidate or who | 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 | UKK (IMPORT PERMIT) |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | have intolerable effects or have tics. Diagnosis should be made according to DSM IV criteria or the guidelines in ICD-10. | than 70 kg: Initially 40 mg/day for at least 7 days then increased according to response. Maintenance: 80 mg/day. Max 100 mg/ day. | |
| Atorvastatin 20 mg Tablet | | B | i) Hypercholesterolaemia. ii) Prevention of cardiovascular disease. | 10 mg once daily. Maximum: 80 mg daily. | |
| Atorvastatin 40 mg Tablet | | B | i) Hypercholesterolaemia. ii) Prevention of cardiovascular disease. | 10 mg once daily. Maximum: 80 mg daily. | |
| Atracurium Besylate 10 mg /ml in 2.5 ml Injection | | 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. | |
| Atropine Sulphate 1% Eye Drops | | B | Determination of refraction, strabismus, iritis and iridocyclitis, after extra or intracapsular extraction of lens. | Use in adults<br>- For uveitis: 1 drop in the eye(s), 3 times daily.<br>- For refraction: 1 drop in the eye(s), repeated 1 hour before the examination. | |
| Atropine Sulphate 1mg/ml Injection | | B | i) Reduce vagal inhibition,salivary and bronchiol secretion in anaesthesia.<br>ii) Reversal of excessive bradycardia.<br>iii) Reversal of effect of competitive muscle relaxants.<br>iv) Overdosage with other compounds having muscarinic action.<br>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.<br>ii) Adult: 500 mcg every 3-5 minutes. Total: 3 mg. Max Dosage: 0.04 mg/kg body weight.<br>iii) Adult 0.6-1.2 mg before or with anticholinesterase. | |

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| | | | | iv) Adult: 0.6-1 mg IV/IM/SC, repeated every 2 hr.<br>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.<br>Child: 20 mcg/kg given every 5-10 minutes. | |
| Azacitidine Powder for suspension for Injection 100mg/vial | HEMATOLOGI | A* | First line therapy for intermediate-2 and high risk MDS, CMMOL with 10-29% blasts with no transplant option and elderly AML with 20-30% blasts and multilineage dysplasia. | Recommended starting dose for the first treatment cycle, for all patients regardless of baseline haematology laboratory values, is 75mg/m2 of body surface area. Injected subcutaneously. Daily for 7 days, followed by a rest period of 21 days (28 day treatment cycle). | |
| Azathioprine 50 mg Tablet | | A | i) Prophylaxis of rejection in organ and tissue transplant.<br>ii) Auto-immune diseases.<br>iii) Rheumatoid arthritis. | i) Adult: 1-5 mg/kg/day. Adjust dose according to clinical response and haematological tolerance. Dose may also be given via IV administration.<br>ii) Adult: 1-3 mg/kg/day. Discontinue treatment if there is no improvement after 12 week.<br>iii) Adult: Initially, 1 mg/kg/day given in 1-2 divided doses for 6-8 week, may increase by 0.5 mg/kg every 4 week until response or up to 2.5 mg/kg/day.<br>Maintenance: Reduce dose gradually to achieve the lowest effective dose. | |
| Azelaic Acid 20% Cream | DERMATOLOGI | A* | Acne vulgaris. | Apply twice daily (sensitive skin, once daily for 1st week). Treatment should not exceed 6 months. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Azelastine Hydrochloride 137mcg & Fluticasone Propionate 50mcg Nasal Spray | ENT | A* | Symptomatic treatment of moderate to severe allergic rhinitis and rhino-conjunctivitis in adults and children 12 years and older where use of a combination (intranasal antihistamine and glucocorticoid) is appropriate | One actuation in each nostril twice daily | |
| Azithromycin 200 mg/5 ml Granules | | A* | PRESCRIBER CATEGORY A*:<br>Treatment of complicated respiratory tract infections.<br>PRESCRIBER CATEGORY A/K:<br>Treatment of pertussis. | CHILD 36 - 45 kg: 400 mg, 26 - 35 kg: 300mg, 15 - 25 kg 200 mg, less than 15 kg: 10 mg/kg. To be taken daily for 3 days or to be taken as a single dose on day 1, then half the daily dose on days 2 - 5. | |
| Azithromycin 250 mg Tablet | | A* | Category of prescriber A/KK is only approved for indications:<br>(i) Adult treatment of uncomplicated genital infections due to Chlamydia trichomatis or susceptible Neisseria gonorrhoea.<br>(ii) Treatment of pertussis.<br>The following indications are still under the category of prescriber A*:<br>(iii) Treatment of complicated respiratory tract infections;<br>(iv) Prophylaxis against Mycobacterium avium complex in patients with advanced HIV. | i) 1 g as a single dose.<br>ii) 500mg in a single dose on day 1 then 250mg per day on days 2-5.<br>iii) 500 mg daily for 3 days.<br>iv) 1 g weekly. | |
| Azithromycin 500 mg Injection | | A* | i) Severe atypical pneumonia.<br>ii) Treatment of pelvic inflammatory diseases (PID) caused by | i) 500 mg IV as a single daily dose for a minimum of two days followed by 500 mg oral dose as a single daily dose to complete a 7 - 10 days course. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | susceptible organisms in patients who require initial IV therapy. | ii) 500 mg as single dose by the IV route for 1 or 2 days followed by oral azithromycin at a single daily dose of 250 mg to complete a 7-day course of therapy. | |
| Baclofen 10 mg Tablet | | B | Spasticity of the skeletal muscle. | ADULT:5 mg 3 times daily.<br>Max: 80 mg daily (20mg 4 times a day).<br>CHILD: starting dose: 0.3mg/kg/day in divided dose, titrate up cautiously in 1 -2 weeks interval.<br>Usual maintenance dose: 0.75 - 2 mg/kg daily (age more than 10 years, maximum: 2.5 mg/kg daily). The dose should not exceed 40 mg/day in children below 8 years of age, but a maximum dose of 60 mg/day may be given in children over 8 years of age.<br>Dosing is individualised and according to product insert/protocol. | |
| Balanced Salt Solution | | A | For irrigation during ocular surgery. | Irrigate as directed. | |
| Baricitinib 4mg film-coated tablets | RHEUMATOLOGI | A* | 1. Treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs. May be used as monotherapy or in combination with methotrexate.<br>2. Indicated for the treatment of severe atopic dermatitis in adult patients who are candidates for systemic therapy. | 1. Severe active rheumatoid arthritis: 4mg once daily<br>2. Severe atopic dermatitis: The recommended dose of baricitinib is 4 mg once daily with or without food and may be taken at any time of the day. A dose of 2 mg once daily is appropriate for patients such as those aged ≥ 75 years and may be appropriate for patients with a history of chronic or recurrent infections. A dose of 2 mg once daily should be considered for patients who have achieved sustained control of disease activity with 4 mg once daily and are eligible for dose tapering. Baricitinib can be used with or without | |

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| | | | | concomitant topical therapies (Refer package insert) | |
| BCG Vaccine Freeze-Dried Injection | | C+ | For the prevention of tuberculosis. | 0.05 to 0.1 ml by intradermal. Dosing is according to Immunisation Schedule under NIP. | |
| Beclomethasone Dipropionate 100 mcg/dose Inhaler | | 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. | |

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| Beclomethasone Dipropionate 100mcg and Formoterol Fumarate Dihydrate 6mcg pressurized inhalation Solution | RESPIRATORI | A/KK | i) Regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta2 agonist) is appropriate in: a) Patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta2 agonist, or b) Patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists.<br><br>The following indication (COPD) is categorised as A* - To be initiated by Consultant/ Specialists from disciplines related to the listed indication only: ii) Symptomatic treatment of patients with severe COPD (FEV1 < 50% predicted normal) and a history of repeated exacerbation, who have significant symptoms despite regular therapy with long-acting bronchodilators. | For asthma, the dosage is based on treatment approach: i) Maintenance therapy (taken as regular maintenance treatment with a separate as needed rapid-acting bronchodilator): Dose recommendations for adults 18 years and above: One or two inhalations twice daily. The maximum daily dose is 4 inhalations.<br>ii) Maintenance and reliever therapy (taken as regular maintenance treatment and as needed in response to asthma symptoms): Dose recommendations for adults 18 years and above: The recommended maintenance dose is 1 inhalation twice daily (one inhalation in the morning and one inhalation in the evening). Patients should take 1 additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation should be taken. The maximum daily dose is 8 inhalations. For COPD: 2 puffs two times a day. | |
| Bendamustine Hydrochloride 100mg/vial | | A* | Bendamustine is indicated for monotherapy in patients | Monotherapy for iNHL refractory to rituximab: 120mg/m2 body surface area bendamustine | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| powder for concentrate for solution for Infusion | | | with indolent B-cell non-Hodgkin's lymphomas (iNHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen. | hydrochloride on days 1 and 2; every 3 weeks. | |
| Bendamustine Hydrochloride 25mg/vial powder for concentrate for solution for Infusion | | A* | Bendamustine is indicated for monotherapy in patients with indolent B-cell non-Hodgkin's lymphomas (iNHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen. | Monotherapy for iNHL refractory to rituximab: 120mg/m2 body surface area bendamustine hydrochloride on days 1 and 2; every 3 weeks. | |
| Benralizumab 30mg Solution for Injection in Pre-filled Pen | | A* | Benralizumab is indicated as an add-on maintenance treatment in adult patients from 18 years with severe eosinophilic asthma characterised by the following criteria: a) At least two exacerbations in the past 12 months on the current standard therapy (high-dose inhaled corticosteroids plus long-acting bronchodilators) and/or need for treatment with systemic corticosteroids. b) Eosinophil count in the blood of ≥0.3 G/L (corresponding to ≥300 cells/µL). | 30 mg of benralizumab every 4 weeks for the first 3 doses, and then every 8 weeks thereafter administered as subcutaneous injection | |
| Benzathine Penicillin 2.4 MIU (1.8 g) Injection | | B | i) Treatment of mild to moderately severe infections due to Penicillin G-sensitive organisms. | i) ADULT: 1.2 mega units IM.<br>ii) For syphillis: 2.4 mega units weekly for 1 - 3 weeks. | |

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| | | | ii) Treatment of syphillis. | | |
| Benzhexol 2 mg Tablet | | B | i) Symptomatic treatment of paralysis agitans and of parkinsonism, arteriosclerotic, idiopathic, or post-encephalitic origin.<br>ii) Alleviate extrapyramidal syndrome induced by phenothiazine derivatives or reserpine.<br>iii) Spasmodic torticollis, facial spasms and other dyskinesia. | i) & iii) Initial: 1-2mg daily<br>Maintenance: Gradual increment to 6-10mg daily according to response.<br>ii) 5-15mg daily Dosing is individualised and according to product insert / protocol. | |
| Benzoic Acid Compound Ointment | | C | Tinea infections of thickened skin of palms and soles. | Apply sparingly to affected area once or twice daily. | |
| Benzoin Compound Tincture | | C | Infected skin, lesions, cuts, abrasions, wounds and burns. | Apply undiluted to the skin 1 or 2 times daily. Duration of therapy, may be weeks to months depending on the infection being treated. | |
| Benzoyl Peroxide 5% Gel | | B | Mild to moderate acne vulgaris. | Apply 1-2 times daily preferably after washing with soap and water. | |
| Benzydamine HCl 0.15% Solution | | 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. | |
| Benzydamine Hydrochloride 3.0 mg/ml throat Spray | OTORINOLARINGOLOGI | A* | Temporary relief of painful conditions of the mouth and throat including tonsillitis, sore throat, radiation mucositis, aphthous ulcers, pharyngitis, swelling, redness, inflammatory conditions, post-orosurgical and periodontal procedures. (For pediatric and otorhinolaringology use. | ADULTS and CHILDREN OVER 12 YEARS: 2-4 sprays (1-2mg) directly onto the sore/inflamed area and swallow gently. Repeat every 1 1/2 to 3 hours as necessary. CHILDREN 6-12 YEARS: 2 sprays (1mg) directly onto sore/ inflamed area and swallow gently. Repeat every 11/2 to 3 hours as necessary. CHILDREN UNDER 6 YEARS: Not recommended. Uninterrupted treatment should not exceed | |

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| | | | Restrict to patients who are not able to gargle). | seven days, unless under medical supervision. | |
| Benzyl Benzoate 25 % Emulsion (Adult) | | C+ | Scabies for adult and children more than 12 years old. | After bath, apply over the whole body, neck down and leave on for 24 hours then wash off. Reapply for another 24 hours, the first repeat application should be within 5 days of the initial application, a third application may be required in some cases. | |
| Benzylpenicillin 1 mega unit (600 mg) Injection | | B | i) Infections caused by susceptible organisms.<br>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.<br>ii) 7.2 to 12g (12 - 20 mega units) maybe given daily in divided doses. | |
| Benzylpenicillin 5 mega units (3 g) Injection | | B | i) Infections caused by susceptible organisms.<br>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.<br>ii) ADULT: 7.2 g daily by slow IV infusion in 6 divided doses. | |
| Beractant Intratracheal Suspension (200 mg phospholipids in 8 ml vial) | PEDIATRIK | 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. | |

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| Betahistine Dihydrochloride 24 mg Tablet | | A/KK | i) Meniere's Syndrome as defined by the following core symptoms: - Vertigo (with nausea/vomiting). - Hearing loss (Hardness of hearing). - Tinnitus (ringing in the ears). ii) Symptomatic treatment of vestibular vertigo. | 24-48mg in divided doses daily. | |
| Betamethasone 17-Valerate 0.1% Cream | | A/KK | Potent topical corticosteroid indicated for adults, elderly and child over 1 year for relief of inflammatory and pruritic manifestation of steroid responsive dermatoses. | Apply sparingly to affected area 2 times daily then reduced to once daily when improvement occurs. | |
| Betamethasone 17-Valerate 0.1% Ointment | | A/KK | Potent topical corticosteroid indicated for adults, elderly and child over 1 year for relief of inflammatory and pruritic manifestation of steroid responsive dermatoses. | Apply sparingly to affected area 2 times daily then reduced to once daily when improvement occurs. | |
| Bicalutamide 50 mg Tablet | | A* | Androgen deprivation therapy in advanced prostate cancer in combination with luteinising hormone-releasing hormone (LHRH) analogue therapy or surgical castration. | 50 mg once daily. (morning or evening), with or without food. Take on the same time each day. Adult: When used with gonadorelin analogue: Usual dose: 50 mg once daily. May be started with or at least 3 days before starting gonadorelin analogue therapy. | |
| Bimatoprost 0.01% ophthalmic solution | OFTALMOLOGI | A* | Bimatoprost 0.01% ophthalmic solution is indicated for the reduction of elevated intraocular pressure in chronic open-angle glaucoma and ocular hypertension in adults (as monotherapy or as adjunctive therapy to | One drop in the affected eye(s) once daily, administered in the evening. The dose should not exceed once daily, as more frequent administration may lessen the intraocular pressure lowering effect. | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | beta blockers). (for 2nd line). | | |
| Bisacodyl 10 mg Suppository | | C | i) Constipation.<br>ii) Bowel preparation for radiological procedures and surgery. | i) ADULT and CHILD (over 10 years): 10 mg per rectal; CHILD (4 to 10 years): 5 mg per rectal.<br><br>ii) ADULT and CHILD (over 10 years: )10 to 20 mg; CHILD (4 to 10 years): 5 mg the following morning before procedures insert rectally. | |
| Bisacodyl 5 mg Tablet | | C | i) Constipation.<br>ii) Bowel preparation for radiological procedures and surgery. | i) ADULT and CHILD (over 10 years): 5 to 10 mg;<br>CHILD (4 to 10 years): 5 mg. To be taken at night for effect on the following morning.<br><br>ii) ADULT and CHILD (over 10 years): 10 mg in the morning and 10 mg in the evening the day before procedures; CHILD (4 to 10 years): 5 mg the night before procedures. | |
| Bisoprolol Fumarate 2.5 mg Tablet | | B | i) Hypertension.<br>ii)Coronary heart disease (angina pectoris).<br>iii) Treatment of stable congestive cardiac failure in addition to ACEI's and diuretics. | 1.25 mg once daily, gradually titrate to maximum tolerable dose (i) & (ii): Max: 20mg/ day.<br>(iii): Max 10mg/ day. | |
| Bisoprolol Fumarate 5 mg Tablet | | B | i) Hypertension.<br>ii)Coronary heart disease (angina pectoris).<br>iii) Treatment of stable congestive cardiac failure in addition to ACEI's and diuretics. | 1.25 mg once daily, gradually titrate to maximum tolerable dose (i) & (ii): Max: 20mg/ day.<br>(iii): Max 10mg/ day. | |
| Bleomycin 15 mg Injection | | A | Solid tumours;<br>Lymphomas. | 15 - 30 mg weekly in divided doses or 10 - 20 mg/m2 once or twice weekly or 10 mg/m2 slow bolus in 15 minutes D1 and D15. Total dosage:should not exceed 300 mg. CHILD: 10 - 15 mg/m2 over 6 hours every 3 - 4 weeks (Routes: SC, IM, IV (either as | |

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| | | | | bolus or as infusion over 24 hours), intra-arterial, intra-pleural). | |
| Bortezomib 3.5mg Injection | HEMATOLOGI | A* | Treatment of multiple myeloma. | 1.3 mg/m2 bodysurfacearea twice weekly for two weekson days 1, 4, 8, and 11 in a 21-day treatment cycle. At least 3 days should elapse between consecutive doses of bortezomib. | |
| Bosentan 125 mg Tablet | KARDIOLOGI, KARDIOLOGI PEDIATRIK | A* | Treatment of pulmonary arterial hypertension (PAH) in patients of WHO functional class II-IV. | Initially 62.5 mg bd for 4 weeks, then increase to the maintenance dose of 125 mg bd. | |
| Brimonidine Tartrate 0.15% Ophthalmic | OFTALMOLOGI | A* | Lowering of intraocular pressure in patients with open-angle glaucoma or ocular hypertension. | 1 drop in the affected eye(s) 3 times daily. | C/S |
| Brinzolamide 1% and Brimonidine tartrate 0.2% ophthalmic Suspension | OFTALMOLOGI | A* | Decrease of elevated intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension for whom monotherapy provides insufficient IOP reduction. | 1 drop in the affected eye(s) 2 times daily. | C/S |
| Brinzolamide 1% ophthalmic Suspension | OFTALMOLOGI | A* | Indicated for the treatment of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension. | 1 drop 2 times daily. Some patients may have a better response with one drop three times a day. The dose should not exceed 1 drop in the affected eye(s) 3 times daily. | C/S |
| Brolucizumab 120mg/mL solution for Injection | | A* | Indicated in adults for the treatment of neovascular (wet) age related macular degeneration (nAMD). | The recommended dose is 6 mg brolucizumab (0.05 ml solution) administered by intravitreal injection every 4 weeks (monthly) for the first 3 doses. Thereafter, the physician may individualise treatment intervals based on disease activity as assessed by visual acuity and/or anatomical parameters. A disease activity assessment is suggested 16 weeks (4 months) after treatment start. In patients | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | without disease activity, treatment every 12 weeks (3 months) should be considered. In patients with disease activity, treatment every 8 weeks (2 months) should be considered. If visual and anatomical outcomes indicate that the patient is not benefiting from continued treatment, brolucizumab should be discontinued. | |
| Bromazepam 3 mg Tablet | | 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. | |
| Bromhexine HCl 4 mg/2 ml Injection | | A | Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport. | 4mg IM or IV 2 - 3 times daily (maximum 12mg/day). | |
| Bromhexine HCl 4 mg/5 ml Oral Solution | | B | Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport. | Adult: 8-16 mg three times daily. Children: By body weight: 0.3 mg/kg/day 8 hourly for 7 days, then 0.15 mg/kg/day 8 hourly; or Based on age: 6-12 years – 4mg three times daily; 2-6 years – 2mg three times daily; Less than 2 years – 1mg three times daily. | |
| Bromhexine HCl 8 mg Tablet | | C | Secretolytic therapy in acute and chronic bronchopulmonary diseases associated with abnormal mucous secretion and impaired mucous transport. Prescribing Restriction(s): Medical Assistant in health settings without Medical Officer is allowed to prescribe this medicine for adult use only. | Adult: 8-16 mg three times daily. Children: By body weight: 0.3 mg/kg/day 8 hourly for 7 days, then 0.15 mg/kg/day 8 hourly; or Based on age: 6-12 years – 4 mg three times daily; 2-6 years – 2 mg three times daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Bromocriptine Mesilate 2.5 mg Tablet | | A/KK | i) Hypogonadism, galactorrhoea, infertility in men and women, cyclical benign breast and menstrual disorders.<br>ii) Acromegaly.<br>iii) Hyperprolactinaemia, prolactinomas.<br>iv) Parkinson's disease. | i) Initial dose of 1.25-2.5mg once daily at bedtime. Dose may be increased by 2.5mg/day every 3 to 7 days as tolerated to a total of 5 to 7.5mg daily in divided doses.<br>ii) 1.25 - 2.5 mg at bedtime for 3 days and may be increased by 1.25 - 2.5 mg every 3 to 7 days up to 30 mg a day in divided doses.<br>iii) Initial dose of 1.25mg, two or three times a day. Increase dosage gradually over several weeks to 10 - 20mg a day in divided doses. Higher doses may be required.<br>iv) Initial dose of 1.25 mg one or two times a day. Dose may be increased by 2.5mg/day increments in 2 -to 4-week intervals as needed. Maintenance dose ranges from 10 to 30mg daily in divided doses. Dosing is individualised and according to product insert/protocol. | |
| Budesonide 160 mcg and Formoterol 4.5 mcg Inhalation | | A/KK | i) Category of prescriber A/KK: Regular treatment of asthma where use of a combination (inhaled corticosteroid and long-acting beta2-agonist) is appropriate:- - Patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta2-agonists. or - Patients already adequately controlled on both inhaled | Asthma Maintenance therapy Adult ≥18 yr 160 mcg to 320 mcg bd. Some patients may require up to a max of 640 mcg bd. Adolescent 12-17 yr 160 mcg to 320 mcg bd. Childn 6-11 yr 160 mcg bd, <6 yr Not recommended. Maintenance & relief Adult ≥18 yr 320 mcg/day either as 160 mcg bd or 320 mcg either morning or evening. For some patients a maintenance dose of 320 mcg bd may be appropriate. Patients should take 160 mcg additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an | |

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| | | | corticosteroids and long-acting beta2-agonists. Category of prescriber A*: ii) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more iii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators. | additional inhalation should be taken. Not more than 960 mcg should be taken on any single occasion. A total daily dose of more than 1280 mcg is not normally needed, however a total daily dose of up to 1920 mcg could be used for a limited period. Patients using more than 1280 mcg daily should seek medical advice, should be reassessed & their maintenance therapy reconsidered. Childn & adolescent <18 yr Not recommended. COPD Adult ≥18 yr 320 mcg bd. | |
| Budesonide 200 mcg/dose Inhalation | | 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. | |
| Budesonide 500 mcg/2 ml Nebuliser Solution | | B | Treatment of asthma in patients where use of a pressurized inhaler or dry powder formulation is unsatisfactory or inappropriate. | 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. | |
| Bumetanide 0.5 mg/ml Injection | | A* | Oedema used in furosemide allergic patient. | IV injection: 1 - 2 mg repeated after 20 mins. IV infusion: 2 - 5 mg over 30 - 60 mins. | |
| Bumetanide 1 mg Tablet | | A* | Oedema used in furosemide allergic patient. | 1 mg in the early evening. Max: 10mg daily | |
| Bupivacaine 0.5 % Heavy Injection | | A | Used for spinal anaesthesia. | ADULT: 2 - 4 ml. Not to exceed 2 mg/kg in a single dose. | C/S |
| Bupivacaine 0.5 % Injection | | 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 - | |

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| | | | | 30 ml in adults of average weight. | |
| Bupivacaine 0.5 % with Adrenaline 1:200,000 Injection | | 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. | |
| Busulfan 2 mg Tablet | | A | i) Chronic myeloid leukaemia (CML) and other myeloproliferative diseases.<br>ii) Haemopoietic stem cell transplant (HSCT)- refer to specific protocols. | i) ADULT: Initial: 2 - 4 mg daily. Maintenance: 0.5 - 2 mg daily. Stop when white blood cell less than 20 x 109/L. CHILD: 60 mcg/kg body weight daily.<br>ii) CHILD: Induction 60 mcg/kg body weight daily (maximum 4 mg) if leucocytes more than 20,000/mm3 and platelets more than 100,000/mm3. Maintenance 10 - 30mcg/kg (maximum 2 mg daily). | |
| Cabergoline 0.5 mg Tablet | ENDOKRINOLOGI, O&G | A* | i) Inhibition of physiological lactation soon after parturition.<br>ii) Suppression of established lactation.<br>iii) Treatment of hyperprolactinaemic disorders. | i) 1 mg as a single dose during the first post-partum day.<br>ii) 0.25 mg every 12 hours for 2 days.<br>iii) Initial: 0.5 mg/week given in one or two divided weekly doses. May gradually increase dose by 0.5 mg/week no sooner than every 4 weeks until an optimal therapeutic response is achieved. Usual dose range: 0.25 mg to 2 mg/week (higher doses >1 mg /week may be divided in as many as 3 to 4 divided doses). | |
| Calamine Cream | | C+ | Soothes and relieves nappy rashes, prickly heat, minor skin irritations, insect bites and sunburn, Pruritic skin conditions. | Apply to the affected area as required, 1-3 times daily. | |
| Calamine Lotion | | 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. | |

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| Calcitriol 0.25 mcg Capsule | | A/KK | i) Osteoporosis.<br>ii) Chronic kidney disease-mineral bone disorder.<br>iii) Hypoparathyroidism and pseudohypoparathyroidism.<br>iv) Rickets and osteomalacia. | i) 0.25 mcg 2 times daily.<br>ii) ADULT and CHILD 3 years and older: Initial dose: 0.25 mcg. In patients with normal or only slightly reduced serum calcium levels, doses of 0.25 mcg every other day is sufficient. Dosage may be increased if necessary to 0.5 mcg/day. Maintenance dose: 0.5-1mcg daily CHILD less than 3 years: 10 to 15 ng/kg/day.<br>iii) and iv) 0.25 mcg/day given in the morning. | |
| Calcitriol 1 mcg/ml Injection | | 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. | |
| Calcium Carbonate 500 mg Capsule | NEFROLOGI | B | To be used only for:<br>i) Hyperphosphatemia (phosphate binder) in chronic renal failure patients.<br>ii) Calcium supplementation. | i) Total dose of elemental calcium from calcium-based phosphate binder not to exceed 1,500 mg/day. Dosing is individualised based on serum phosphate level and according to product insert/protocol.<br>ii) 500 mg to 4g per day as calcium carbonate in 1-3 divided doses (500mg capsule contains 200mg elemental calcium) Dosing is individualised based on serum calcium level and according to product insert/protocol. | |
| Calcium Carbonate 500 mg Tablet | | B | To be used only for:<br>i) Hyperphosphatemia (phosphate binder) in chronic renal failure patients.<br>ii) Calcium supplementation. | i) Total dose of elemental calcium from calcium-based phosphate binder not to exceed 1,500 mg/day. Dosing is individualised based on serum phosphate level and according to product insert/protocol.<br>ii) 500 mg to 4g per day as calcium carbonate in 1-3 divided doses (500mg capsule contains 200mg elemental calcium) | |

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| | | | | Dosing is individualised based on serum calcium level and according to product insert/protocol. | |
| Calcium Chloride Dihydrate, Sodium Chloride, Magnesium Chloride Hexahydrate, Sodium Acetate Trihydrate,Potassium Chloride, and Malic Acid Solution | | 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. | |
| Calcium Gluconate 10% Injection | | B | i) Acute hypocalcaemia.<br>ii) Hypocalcaemic tetany.<br>iii) Cardiac resuscitation. | i) ADULT: 1 to 2 g (2.2 to 4.4 mmol).<br>CHILD: 50mg/kg/dose (0.5ml/kg/dose) IV short infusion over at least 10 to 20 minutes, per dose. Max: 20ml per dose;<br>ii) ADULT: 1g (2.2 mmol) by slow IV injection followed by continuous infusion of 4 g (8.8 mmol) daily;<br>iii) IV or intracardiac injection, 1g (2.2mmol).<br>Dosing is individualised and according to product insert/protocol. | |
| Calcium Lactate 300 mg Tablet | | C | For prophylaxis of calcium deficiency and treatment of chronic hypocalcaemia. | ADULT: 300mg - 600mg (as elemental Ca) daily in in divided doses. Dosing is individualised and according to product insert/protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Calcium Polystyrene Sulphonate Powder | | A/KK | Hyperkalemia resulting from acute or chronic renal failure. | ADULT: 15 – 30g daily in 2-3 divided doses. Each dose should be suspended in 30 – 50ml of water and administered orally at least 3 hours before or 3 hours after other oral medications.<br><br>CHILD: 0.125-0.25g/kg orally or rectally 4 times per day (max: 10g/dose).<br>NEONATE: 0.125-0.25g/kg rectally 4 times/day. Evacuate the resin 8-12 hours after the last dose with glycerine enema.<br>(Oral route is CONTRAINDICATED in neonates).<br><br>Dosing is individualised and according to product insert/protocol. | |
| Calfactant 35mg/ml intratracheal suspension | PEDIATRIK | A* | For the prevention of Respiratory Distress Syndrome (RDS) in premature infants at high risk for RDS and for the treatment (“rescue”) of premature infants who develop RDS.<br>Prophylaxis: Indicated for premature infants <29 weeks of gestational age at significant risk for RDS. Should be administered as soon as possible, preferably within 30 minutes after birth.<br>Treatment: Indicated for infants ≤72 hours of age with RDS (confirmed by clinical and radiologic findings) and requiring endotracheal intubation. | 3mL/kg body weight at birth to be administered every 12 hours for total up to 3 doses. Should only be administered intratracheally though an endotracheal tube. The dose is drawn into a syringe from the single-use vial using a 20-gauge or larger needle with care taken to avoid excessive foaming. Administration is made by instillation of the calfactant suspension into the endotracheal tube. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Capecitabine 500 mg Tablet | | A* | i) Metastatic breast cancer; ii) Treatment of colorectal cancer in adjuvant and metastatic setting; iii) advanced oesophagogastric cancer in combination with a platinum-based regimen. | i. As monotherapy or in combination with docetaxel: 1250 mg/m2 twice daily for 2 weeks followed by a 7-day rest period.<br>ii. As monotherapy: 1250 mg/m2 twice daily (morning and evening) for 2 weeks, followed by a 7-day rest period. As combination: 1000 mg/m2 twice daily for 2 weeks followed by a 7-day rest period.<br>iii. In combination with a platinum: 1000 mg/m2 twice daily for 14 days followed by a 7 day rest period. Dosing is individualised and according to product insert/ treatment protocol. | |
| Captopril 25 mg Tablet | | B | i) Hypertension.<br>ii) Congestive heart failure.<br>iii) Post-myocardial infarction.<br>iv) Diabetic kidney disease. | i) Initial: 25-75mg in 2-3 divided doses Maintenance: 100-150mg in 2-3 divided doses.<br>ii) Initial: 6.25-12.5mg 2-3 times daily Maintenance: 75-150mg daily in divided doses.<br>iii) Initial: 6.25mg followed by 12.5mg and then 25mg Maintenance: 75-150mg daily in 2-3 divided doses.<br>iv) 75-100 mg in divided doses Dosing is individualised and according to product insert / protocol. | |
| Carbachol 0.01% Intraocular Solution | | A | For intraocular use for miosis during surgery. | Instill no more than 0.5 ml gently into the anterior chamber. | C/S |
| Carbamazepine 100 mg/5 ml (2% w/v) Syrup | | 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.<br>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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | mg daily. Alternatively, 10-20 mg/kg body weight daily in divided doses. Max: Adult: 1.6 g daily. | |
| Carbamazepine 200 mg CR Tablet | | A | i) Epilepsy.<br>ii) Trigeminal Neuralgia.<br>iii) Idiopathic glossopharyngeal neuralgia.<br>iv) Acute mania and maintenance of bipolar affective disorder to prevent or attenuate recurrence. | ADULT: Initial, 200 mg twice daily for the first week, may increase dosage by 200 mg/day at weekly intervals until optimal response is obtained. Maximum 1.6 g/day. CHILD: usual maximum dosage 1000 mg/day in children 12-15 years of age, 1200 mg/day in patients above 15 years of age. | |
| Carbamazepine 200 mg Tablet | | B | i) Epilepsy.<br>ii) Trigeminal neuralgia. | i) ADULT: 100 - 200 mg 1 - 3 times daily increased gradually to usual dose of 0.8 - 1.2 g daily in divided doses. CHILD: Up to 1 year: 100 - 200 mg daily; 1 - 5 yrs: 200 - 400 mg daily; 5 - 10 years: 400 - 600 mg daily; 10 - 15 years: 0.6 - 1 g daily ii) The initial dosage of 200 to 400mg should be slowly raised daily until freedom from pain is achieved (normally at 200mg 3 to 4 times daily). The dosage should then be gradually reduced to the lowest possible maintenance level. In elderly patients, an initial dose of 100mg twice daily is recommended. | |
| Carbamazepine 400 mg CR Tablet | | A | i) Epilepsy.<br>ii) Trigeminal Neuralgia.<br>iii) Idiopathic glossopharyngeal neuralgia.<br>iv) Acute mania and maintenance of bipolar affective disorder to prevent or attenuate recurrence. | ADULT: Initial, 200 mg twice daily for the first week, may increase dosage by 200 mg/day at weekly intervals until optimal response is obtained. Maximum 1.6 g/day. CHILD: usual maximum dosage 1000 mg/day in children 12-15 years of age, 1200 mg/day in patients above 15 years of age. | |
| Carbamide (Urea) 10 % Cream | | B | Contact irritant dermatitis, infantile eczemas, acute and | Apply sparingly and rub into affected area 2 - 3 times daily | |

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| | | | chronic allergic eczemas, icthyosis, hyperkeratotic. | and when required after cleansing skin. | |
| Carbetocin 100 mcg/ ml Injection | | A* | Prevention of uterine atony and postpartum hemorrhage following elective cesarean section under epidural or spinal anaesthesia. | A single IV dose of 100mcg (1ml) is adminitered by bolus injection, slowly over 1 minute, only when delivery of the infant has been completed by caesarean section under epidural or spinal anaesthesia, before or after delivery of the placenta. | |
| Carbimazole 5 mg Tablet | | B | Hyperthyroidism. | ADULT: Initially, 10-60mg daily in divided doses given 8 hourly. Maintenance: 5 to 20mg daily. CHILDREN > 6 years: Initially 15mg daily in divided doses. CHILDREN 1-6 years: Initially 7.5mg daily in divided doses. | |
| Carboplatin 150 mg Injection | | A* | i) Solid tumours.<br>ii) Salvage therapy for lymphoma. | 360 - 400 mg/m2 BSA, by IV infusion over 15 mins to 1 hour on Day 1 every 4 weeks. Alternatively, prescription may be based on Area Under Curve (AUC) calculations. CHILD: 500-600 mg/m2 over 1 hour once every 3 weeks. Salvage regimes in lymphomas - refer to specific protocols. Starting dose in renal impairment, please refer to product insert. | |
| Carboplatin 450 mg Injection | | A* | i) Solid tumours.<br>ii) Salvage therapy for lymphoma. | 361 - 400 mg/m2 BSA, by IV infusion over 15 mins to 1 hour on Day 1 every 4 weeks. Alternatively, prescription may be based on Area Under Curve (AUC) calculations. CHILD: 500-600 mg/m2 over 1 hour once every 3 weeks. Salvage regimes in lymphomas - refer to specific protocols. Starting dose in renal impairment, please refer to product insert. | |
| Carboprost Tromethamine 250 mcg Injection | | A* | Treatment of refractory postpartum haemorrhage unresponsive to | Initially 250 mcg deep IM inj. The dose may be repeated at intervals of 15-90 min if | C/S |

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| | | | conventional methods of management. | necessary. Max total dose: 2000 mcg (8 doses). | |
| Cardioplegia solution containing Potassium Chloride, Magnesium chloride & Procaine HCl Injection | KARDIO-ANEST | A* | For myocardial preservation (prevent myocardial damage) during cardiac surgery. | Dilute 20 ml to 1 L of Ringer solution (cooled to 2-8 °C prior to use). Initial rapid instillation into aortic root at 300 ml/m≤ body surface area/min for 3 minutes. Should myocardial activity persist or recur instill at 300ml/m≤ body surface area/min for 2 minutes. | UKK |
| Carvedilol 25 mg Tablet | | A/KK | i) Treatment of all patients with stable and symptomatic, mild, moderate and severe chronic heart failure in combination with ACEis and diuretics.<br>ii) Hypertension.<br>iii) Angina pectoris. | i) Initial: 3.125mg twice daily for 2 weeks Maintenance: Titrate up to as tolerated Max: <85 kg: 25 mg twice daily >85 kg: 50 mg twice daily.<br>ii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 50mg daily in 1 or 2 divided doses.<br>iii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 100mg daily in 1 or 2 divided doses Dosing is individualised and according to product insert / protocol. | |
| Carvedilol 6.25 mg Tablet | | A/KK | i) Treatment of all patients with stable and symptomatic, mild, moderate and severe chronic heart failure in combination with ACEis and diuretics.<br>ii) Hypertension.<br>iii) Angina pectoris. | i) Initial: 3.125mg twice daily for 2 weeks Maintenance: Titrate up to as tolerated Max: <85 kg: 25 mg twice daily >85 kg: 50 mg twice daily.<br>ii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 50mg daily in 1 or 2 divided doses.<br>iii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 100mg daily in 1 or 2 divided doses Dosing is individualised and according to product insert / protocol. | |

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| Caspofungin Acetate 50 mg Injection | | A* | i) Confirmed systemic fungal infection in patients who are refractory or intolerant to other fungal therapies.<br>ii) For pediatric patient (12 month and older) for the following indications :<br>a) Empirical therapy for presumed fungal infections in febrile, neutropenic patients.<br>b) Treatment of invasive candidiasis, including candidemia and the following Candida infections ;<br>intra-abdominal abscesses, peritonitis and pleural space infections.<br>c) Treatment of esophageal candidiasis.<br>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.<br>ii) For all indications, a loading dose of 70mg/m2 on D1 followed by maintenance dose of 50mg/m2 od. | |
| Caspofungin Acetate 70 mg Injection | | A* | i) Confirmed systemic fungal infection in patients who are refractory or intolerant to other fungal therapies.<br>ii) For pediatric patient (12 month and older) for the following indications :<br>a) Empirical therapy for presumed fungal infections in febrile, neutropenic patients.<br>b) Treatment of invasive candidiasis, including | i) Invasive aspergillosis & invasive candidiasis: ADULT: Initially, 70 mg infused over 1 hour followed by subsequent doses of 50 mg/day. Oesophageal candidiasis: ADULT: 50 mg by slow IV infusion over approximately 1 hour daily.<br>ii) Child (12months to 17 years) : For all indication) A single 70mg/m2 loading dose (not to exceed an actual dose of 70mg) by slow IV infusion over 1hour; followed by 50mg/m2 (not to exceed an actual dose of 70mg). | |

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| | | | candidemia and the following Candida infections ;<br>intra-abdominal abscesses, peritonitis and pleural space infections.<br>c) Treatment of esophageal candidiasis.<br>d) Treatment of invasive Aspergillosis in patients who are refractory to or intolerant of others therapy (eg : Amphotericin B). | | |
| Cefazolin Sodium 1 g Injection | | 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. | |
| Cefepime 1 g Injection | | 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. | |
| Cefoperazone Sodium 1 g Injection | | 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. | |

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| Cefoperazone Sodium 500 mg & Sulbactam Sodium 500 mg Injection | | 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. | |
| Cefotaxime 1 g Injection | | 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. | |
| Cefotaxime 500 mg Injection | | 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. | |
| Ceftazidime 1 g Injection | | 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. | |
| Ceftazidime 2 g Injection | | 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. | |
| Ceftazidime 2g & Avibactam 0.5g Injection | PERUBATAN ID (ABX) | A* | i. Complicated intra-abdominal infection, in combination with metronidazole; ii. Complicated urinary tract infection, including pyelonephritis; iii. Hospital-acquired pneumonia, including ventilator-associated pneumonia. | Ceftazidime 2g / Avibactam 0.5g vial three times daily by intravenous infusion over 2 hours in patients 18 years or older for 5 to 14 days | |
| Ceftriaxone 1g Injection | | 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: | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | 20 - 50 mg/kg body weight daily, not to exceed 50 mg/kg. | |
| Cefuroxime Axetil 125 mg Tablet | | A/KK | Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI). | ADULT:<br>Most infections: 250 mg twice daily<br>Severe infections: 500mg twice daily<br><br>CHILD:<br>Most infections: 125mg twice daily or 30 mg/kg/day in 2 divided doses, up to 500 mg daily<br>Severe infections: 250mg twice daily<br><br>Dosing is individualised and according to package insert | |
| Cefuroxime Axetil 125 mg/5 ml Suspension | | A | Infections caused by susceptible organisms. | 30 mg/kg/day in 2 divided doses, up to 500 mg daily. | |
| Cefuroxime Axetil 250 mg Tablet | | A/KK | Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI). | ADULT:<br>Most infections: 250 mg twice daily<br>Severe infections: 500mg twice daily<br><br>CHILD:<br>Most infections: 125mg twice daily or 30 mg/kg/day in 2 divided doses, up to 500 mg daily<br>Severe infections: 250mg twice daily<br><br>Dosing is individualised and according to package insert | |
| Cefuroxime Sodium 1.5 g Injection | | 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. | |

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| Cefuroxime Sodium 750 mg Injection | | 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. | |
| Celecoxib 200 mg Capsule | | A/KK | i) Osteoarthritis.<br>ii) Rheumatoid Arthritis.<br>iii) Acute pain.<br>iv) Ankylosing Spondylitis. | i) ADULTS: 200 mg once daily. May increase to 200 mg bid, if necessary. CHILD not recommended.<br>ii) 100mg twice daily, increased if necessary to 200 mg 2 times daily; CHILD not recommended.<br>iii) 400mg as a single dose on first day followed by 200mg once daily on subsequent days.<br>iv) Initial, 200 mg once daily or 100 mg twice daily; if no effect after 6 weeks, may increase to max. 400 mg daily in 1-2 divided doses. If no response following 2 weeks of treatment with 400 mg/day, consider discontinuation and alternative treatment. | |
| Cephalexin Monohydrate 125 mg/5 ml Syrup | | B | Respiratory tract infections, ear, nose and throat infections, urinary tract infections, obstetric and gynaecologic infections. | CHILD: 25 - 100 mg/kg/day every 6 hourly. Maximum: 4 g daily. | |
| Cephalexin Monohydrate 250 mg Capsule | | B | i) Respiratory tract infection, urinary tract infection.<br>ii) Complicated, recurrent or chronic infections, bronchitis.<br>iii) Pneumonia. | i) 250 mg 6 hourly.<br>ii) 250 - 500 mg 6 hourly.<br>iii) 1 - 1.5 g 3 times daily or 4 times daily. Maximum: 6 g/day<br>Child: 25-100 mg/kg daily in divided doses. Max: 4 g daily. | |
| Ceritinib 150mg Hard Capsules | RESPIRATORI | A* | Monotherapy, first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC). | 450mg orally once daily with food until disease progression or unacceptable toxicity. | |

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| Cetirizine HCl 10 mg Tablet | | B | Urticaria, allergic dermatoses (insect bites, atopic eczema), perennial rhinitis, allergic rhinitis. | ADULT and CHILD over 6 years:10 mg daily or 5 mg twice daily.<br>Child 2-6 years: 5 mg once daily or 2.5 mg twice daily. | |
| Cetrimide 1% Lotion | | C+ | As shampoo and cleansing agent. | Apply to affected area. | |
| Charcoal, Activated 250 mg Tablet | | C | i) Diarrhoea and food poisoning.<br>ii) Reduce absorption of drugs, plant, inorganic poison and chemicals in poisoning cases. | i) ADULT: 500mg -1000mg given 3-4 times daily.<br>CHILD (up to 12 years): 250-500mg 3-4 times daily.<br>ii) ADULT and CHILD over 12 years: initial 25-100 g or 1-2g/kg; repeat initial dose as soon as possible or 25-50 g every 4-6 hours.<br>CHILD (up to 12 years): 0.5 to 1 g/kg/dose (Maximum: 50 g/dose). Dose may be repeated every 2-6 hours as needed. | |
| Charcoal, Activated 50 g Granules | | A | Emergency treatment of acute oral poisoning and drug overdose. | ADULT and CHILD 12 years and above:<br>Acute poisoning: 50 to 100g in suspension.<br>Severe poisoning: 50 to 100g as an initial dose followed by 20g every 4 to 6 hours.<br>CHILD up to 12 years: 1 g/kg/dose (Maximum: 50 g/dose).<br>Dose may be repeated every 4 to 6 hours as needed.<br>Dosing is individualised and according to product insert/protocol. | |
| Chlorambucil 2 mg Tablet | HEMATOLOGI | A | Low grade lymphoma, chronic lymphocytic leukaemia. Ovarian cancer. | General : Initial :0.1 -0.2 mg/kg body weight daily for 4 - 8 weeks maintanance : given either by reduced daily dosage or intermittent course of treatment.<br>Chronic Lymphocytic Leukaemia: initial : 0.15mg/kg/day untill total leukocyte count has fallen to 10,000peruL, then resumed treatment untill 4 weeks after | |

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| | | | | the end of the first course then continued at a dosage 0.1mg/kg/day. | |
| Chloramphenicol 0.5% Eye Drops | | C | Ophthalmic infections. | Instill 1 drop of a 0.5% solution every 2 hr. Increase dosage interval upon improvement. | |
| Chloramphenicol 1% Eye Ointment | | 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. | |
| Chloramphenicol 5% w/v Ear Drops | | C | Acute otitis media, otitis externa with perforation. | Apply 2 - 3 drops into the ear 2 - 3 times daily. Not to be used for long term. | |
| Chlorhexidine 1:200 (0.5%) in Alcohol (Hand Disinfectant) | | C+ | Use as hand disinfectant for pre-surgical operation and skin disinfectant. | Pre-op surgical hand disinfection: Spread 5ml throughly over both hands and forearms, rubbing vigorously. When dry apply a further 5ml and repeat procedure. Antiseptic hand disinfection on the ward: Spread 3ml throughly over the hands and wrist rubbing vigorously until dry. Disinfection of patient's skin: Prior to surgery, apply to a sterile swab and rub thoroughly over the operation site for a minimum of 2 mins. | |
| Chlorhexidine Gluconate 0.2 % Mouthwash | | C | As a gargle. | Rinse mouth with 10 ml for about 1 minute twice daily. | |
| Chlorhexidine gluconate 1% cream | | C+ | For disinfection or lubricating during gynaecological and obstetric procedures or childbirth. | Apply as required on affected area after cleaning. | |
| Chlorhexidine Gluconate 2% in Alcohol 70% Solution | | 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 acces:Apply to catheter ports or hubs prior to accessing the line for administering fluids or injections. | |

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| Chlorhexidine Gluconate 4% Scrub | | C+ | Surgical hand scrub/disinfection, pre-op skin preparation. | Surgical hand disinfection: Apply 5ml to clean hands and forearms for 1 min. Rinse and repeat with another 5ml for a further 2 mins and then rinse and dry. General skin disinfection: Apply appropriate quantity to wet area and scrub for 1 min. Rinse thoroughly & dry. | |
| Chlorhexidine Gluconate 5% Solution | | C+ | Use as antiseptic and disinfectant in:<br>i) Preoperative skin disinfection.<br>ii) Emergency disinfection of instruments.<br>iii) Wounds or burns. | To be used as diluted solution:<br>(i) 0.5 % w/v Aqueous solution : Dilute 10 ml of solution with 70% alcohol up to 100ml.<br>(ii) 0.5 % w/v Aqueous solution : Dilute 10 ml of solution with 70% alcohol up to 100ml. Immerse for 2 minutes<br>(iii) 0.05 % w/v aqueous solution : Dilute 1 ml of solution with 100 ml of sterile water. | |
| Chlorinated Lime Solution & Buffered Acetate Solution | | C | Use as skin disinfectant for wound and ulcer cleansing. | Apply to affected areas undiluted as a cleansing agent. | |
| Chlorpheniramine Maleate 10 mg/ml Injection | | 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. | |
| Chlorpheniramine Maleate 2 mg/5 ml Syrup | | C | Symptomatic treatment of allergic conditions responsive to antihistamine. | CHILD 2 - 5 years : 1 mg every 4 - 6 hours (maximum 6 mg daily) 6 - 12 years : 2 mg every 4 - 6 hours (maximum 12 mg daily). | |
| Chlorpheniramine Maleate 4 mg Tablet | | C | Symptomatic treatment of allergic conditions responsive to antihistamines. | ADULT : 4 mg every 4 - 6 hours. Maximum 24 mg daily. CHILD 2 - 5 years : 1 mg every 4 - 6 hours (maximum 6 mg daily) 6 - 12 years : 2 mg every 4 - 6 hours (maximum 12 mg daily). | |
| Chlorpromazine HCl 100 mg Tablet | | B | i) Psychotic conditions.<br>ii) Anti-emetic. | ADULT: Initial: 25-50mg two-three times daily Maintenance: 25-100mg two- three times daily CHILD: Not recommended. Dosing is according to product insert / protocol. | |

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| Chlorpromazine HCl 25 mg Tablet | | B | i) Psychotic conditions.<br>ii) Anti-emetic. | ADULT: Initial: 25-50mg two-three times daily Maintenance: 25-100mg two- three times daily CHILD: Not recommended. Dosing is according to product insert / protocol. | |
| Cholestyramine Resin 4 Gram | ENDOKRINOLOGI | A | i) Hypercholesterolemia.<br>ii) Familial hypercholesterolemia - heterozygous.<br>iii) Generalized atherosclerosis.<br>iv) Diarrhoea due to bile acid malabsorption.<br>v) Pruritus of skin associated with partial biliary obstruction. | Hypercholesterolemia: Adjunct: initial, 4 g orally 1-2 times daily, maintenance, 8 to 16 g in divided doses, max 24 g daily CHILD: 50 - 150 mg/ kg 6 - 8 hourly oral. | UKK |
| Choline Salicylate 8.7%, Cetylkonium Chloride 0.01% Dental Gel | | B | For relief of the pain and discomfort in mouth ulcers and sores, infant teething and denture irritation. | Apply to area 4 times daily. | |
| Chorionic Gonadotrophin Human (HCG) 5000 IU Injection | O&G | A* | In the female: i) Ovulation induction in subfertility due to anovulation or impaired follicle-ripening.<br>ii) Preparation of follicles for puncture in controlled ovarian hyperstimulation (for assisted reproductive technologies).<br>iii) Luteal phase support.<br>In the male:<br>iv)Hypogonadotropic hypogonadism(also cases of idiopathic dysspermias have shown a positive response to gonadotropins),<br>v) Delayed puberty associated with insufficient gonadotropic pituitary function | i & ii) 5,000-10,000 IU stat once optimal stimulation of follicular growth is achieved.<br>iii) Up to three repeat injections of 1000 to 3000 IU may be given within 9 days following ovulation or embryo transfer (E.g.: on day 3, 6 and 9 after ovulation induction).<br>iv) 1000 - 2000 IU, two to three times per week.<br>v)1500IU two to three times weekly for at least six months.<br>vi) < 2 years of age: 250 IU twice weekly for six weeks < 6 years of age: 500 - 1000 IU twice weekly for six weeks > 6 years of age: 1500 IU twice weekly for six weeks. | |

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| | | | vi) cryptorchidism not due to an anatomic obstruction. | | |
| Ciclesonide 160mcg Inhaler | | A* | Prophylactic treatment of asthma in adults, adolescents and children over 6 years.<br>Prescribing restriction: The use of this drug in MOH is restricted to paediatric patient only. | For adults and adolescents over 12 years of age with mild to moderate asthma is 160 to 640mcg per day: severe asthma dose may be increased to 1280mcg per day. | |
| Ciclosporin 100 mg Capsule | | A* | Only for: i) Patients in whom donor specific transplantation cannot be carried out and in young children to minimise side-effects of steroids.<br>ii) Follow-up cases of bone marrow transplant.<br>iii) Patients with severe rheumatoid arthritis not responding to other second line drugs.<br>iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide.<br>v) Severe aplastic anemia, pure red cell aplasia.<br>vi) Cases of recalcitrant psoriasis and atopic eczema.<br>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.<br>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.<br>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.<br>v) 12 mg/kg/day.<br>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.<br>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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Ciclosporin 100 mg/ml Oral Solution | PEDIATRIK | A* | Only for : i) Patients in whom donor specific transplantation cannot be carried out and in young children to minimise side-effects of steroids.<br>ii) Follow-up cases of bone marrow transplant.<br>iii) Patients with severe Rheumatoid arthritis not responding to other second line drugs.<br>iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide.<br>v) Severe aplastic anaemia, pure red cell aplasia.<br>vi) Cases of recalcitrant psoriasis and atopic eczema. | i & ii) Initially 12.5 - 15 mg/kg/day, beginning on the day before transplant. Maintenance approx 12.5 mg/kg/day for 3 - 6 months before being tapered off to zero by 1 year of transplantation.<br>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.<br>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.<br>v) 12 mg/kg/day.<br>vi) 2.5 mg/kg/day in 2 divided doses increasing if there is no improvement after 4 weeks by 0.5 -1 mg/kg/month up to maximum 5 mg/kg/day. | |
| Ciclosporin 25 mg Capsule | | A* | Only for: i) Patients in whom donor specific transplantation cannot be carried out and in young children to minimise side-effects of steroids.<br>ii) Follow-up cases of bone marrow transplant.<br>iii) Patients with severe rheumatoid arthritis not responding to other second line drugs.<br>iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide. | 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.<br>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.<br>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.<br>v) 12 mg/kg/day. | |

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| | | | v) Severe aplastic anemia, pure red cell aplasia.<br>vi) Cases of recalcitrant psoriasis and atopic eczema.<br>vii) Treatment of chronic ocular inflammatory disorders/uveitis. | 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.<br>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. | |
| Cimicifuga Racemosa Rhizome Extract Tablet | O&G | A | Traditionally used for the relief of hot flushes, sweating, restlessness associated with menopause. | 1 tablet twice a day (morning and evening). | |
| Cinacalcet Hydrochloride 25mg tablet | NEFROLOGI | 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. | 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. | |

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| | | | 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. | | |
| Cinnarizine 25 mg Tablet | | B | i) Vestibular disorders.<br>ii) Motion sickness. | i) ADULT and CHILD > 12years: 25mg three times a day ii) 25mg 2 hours before travel and 12.5mg every 8 hours during journey CHILD 5-12 years: Half the adult dose Dosing is according to product insert. | |
| Ciprofloxacin 200 mg/100 ml Injection | | 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. | |
| Ciprofloxacin 250 mg Tablet | | A | Treatment of infections due to susceptible bacterial strains. | ADULT: 125-750 mg twice daily. Acute gonorrhoea: a single dose of 250 mg. | |
| Ciprofloxacin 500 mg Tablet | | A | Treatment of infections due to susceptible bacterial strains. | ADULT: 125-750 mg twice daily. Acute gonorrhoea: a single dose of 250 mg. | |
| Ciprofloxacin HCl 0.3% Ophthalmic Solution | | A* | Treatment of bacterial infections caused by susceptible strains in:<br>i) corneal ulcers.<br>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 occured.<br>ii) 1 - 2 drops every 2 hours into the conjunctival sac while awake for 2 days and 1-2 drops every 4 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | hours while awake for the next 5 days. | |
| Cisatracurium Besylate 2 mg/ml Injection | | A* | As an adjunct to general anaesthesia to facilitate endotracheal intubation, to provide skeletal muscle relaxation during surgery and to facilitate mechanical ventilation. Restricted to patients with lung problem such as asthma. | Administered as bolus intravenous injection. May be administered as infusion in ICU patients at a rate of 3mcg/kg/min. Adult dose: a) Induction: 0.15mg/kg over 5-10 secs, b) Maintenance: 0.03 mg/kg. Children 2-12 years: a) Induction: 0.1 mg/kg over 5-10 secs, b) Maintenance: 0.02 mg/kg. | |
| Cisplatin 1 mg/ml Injection | | A | i) Solid tumour.<br>ii) Lymphomas. | Germ cell tumours: 20 mg/m2 daily for 5 days every 3 weeks for 3 - 4 courses. Ovarian tumours: 75 mg/m2 once every 3 weeks as part of combination therapy or 100 mg/m2 IV once every 3 weeks as a single agent. Baseline creatinine clearance, pretreatment hydration and forced diuresis are mandatory. CHILD: 100mg/m2 over 6 hours once every 3 weeks. Lymphomas: Refer to protocols CHILD: 100mg/m2 over 6 hours once every 3 weeks. Lymphomas: Refer to protocols. | |
| Clarithromycin 125 mg/5 ml Granules | | A* | Treatment of complicated respiratory tract infections not responding to standard macrolides. | CHILD: 8 - 12 years: 30 - 40 kg 10 mL, 4 - 8 years: 20 - 29 kg 7.5 mL, 2 - 4 years: 12 - 19 kg 5 mL, 1 - 2 years: 8 - 11 kg 2.5 mL, less than 8 kg: 7.5 mg/kg. To be given twice daily. Maximum dose: 1g/day. | |
| Clarithromycin 250 mg Tablet | | A* | Only for: i) treatment of complicated respiratory tract infection not responding to standard macrolides.<br>ii) eradication of Helicobacter pylori infection. | i) 250 - 500 mg twice daily. Up to 6 - 14 days.<br>ii) 500 mg twice daily with omeprazole & amoxicillin. Up to 2 weeks. | |

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| Clindamycin HCl 300 mg Capsule | | A* | i) Skin and soft tissue infections, bone& joint infections.<br>ii) Cerebral toxoplasmosis.<br>iii) Children less than 8 years old: Treatment and prophylaxis of malaria in combination with quinine, as an alternative to doxycline. | i) ADULT: 150 - 300 mg every 6 hours; up to 450 mg every 6 hours in severe infections; Max: 1.8g/day CHILD: 3 - 6 mg/kg every 6 hours. Children weighing <10 kg should receive at least 37.5 mg every 8 hr.<br>ii) 600 mg 6 hourly for 6 weeks.<br>iii) 10mg/kg twice a day, in combination with quinine. The combination to be given for 7 days. | |
| Clindamycin Phosphate 150 mg/ml Injection | | A* | i) Skin and soft tissue infections, bone & joint infections.<br>ii) Cerebral toxoplasmosis. | i) ADULT: 0.6 - 2.7 g daily (in 2 - 4 divided doses); up to 4.8 g daily; CHILD over 1 month, 20 - 40 mg/kg/day or 350 mg/m2/day in 3 - 4 divided doses.<br>ii) 1200 mg every 6 hours for 3 weeks followed by 300 mg orally every 6 hours for another 3 weeks. | |
| Clobazam 10 mg tablet | | A* | As adjunctive therapy in patients with epilepsy not adequately stabilised with their basic medication. | The initial dose in adults and adolescents >15 yr should be low (5 to15mg daily), if necessary, increased gradually to a maximum daily dose of about 80mg. Doses of up to 30mg may be taken as a single dose in the evening. The initial dose in children from 3 to15 yr is normally 5mg. A maintenance dose of 0.3 to 1.0mg/kg body weight daily is usually sufficient. | |
| Clobetasol Propionate 0.05% Cream | | 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. | |

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| Clobetasol Propionate 0.05% Ointment | | A | Short term treatment only of more resistant dermatoses eg. psoriasis, recalcitrant eczemas, lichen planus, discoid lupus erythematosus and other conditions which do not respond satisfactorily to less potent steroids. | Apply sparingly once or twice daily, changing to lower potency therapy as soon as condition is controlled. For mild to moderate use maximum for 2 weeks. For moderate to severe maximum duration 4 consecutive weeks. Max: 50 g/week. | |
| Clobetasone Butyrate 0.05% Ointment | | A | For the relief of the inflammatory and pruritic manifestations of steroid responsive dermatoses. | Apply to 1-2 times a day. | |
| Clofazimine 50 mg Capsule | | B | i) Previously untreated leprosy patients.<br>ii) Leprosy patients resistant to sulphones.<br>iii) Suppression of lepra reactions. | i) ADULT: 100 mg each other day or 50 mg daily with 100mg Dapsone & 300mg once a month with 600mg rifampicin under supervision. Maximum: 200 mg/day. CHILD: 10-14 yr: 50mg clofazimine on alternate days with 50mg dapsone & 150 mg clofazimine with 450 mg rifampicin once a month.Maximum: 100 mg/day.<br>ii) 100 mg daily.<br>iii) 200-300mg usually effective. Treatment with minimum suppression dose continued for at least 6 months. | |
| Clomiphene Citrate 50mg Tablet | | A | Treatment of ovulatory failure in women desiring pregnancy. | Initial: 50 mg once daily for 5 days. Increase to 100mg OD for 5 days if there is no response (commence as early as 30 days after the previous course). | |
| Clomipramine HCl 25 mg Tablet | | 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 | |

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| | | | | over 2 wk. Max: 3 mg/kg/day or 100 mg daily, whichever is smaller. Give in divided doses. Once titrated, dose may be given as a single dose at bedtime. | |
| Clonazepam 2 mg Tablet | | B | i) Epilepsy.<br>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 3-6mg/day is reached. | |
| Clonidine HCl 0.025 mg Tablet | PEDIATRIK | A | Rapid opiod detoxification combination use with naltrexone. | Rapid detoxification in 4-5 days (use with naltrexone): 6 mcg/kg ORALLY divided in 3 doses 6 to 8 hours apart the first day, increasing to 11 mcg/kg divided in 3 doses given day two, tapering to 0.6 mcg/kg the third day. Rapid opioid detoxification for 7 days ( use with naltrexone) : 0.1 to 0.2 mg every 4 hours as needed. | UKK (IMPORT PERMIT) |

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| Clopidogrel 75 mg Tablet | | A/KK | Secondary prevention of atherothrombotic events in: i) Adult patients suffering from myocardial infarction (from a few days until less than 35 days), ischaemic stroke (from 7 days until less than 6 months) or established peripheral arterial disease. Prescribing restriction: as second/third line treatment in patients who are sensitive or intolerant to acetylsalicylic acid and/or ticlopidine). ii) Adult patients suffering from acute coronary syndrome: • Non-ST segment elevation acute coronary syndrome (unstable angina or non-Q-wave myocardial infarction), including patients undergoing a stent placement following percutaneous coronary intervention. • ST segment elevation acute myocardial infarction, in combination with acetylsalicylate acid (ASA) in medically treated patients eligible for thrombolytic therapy. | 75 mg once daily. | |
| Clostridium Botulinum Toxin Type A 100 units | REHABILITASI | A* | i) Focal dystonias.<br>ii) Hemifacial spasm.<br>iii) Spasticity including cerebral palsy.<br>iv) Neurogenic bladder. | 20 - 200 units 3 months once. | |

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| Clostridium botulinum Type A toxin haemagglutinin complex 500U/vial powder for injection | REHABILITASI , NEUROLOGI | A* | i) Focal dystonias.<br>ii) Hemifacial spasm.<br>iii) Spasticity including cerebral palsy. | Initially 20 U/kg divided between both calf muscles. May be titrated 10-30 U/kg up to max of not >1000 U/patient. Should only be used in children > 2 years of age. Repeat injections given not less than 3 months from previous injection. | |
| Clotrimazole 1% Ear Drop | | B | Otomycosis; concomitant therapy with antibiotics and corticosteroid ear drops. | 4 to 5 drops 3 to 4 times daily. | |
| Clotrimazole 500 mg Vaginal Tablet | | B | Vaginal candidiasis. | 500 mg as a single one-time dose. | |
| Cloxacillin Sodium 125 mg/5 ml Suspension | | B | Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci infections. | Child: 50-100 mg/kg in divided doses every 6 hr. | |
| Cloxacillin Sodium 250 mg Capsule | | B | Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci infections. | ADULT: 250 - 500 mg every 6 hours. Child: 50-100 mg/kg in divided doses every 6 hr. | |
| Cloxacillin Sodium 250 mg Injection | | 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. | |
| Cloxacillin Sodium 500 mg Capsule | | B | Treatment of susceptible bacterial infections, notably penicillinase-producing staphylococci infections. | ADULT: 250 - 500 mg every 6 hours. Child: 50-100 mg/kg in divided doses every 6 hr. | |
| Cloxacillin Sodium 500 mg Injection | | 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. | |
| Clozapine 100 mg Tablet | PSIKIATRI | A | Treatment of resistant schizophrenia. | Initial dose : 12.5 mg ( once or twice ) daily, increase slowly in | |

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| | | | | steps of 25 - 50 mg up to 300 mg daily within 2 - 3 weeks.<br>Maximum 900 mg/day. | |
| Clozapine 25 mg Tablet | PSIKIATRI | 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.<br>Maximum 900 mg/day. | |
| Coal Tar with Salicylic Acid (various concentrations) Solution | | B | Dandruff, seborrhoeic dermatitis, atopic dermatitis, eczema and psoriasis. | Apply to the affected area as required or as in package insert. | |
| Colchicine 0.5 mg Tablet | | B | i) Acute gout and prophylaxis of recurrent gout.<br>ii) Leucocytoclastic Vasculitis either cutaneous or systemic involvement, Behcet's syndrome, Urticarial vasculitis, Systemic sclerosis, Sweet's syndrome and severe recalcitrant aphthous stomatitis. | i) Acute gout:<br>Initial dose, 1 mg, then 0.5 mg after 1 hour. No further tablets should be taken for 12 hours. After 12 hours, treatment can resume if necessary with a maximum dose of 500 micrograms (1 tablet) every 8 hours until symptoms are relieved. The course of treatment should end when symptoms are relieved or when a total of 6 mg (12 tablets) has been taken. No more than 6 mg (12 tablets) should be taken as a course of treatment. After completion of a course, another course should not be started for at least 3 days (72 hours).<br>Prophylaxis of recurrent gout: 0.5 mg bd.<br>ii) 0.5 mg 1-3 times daily depends on disease and severity, up to a maximum of 3 mg/day. | |

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| Colistimethate Sodium 1 million IU per vial (Polymyxin E) | | A* | Intravenous administration for the treatment of serious infections caused by Gram negative bacteria, when more commonly used systemic antibacterial agents may be contraindicated or may be ineffective because of bacterial resistance. | A minimum of 5 days treatment is generally recommended. For the treatment of respiratory exacerbations in cystic fibrosis patients, treatment should be continued up to 12 days. Children and adults (including elderly): Up to 60kg: 50,000 units/kg/day to a maximum of 75,000 units/kg/day. The total daily dose should be divided into three doses given at approximately 8-hour intervals. Over 60kg: 1-2 million units three times a day. The maximum dose is 6 million units in 24 hours. Renal impairment: In moderate to severe renal impairment, excretion of colistimethate sodium is delayed. Therefore, the dose and dose interval should be adjusted in order to prevent accumulation. Suggested Dosage Adjustment in Renal Impairment (for over 60 kg body weight): - Mild (CrCl 20-50 ml/min): 1-2 million units every 8 hr. - Moderate (CrCl 10-20 ml/min): 1 million units every 12-18 hr. - Severe (CrCl <10 ml/min): 1 million units every 18-24 hr. | |
| Compound Sodium Lactate (Hartmanns Solution) | | C | Replacement of extracellular losses of fluid and electrolytes, as an alkaliniser agent. | 100-1000 ml by IV or according to the needs of the patient. | |
| Conjugated Oestrogens 0.3 mg Tablet | | A | i. Prevention and management of osteoporosis associated with estrogen deficiency.<br>ii. Female hypoestrogenism.<br>iii. Moderate to severe vasomotor symptoms associated with estrogen deficiency. | i) 0.3 - 0.625 mg daily.<br>ii) 0.3- 1.25mg daily for 3weeks, then off for 1 week.<br>iii) & iv) 0.3mg-1.25mg daily. | |

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| | | | iv. Atrophic vaginitis and atrophic urethritis. | | |
| Conjugated Oestrogens 0.625 mg Tablet | | A | i. Prevention and management of osteoporosis associated with estrogen deficiency.<br>ii. Female hypoestrogenism.<br>iii. Moderate to severe vasomotor symptoms associated with estrogen deficiency.<br>iv. Atrophic vaginitis and atrophic urethritis. | i) 0.3 - 0.625 mg daily.<br>ii) 0.3- 1.25mg daily for 3weeks, then off for 1 week.<br>iii) & iv) 0.3mg-1.25mg daily. | |
| Conjugated Oestrogens 0.625 mg/g Cream | | A | Treatment of atrophic vaginitis, dyspareunia and kraurosis vulvae. | i) Atrophic Vaginitis and Kraurosis Vulvae: Initial dose: Intravaginal 0.5g daily for 21 days and then off for 7 days (cyclical regimen). Dose range: 0.5- 2g daily based on individual response.<br>ii) Dyspareunia: 0.5g intravaginally twice weekly continuous regimen or in a cyclic regimen of 21 days of therapy followed by 7 days off of therapy. | |
| Continuous Ambulatory Peritoneal Dialysis Solution containing 1.5% Dextrose | | B | For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre. | Dose depending on clinical cases. | |
| Continuous Ambulatory Peritoneal Dialysis Solution containing 2.5% Dextrose | | B | For chronic renal diseases requiring dialysis and acute therapy-resistance renal failure eg. prior to transfer to a dialysis centre. | Dose depending on clinical cases. | |
| Copper 375 mm2 Intrauterine Device | O&G | B | Intrauterine contraception. | Intrauterine insertion: 1 unit to be replaced within 5 years from the date of insertion. | |
| Copper Sulphate Crystal | | C | Wounds. | The tip of the crystal should be moistened by dipping in water | |

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| | | | | and applied carefully to the lesion. | |
| Crotamiton 10 % Cream | | B | i) Pruritus.<br>ii) Scabies.<br>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.<br>ii) Apply to the whole body from below the chin. 2nd application is applied 24 hr later. May need to use once daily for up to 5 days. | |
| Cyanocobalamin 1 mg Injection | | B | i) Prophylaxis of anaemia associated with Vitamin B12 deficiency.<br>ii) Uncomplicated pernicious anaemia or Vitamin B12 malabsorption. | i) Prophylaxis of anaemia: 250-1000 mcg IM every month.<br>ii) Uncomplicated pernicious anaemia or Vitamin B12 malabsorption: Initial 100 mcg daily for 5-10 days followed by 100-200 mcg monthly until complete remission is achieved. Maintenance: up to 1000 mcg monthly. CHILD 30-50 mcg daily for 2 or more weeks (to a total dose of 1-5mg). OR AS PRESCRIBED. | |
| Cyanocobalamin 50 mcg Tablet | | B | Vitamin B12 deficiency of dietary origin. | ADULT 50-150 mcg daily. CHILD 50-105 mcg daily in 1-3 divided doses. | |
| Cyclopentolate 0.2% with Phenylephrine 1% Eye Drops | | A | Dilating agent for premature babies. | 1 drop every 5 - 10 minutes; not exceeding three times to produce rapid mydriasis. Observe infants closely for at least 30 minutes. | |
| Cyclopentolate 1% Eye Drops | | 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 examination. | |

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| Cyclophosphamide 1 g Injection | | A | i) Solid tumours;<br>ii) Leukaemia, non-Hodgkin's lymphoma, multiple myeloma;<br>iii) Severe lupus nephritis (Class III and IV);<br>iv) Other systemic vasculitis;<br>v) Systemic lupus erythematosus, rheumatoid arthritis, polyarteritis nodosa, wegener granulomatosis;<br>vi) Pemphigus vulgaris. | i)& ii) ADULT: 600 - 750 mg/m2 IV once every 3 weeks as part of combination regime. CHILD: Dose variable depending on disease and protocol. Range 600 mg/m2 to 2 g/m2 infusion over 1 hour to 6 hours (lower doses can be given as bolus). Care with pre and post-hydration. Mesna to be given with doses more than 1 g/m2. Higher doses are used in haematopoetic stem cell transplant-refer to specific protocols.<br>iii) 750 mg/m2 BSA monthly for 18 months.<br>iv) 750 mg/m2 BSA monthly for 6 months. Dose can be adjusted up to 1,000 mg/m2 BSA to achieve adequate leucocyte suppression.<br>v) 500 - 1000 mg intravenously (Regime varies according to indication). Starting dose may be given fortnightly then at monthly intervals followed by 3 monthly intervals.<br>vi) 500 mg infusion on the 2nd day of the dexamethasone-cyclophosphamide pulsed regime, the cycle is repeated every 4 weeks up to 6 cycles or till remission followed by oral cyclophosphamide. | |
| Cyclophosphamide 50 mg Tablet | | A | i) Solid tumours, leukaemia, lymphoma, autoimmune disorders, autoimmune bullous diseases, connective tissue disease, pyoderma gangrenosum.<br>ii) For severe lupus nephritis (Class III & IV), systemic vasculitis and steroid | 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.<br>ii) 2 mg/kg/day for 3 - 4 months.<br>iii) 1 - 1.5 mg/kg/day orally in divided doses. | UKK |

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| | | | resistant/dependent nephrotic syndrome.<br>iii) SL), rheumatoid arthritis, polyarteritis nodosa, wegener granulomatosis. | | |
| Cycloserine 250 mg Capsule | | 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).<br>CHILD: 2-12 yr: 5 mg/kg bid;<br>12-18 yr: 250 mg bid for 2 wk then adjusted to a max dose of 1 g daily. | |
| Cyproterone Acetate 2 mg & Ethinyloestradiol 0.035 mg Tablet | | A* | i. Treatment androgen dependent diseases (including PCOS) in women.<br>ii.Treatment of acne as second line treatment following failure of topical therapy or systemic antibiotic treatment.<br>iii.Hormonal contraceptive. | 1 tablet daily for 21 consecutive days, followed by a 7 -day tablet free interval before the next pack is started. | |
| Cytarabine 100mg/ml Injection | | A | i) Central nervous system lymphoma.<br>ii) Meningeal leukemia.<br>iii) Non Hodgkin's Lymphoma.<br>iv) High dose cytarabine as conditioning to cytoreduce the disease before stem cell transplant for relapsed or refractory leukemia.<br>v) As salvage for acute lymphocytic leukemia.<br>vi) As salvage for acute myeloid leukemia.<br>vii) As palliative chemotherapy in elderly acute myeloid leukemia/ | Standard doses 100 - 200 mg/m2 daily over 5 - 10 days. Higher doses for intensification/consolidation: 1000 - 3000 mg/m2 daily over 3 - 5 days depending on specific protocols. CHILD: Dose variable depending on disease and protocol. Range from 100 mg/m2 to 3 g/m2 twice daily. May be given as SC, IV bolus or infusion. Intrathecal dose: Less than 1 year: 15 mg, 1 - 2 years: 20 mg, 2 - 3 years: 25 mg, more than 3 years: 30 mg. (ENSURE THAT PREPARATION IS SUITABLE FOR INTRATHECAL USE). | |

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| | | | myelodysplastic syndrome. | | |
| Dabigatran Etexilate 110 mg Capsule | KARDIOLOGI, NEUROLOGI, PERUBATAN AM | A* | i) Prevention of venous thromboembolic events in patients who have undergone total knee replacement or total hip replacement surgery.<br>ii) Reduction of the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF).<br>iii) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and prevention of recurrent DVT and PE in adults. | i) Following total knee replacement: Initially ADULT 110mg (ELDERLY, 75 mg) within 1 - 4 hours after surgery, then 220 mg (ELDERLY, 150 mg) once daily thereafter for 6-10 days.<br>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.<br>ii) Recommended daily dose is 300mg taken orally as 150mg hard capsule twice daily. Therapy should be continued lifelong.<br>iii) Recommended daily dose is 300mg taken as one 150mg capsule BD following treatment with a parenteral anticoagulant for at least 5 days. The duration of therapy should be individualized after careful assessment of the treatment benefit against the risk for bleeding.<br>ii) & iii) For the following groups, the recommended daily dose is 220 mg taken as one 110mg capsule twice daily: - Patients aged 80 years or above -Patients who receive concomitant verapamil. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Dabigatran Etexilate 150 mg Capsule | KARDIOLOGI, NEUROLOGI, PERUBATAN AM | A* | i) Reduction of the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF).<br>ii) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and prevention of recurrent DVT and PE in adults. | i) Recommended daily dose is 300mg taken orally as 150mg hard capsule twice daily. Therapy should be continued lifelong.<br>ii) Recommended daily dose is 300mg taken as one 150mg capsule BD following treatment with a parenteral anticoagulant for at least 5 days. The duration of therapy should be individualized after careful assessment of the treatment benefit against the risk for bleeding. For the following groups, the recommended daily dose is 220 mg taken as one 110mg capsule twice daily: -Patients aged 80 years or above -Patients who receive concomitant verapamil Special patient population for renal impairment : Renal function should be assessed by calculating the creatinine clearance (CrCl) prior to initiation of treatment with Dabigatran to exclude patients for treatment with severe renal impairment (i.e. CrCl < 30 ml/min). | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Dacarbazine 100 mg Injection | | A* | i) Malignant melanoma, sarcomas, neuroblastomas and other childhood solid tumours.<br>ii) Hodgkin's Disease. | i) 250 mg/m2 for 5 days, may be repeated every 3 weeks.<br>ii) 375 mg/m2 IV every 2 weeks. | |
| Daclatasvir 30mg tablet | | A/KK | To be used in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults. | 60 mg once daily, to be taken orally with or without meals. Dose recommendation when taking concomitant medicines: i. Strong inhibitors of cytochrome P450 enzyme 3A4 (CYP3A4): Reduce dose to 30 mg once daily when co-administered with strong inhibitors of CYP3A4.<br>ii. Moderate inducers of CYP3A4: Increase dose to 90 mg once daily when co-administered with moderate inducers of CYP3A4. Daclatasvir must be administered in combination with other medicinal products for the treatment of hepatitis C infection. Dose modification of daclatasvir to manage adverse reactions is not recommended. | |
| Daclatasvir 60mg tablet | | A/KK | To be used in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults. | 61 mg once daily, to be taken orally with or without meals. Dose recommendation when taking concomitant medicines: i. Strong inhibitors of cytochrome P450 enzyme 3A4 (CYP3A4): Reduce dose to 30 mg once daily when co-administered with strong inhibitors of CYP3A4.<br>ii. Moderate inducers of CYP3A4: Increase dose to 90 mg once daily when co-administered with moderate inducers of CYP3A4. Daclatasvir must be administered | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | in combination with other medicinal products for the treatment of hepatitis C infection. Dose modification of daclatasvir to manage adverse reactions is not recommended. | |
| Danazol 100 mg Capsule | | A/KK | i) Endometriosis.<br>ii) Benign breast disorders including gynaecomastia fibrocystic breast disease and pubertal breast hypertrophy.<br>iii) Menorrhagia.<br>iv) Prophylaxis of hereditary angioedema. | i) 400mg daily in 2 to 4 divided doses, starting on the 1st day of the menstrual cycle; daily doses of 800mg are also employed.<br>ii) 100mg to 400mg daily in divided dose.<br>iii) 200 mg BD.<br>iv) 400 mg daily. Reduce to 200 mg daily after 2 months attack free period. General dosing range: 200-800mg daily in 2 or 4 divided doses. Dosing is individualised and according to product insert/protocol. | |
| Danazol 200 mg Capsule | | A/KK | i) Endometriosis.<br>ii) Benign breast disorders including gynaecomastia fibrocystic breast disease and pubertal breast hypertrophy.<br>iii) Menorrhagia.<br>iv) Prophylaxis of hereditary angioedema. | i) 400mg daily in 2 to 4 divided doses, starting on the 1st day of the menstrual cycle; daily doses of 800mg are also employed.<br>ii) 100mg to 400mg daily in divided dose.<br>iii) 200 mg BD.<br>iv) 400 mg daily. Reduce to 200 mg daily after 2 months attack free period. General dosing range: 200-800mg daily in 2 or 4 divided doses. Dosing is individualised and according to product insert/protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Dapagliflozin 10mg Tablet | | A/KK | i) Dapagliflozin is indicated for use as an add-on combination therapy in combination with other glucose-lowering medicinal products including insulin, to improve glycemic control in adult patients with type 2 diabetes mellitus when these, together with diet and exercise, do not provide adequate glycaemic control.<br><br>ii) Dapagliflozin is indicated to reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and established cardiovascular disease (CVD).<br><br>iii) To reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure (NYHA class II-IV) with reduced ejection fraction.<br><br>iv) For cardiorenal protection in adult patients with chronic kidney disease, with or without Type 2 Diabetes Mellitus, with eGFR≥25mL/min/1.73m2 and urine albumin creatinine ratio (UACR) ≥200-5,000mg/m2 (or the equivalent in uPRC/u-dipstick) | 10 mg once daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | receiving stable treatment with ACEi or ARB (unless they are contraindicated or not tolerated). | | |
| Dapsone 100 mg Tablet | DERMATOLOGI, PERUBATAN ID (RVD) | B | i)Leprosy.<br>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.<br>ii) ADULT: 50 - 300 mg daily. | UKK (IMPORT PERMIT) |
| Darbepoetin alfa 20mcg/0.5ml injection | NEFROLOGI, HEMATOLOGI | A* | i) Treatment of anaemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis.<br>ii) Anemia with myelodysplastic syndrome. | Indication (i): Haemodialysis patients: Initial dose: 20mcg IV once weekly Initial dose for switched ESA-treated patient: 15 – 60mcg IV once weekly Maintenance dose: 15 – 60mcg IV once weekly, then 30 – 120mcg IV biweekly. Peritoneal dialysis patients and patients with chronic kidney disease not on dialysis: Initial dose: 30mcg IV or SC biweekly Initial dose for switched ESA-treated patient: 30 – 120mcg IV or SC biweekly Maintenance dose: 30 – 120mcg IV or SC biweekly, then 60 – 180mcg IV or SC once every four weeks.<br>Indication (ii): Adults: 240mcg administered as a single subcutaneous injection once weekly. The dose should be decreased in view of the degree of anemic symptoms and the patient's age. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Darbepoetin alfa 40mcg/0.5ml injection | NEFROLOGI, HEMATOLOGI | A* | i) Treatment of anaemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis.<br>ii) Anemia with myelodysplastic syndrome. | Indication (i): Haemodialysis patients: Initial dose: 20mcg IV once weekly Initial dose for switched ESA-treated patient: 15 – 60mcg IV once weekly Maintenance dose: 15 – 60mcg IV once weekly, then 30 – 120mcg IV biweekly. Peritoneal dialysis patients and patients with chronic kidney disease not on dialysis: Initial dose: 30mcg IV or SC biweekly Initial dose for switched ESA-treated patient: 30 – 120mcg IV or SC biweekly Maintenance dose: 30 – 120mcg IV or SC biweekly, then 60 – 180mcg IV or SC once every four weeks.<br>Indication (ii): Adults: 240mcg administered as a single subcutaneous injection once weekly. The dose should be decreased in view of the degree of anemic symptoms and the patient's age. | |
| Daunorubicin HCl 20 mg Injection | | A* | i) Acute myeloblastic leukaemia (AML).<br>ii) Acute lymphoblastic leukemia (ALL). | i) 45 - 60 mg/m2 IV daily for 3 - 5 days.<br>ii) 25 - 45 mg/m2 once a week for first 4 weeks during induction phase. Caution: Total cumulative dose of daunorubicin and doxorubicin must not exceed 500 mg/m2 due to risk of cardiotoxicity. CHILD: 30-45 mg/m2/dose infusion over 6 hours. Schedule depends on protocol. Need to check cardiac function closely by echocardiography every cumulative dose of 100mg/m2 to max. 360 mg/m2. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Decitabine 50 mg Injection | | A* | Myelodysplastic syndromes (MDS) . | 3-day Regimen: 15 mg/m2 by continuous IV infusion over 3 hours repeated every 8 hours for 3 days. Repeat this treatment cycle every 6 weeks for a minimum of 4 cycles.<br>5-day Regimen: Dose of 20mg/m2 by continuous infusion over 1 hour repeated daily for 5 days. This cycle should be repeated every 4 weeks.<br>Dosing is according to product insert/protocol. | |
| Deferasirox 180mg Film Coated Tablets | HEMATOLOGI, PEDIATRIK | A* | Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and paediatric patients aged 2 years and above. | Recommended initial daily dose is 14mg/kg body weight. An initial daily dose of 21mg/kg may be considered for patients receiving more than 14 mL/kg/month of packed red blood cells (approximately >4 units/month for an adult), and for whom the objective is reduction of iron overload. An initial daily dose of 7 mg/kg may be considered for patients receiving less than 7 mL/kg/month of packed red blood cells (approximately <2 units/month for an adult), and for whom the objective is maintenance of the body iron level. For patients already well-managed on treatment with deferoxamine, a starting dose of Deferasirox Film Coated Tablets that is numerically one third of the deferoxamine dose could be considered. In patients not adequately controlled with doses of 21 mg/kg (e.g., serum ferritin levels persistently above 2500 µg/L and not showing a decreasing trend over time), doses of up to 28 mg/kg may be considered. Doses above 28 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | mg/kg are not recommended because there is only limited experience with doses above this level. | |
| Deferasirox 360mg film coated Tablet | HEMATOLOGI, PEDIATRIK | A* | Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and pediatric patients aged 2 years and above. | Recommended initial dose is 14mg/kg body weight. • An initial dose of 21mg/kg may be considered for patients receiving more than 14ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • An initial dose of 7mg/kg may be considered for patients receiving less than 7ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • For patients already well-managed on treatment with Deferoxamine, a starting dose of Deferasirox film-coated tablets that is numerically one third of the Deferoxamine dose could be considered. In patients not adequately controlled with doses of 21mg/kg (e.g. serum ferritin levels persistently above 2,500 mcg/L and not showing a decreasing trend over time), doses of up to 28mg/kg may be considered. Doses above 28 mg/kg are not recommended because there is only limited experience with doses above this level. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Deferasirox 90mg film coated Tablet | HEMATOLOGI, PEDIATRIK | A* | Treatment of chronic iron overload due to blood transfusions (transfusional haemosiderosis) in adult and paediatric patients aged 2 years and above. | • Recommended initial dose is 14mg/kg body weight. • An initial dose of 21mg/kg may be considered for patients receiving more than 14ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • An initial dose of 7mg/kg may be considered for patients receiving less than 7ml/kg/month of packed red blood cells, and for whom the objective is maintenance of the body iron level. • For patients already well-managed on treatment with Deferoxamine, a starting dose of Deferasirox film-coated tablets that is numerically one third of the Deferoxamine dose could be considered. In patients not adequately controlled with doses of 21mg/kg (e.g. serum ferritin levels persistently above 2,500 mcg/L and not showing a decreasing trend over time), doses of up to 28mg/kg may be considered. Doses above 28 mg/kg are not recommended because there is only limited experience with doses above this level. | |
| Deferiprone 500 mg Tablet | HEMATOLOGI | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Degarelix 120mg Injection | UROLOGI | A* | Treatment of adult male patients with advanced hormone- dependent prostate cancer<br>Prescribing restriction: Patients who are contraindicated to Gonadotrophin Releasing Hormone (GnRH) agonist. | 240 mg administered as two consecutive subcutaneous injections of 120 mg each.<br>Maintenance dose* – monthly administration: 80 mg administered as one subcutaneous injection *The first maintenance dose should be given one month after the starting dose. | |
| Degarelix 80mg Injection | UROLOGI | A* | Treatment of adult male patients with advanced hormone- dependent prostate cancer<br>Prescribing restriction: Patients who are contraindicated to Gonadotrophin Releasing Hormone (GnRH) agonist. | 240 mg administered as two consecutive subcutaneous injections of 120 mg each.<br>Maintenance dose* – monthly administration: 80 mg administered as one subcutaneous injection *The first maintenance dose should be given one month after the starting dose. | |
| Denosumab in 1.0 mL solution (60 mg/mL) Pre-filled syringe (subcutaneous injection) | | A* | Post-Menopausal Osteoporosis. (To be used by Orthopaedic Specialist, Rheumatologist and Endocrinologist). | A single subcutaneous injection of 60 mg administered once every 6 months. Patients should receive calcium and vitamin D supplements whilst undergoing treatment. | |
| Desferrioxamine 0.5 g Injection | | A | i) Acute iron poisoning in children.<br>ii) Investigation and treatment of haemochromatosis.<br>iii) Diagnosis and treatment of aluminium toxicity in patients with renal failure and dialysis.<br>iv) Chronic iron toxicity or overload. | i) 2 g by IM immediately and 5 g by mouth after gastric lavage.<br>ii) 0.5 - 1.5 g by IM injection daily.<br>iii) Diagnosis: 5 mg per kg by slow intravenous infusion during the last hour of haemodialysis.<br>Treatment: 5 mg per kg once a week by slow intravenous infusion during the last hour of dialysis.<br>iv) 30 - 50 mg/kg. | |
| Desflurane Liquid | | A | i) Induction and maintenance of anaesthesia in adult.<br>ii) Maintenance of anaesthesia in infants & children. | ADULT: Induction , initially 3% in oxygen or nitrous oxide/oxygen and increased by 0.5%-1% every 2-3 breaths or as tolerated (up to 11%), until loss of consciousness.<br>Maintenance: 2.5%-8.5% with or without concomitant nitrous | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | oxide CHILD: maintenance, inhaled in concentrations of 5.2%-10% with or without concomitant nitrous oxide. | |
| Desloratadine 2.5mg/5ml Syrup | | A* | Allergic rhinitis and chronic idiopathic urticaria. Prescribing Restriction(s): For use in children 1-2 years old only. | For children only: 1-5 yrs: 2.5ml once a day (with or without meal) 6-11 yrs: 5ml once a day (with or without meal). | C/S |
| Desloratadine 5 mg Tablet | | A* | Allergic rhinitis and chronic idiopathic urticaria. | Adults and Adolescents (12 years of age and older): 5mg once a day regardless of mealtime. | C/S |
| Desmopressin 120mcg Sublingual Tablet | | A | i) Central diabetes insipidus.<br>ii) Primary nocturnal enuresis.<br>iii) Treatment of nocturia associated with nocturnal polyuria in adult. | i) 60mcg 3 times daily sublingually (daily dose range from 120mcg to 720mcg).<br>ii) 120mcg once daily at bedtime, sublingually (maximum dose 240mcg).<br>iii) 60mcg once daily at bedtime (dose range from 120mcg to 240mcg). | |
| Desmopressin 60mcg Sublingual Tablet | | A | i) Central diabetes insipidus.<br>ii) Primary nocturnal enuresis.<br>iii) Treatment of nocturia associated with nocturnal polyuria in adult. | i) 60mcg 3 times daily sublingually (daily dose range from 120mcg to 720mcg).<br>ii) 120mcg once daily at bedtime, sublingually (maximum dose 240mcg).<br>iii) 60mcg once daily at bedtime (dose range from 120mcg to 240mcg). | |
| Desmopressin Acetate 4 mcg/ml Injection | | A | Central Diabetes Insipidus. | Adults 1-4 mcg 1-2 times daily.<br>Children above the age of 1 year 0.4-1 mcg 1-2 times daily.<br>Children below the age of 1 year 0.2-0.4 mcg 1-2 times daily. | |
| Desogestrel 150 mcg & Ethinylestradiol 20 mcg Tablet | | A/KK | Oral contraception. | One tablet daily for 21 days starting on 1st day of menses followed by 7 tablet-free days. | |
| Desogestrel 150 mcg & Ethinylestradiol 30 mcg Tablet | | C+ | Contraception. | 1 tablet daily for 21 days, subsequent courses repeated after 7 day interval (during which withdrawal bleeding occurs). | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Dexamethasone 0.5 mg Tablet | | A | i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy, post-operation and palliative care.<br>ii) Treatment of adrenocortical function abnormalities.<br>iii) Any other treatment requiring corticosteroid therapy. | 0.5mg to 10mg daily is given for oral administration. Dose can be titrated up to 20mg daily in severe disease depending on the condition being treated.<br><br>The dosing is individualized according to product insert / protocol. | |
| Dexamethasone 4mg Tablet | | A | i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy, post-operation and palliative care.<br>ii) Treatment of adrenocortical function abnormalities.<br>iii) Any other treatment requiring corticosteroid therapy. | 0.5mg to 10mg daily is given for oral administration. Dose can be titrated up to 20mg daily in severe disease depending on the condition being treated.<br><br>The dosing is individualized according to product insert / protocol. | |
| Dexamethasone 700mcg Intravitreal Implant | OFTALMOLOGI | A* | i) Treatment of adult patients with visual impairment due to diabetic macular oedema (DME) who are pseudophakic.<br>ii) Treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO).<br><br>For indication (ii):<br>a) First line therapy for patient with contraindication to anti-VEGF treatment. | Indication (i):<br>The recommended dose is one dexamethasone intravitreal implant to be administered to the affected eye. Administration to both eyes concurrently is not recommended. Patients treated with dexamethasone intravitreal implant who have experienced an initial response and in the physician's opinion may benefit from retreatment without being exposed to significant risk should be considered for retreatment. Retreatment may be performed after approximately 6 months if the patient experiences decreased vision and/or an increase in retinal thickness, secondary to recurrent or worsening diabetic macular | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | b) Second line therapy for patient refractory to anti-VEGF treatment.<br>c) To be prescribed by Ophthalmologist only. | oedema. There is currently no experience of the efficacy or safety of repeat administrations in DME beyond 7 implants.<br><br>Indication (ii):<br>700 mcg injected intravitreally into one affected eye. Administration to both eyes concurrently is not recommended. Repeat doses at 6 months interval should be considered when a patient experiences a response to treatment followed subsequently by a loss in visual acuity. | |
| Dexamethasone and Neomycin Sulphate and Polymyxin B Sulphate Ophthalmic Suspension | | A | Treatment of ocular inflammation when concurrent use of an antimicrobial is judged necessary. | Apply a small amount into the conjunctival sac(s) 3 – 4 times daily, may be used adjunctively with drops at bedtime. | |
| Dexamethasone Sodium Phosphate 0.1% Eye Drops | | A | Acute steroid responsive inflammatory and allergic conditions. | 1 - 2 drops 4 - 6 times a day.<br>Severe conditions: Instil 1 drop hourly, then reduced to 1 drop 4 hourly as the inflammation subsides. | |
| Dexamethasone Sodium Phosphate 4 mg/ml Injection | | B | i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy, post-operation and palliative care.<br>ii) Treatment of adrenocortical function abnormalities.<br>iii) Any other treatment requiring corticosteroid therapy. | i-iii) Initial dosage: 0.5 mg to 20 mg per day depending on the specific disease entity being treated. The total daily dosage should not exceed 80 mg. The dosing is individualized according to product insert / protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Dexlansoprazole 30 mg delayed release capsule | GASTROENTEROLOGI | A* | i) Treatment of erosive esophagitis (EE);<br>ii) Maintenance of healed erosive esophagitis (EE);<br>iii) Symptomatic treatment of non-erosive gastroesophageal reflux disease.<br><br>Prescribing Restriction(s):<br>As a second-line therapy for:<br>i) Patients with refractory EE;<br>ii) Geriatrics;<br>iii) Patients with polypharmacy. | i) Treatment of EE – 60 mg once daily for 8 weeks.<br>ii) Maintenance of healed EE – 30 mg once daily for 6 months.<br>iii) Symptomatic non-erosive gastroesophageal reflux disease – 30 mg once daily for 4 weeks. | C/S |
| Dexmedetomidine HCl 100 mcg/ml Injection | | A* | i) Sedation of intubated and mechanically ventilated ICU patients. For use only by specialist anaesthetist.<br>ii) For sedation of non-intubated patients prior to and/or during surgical and other procedures. | i) Not to be infused for more than 24 hours, 1 mcg/kg over 10 minutes as loading dose. Maintenance dose: 0.2 - 0.7 mcg/kg/hr.<br>ii) Not to be infused for more than 24 hours, 1 mcg/kg over 10 minutes as loading dose. Maintenance dose: 0.2 - 0.7 mcg/kg/hr. | C/S |
| Dextrose 10% Injection | | B | For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient. | According to the needs of the patient. | |
| Dextrose 20% Injection | | B | For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient. | According to the needs of the patient. | |
| Dextrose 5% Injection | | B | For parenteral replenishment of fluid and minimal carbohydrate calories as | According to the needs of the patient. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | required by the clinical condition of the patient. | | |
| Dextrose 50% Injection | | B | For parenteral replenishment of fluid and minimal carbohydrate calories as required by the clinical condition of the patient. | According to the needs of the patient. | |
| Dextrose Powder | | B | Use as a diagnostic agent for diabetes. | 75 g stat. | |
| Diazepam 5 mg Rectal Solution | | 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. | |
| Diazepam 5 mg Tablet | | B | i) Muscle spasm of varied aetiology, including tetanus.<br>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.<br>ii) ADULT : 2 mg 3 times daily, increased in severe anxiety to 15 - 30 mg daily in divided doses. ELDERLY (or delibitated) half adult dose. CHILD (night terrors), 1 - 5 mg at bedtime. | |
| Diazepam 5 mg/ml Injection | | B | i) Status epilepticus.<br>ii) Skeletal muscle spasm.<br>iii) Anxiety disorders. | i) ADULT: initial dose 10-20mg IV, in the following hours 20mg IM or by intravenous drip infusion as necessary. CHILD 2 to 5 years of age: slow IV 0.2 - 0.5mg every two to five minutes up to a maximum of 5mg. If necessary, dose can be repeated in two to four hours. CHILD 5 years and older: slow IV 1mg every two to five minutes up to a maximum of 10mg. If necessary, dose can be repeated in two to four hours.<br>ii) ADULT: 10mg once or twice IV. CHILD 2 to 5 years of age: IM or IV, 1 to 2mg the dosage being repeated every three to four | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | hours as needed. CHILD 5 years and older: IM or IV, 5 to 10mg, the the dosage being repeated every three to four hours as needed.<br>iii) ADULT: 10-20mg three times daily IM or IV until acute symptoms subside. | |
| Diclofenac 50 mg Tablet | | B | Pain and inflammation in rheumatic disease and of non-rheumatic origin. | ADULTS: Initial dose of 150 mg daily. Mild or long term: 75 - 150 mg daily in 2 to 3 divided doses after food. Maximum 200mg/day. PAEDS more than 6 months : 1 - 3 mg/kg body weight daily in divided doses. Maximum 3mg/kg/day (Max 150mg/day). | |
| Diclofenac Sodium 12.5 mg Suppository | | A | Pain and inflammation in rheumatic disease and juvenile arthritis. | ADULT: 100 mg usually at night, max total daily dose 150 mg.<br><br>CHILD ABOVE 1 YEAR AND ADOLESCENT: 0.5-2mg/kg daily divided to 2-3 doses. Maximum dose for juvenile RA is 3mg/kg/day in divided doses. | |
| Diclofenac Sodium 25 mg Suppository | | A | Pain and inflammation in rheumatic disease and juvenile arthritis. | ADULT: 100 mg usually at night, max total daily dose 150 mg.<br><br>CHILD ABOVE 1 YEAR AND ADOLESCENT: 0.5-2mg/kg daily divided to 2-3 doses. Maximum dose for juvenile RA is 3mg/kg/day in divided doses. | |
| Diclofenac Sodium 50 mg Suppository | | A | Pain and inflammation in rheumatic disease and juvenile arthritis. | ADULT: 100 mg usually at night, max total daily dose 150 mg.<br><br>CHILD ABOVE 1 YEAR AND ADOLESCENT: 0.5-2mg/kg daily divided to 2-3 doses. Maximum dose for juvenile RA is 3mg/kg/day in divided doses. | |
| Diclofenac Sodium 75 mg/3 ml Injection | | A/KK | Pain and inflammation in rheumatic disease and of non-rheumatic origin. | IM 75 mg once daily (2 times daily in severe cases) for not more than 2 days. Max | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | 150mg/day. Not suitable for children. | |
| Dienogest 2mg Tablet | | A/KK | Treatment of endometriosis. | One tablet daily. Treatment can be started on any day of menstrual cycle. Tablets must be taken continously without regard to vaginal bleeding. | |
| Digoxin 0.25 mg Tablet | | 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). | |
| Digoxin 250 mcg/ml Injection | | 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. | |
| Digoxin 50 mcg/ml Elixir | | 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. | |
| Dihydrocodeine Tartrate 30 mg Tablet | | B | For the control of moderate to severe chronic pain. | ADULT: 30 - 60 mg every 4 - 6 hours. PAED, over 4 yrs: 0.5 - 1 mg/kg body weight every 4-6 hours. | |
| Diltiazem HCl 30 mg Tablet | | B | i) Treatment of angina.<br>ii) Hypertension. | Initially 30mg tds, may increase to 60mg tds (elderly initially | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | twice daily; increased if necessary to 360 mg daily. | |
| Dinoprostone (Prostagladin E2) 3 mg Vaginal Tablet | | 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. | C/S |
| Diosmin 450 mg and Hesperidin 50 mg Tablet | | B | i) Haemorrhoids.<br>ii) Chronic venous insufficiency. | i) Acute attack: 6 tablets daily for the first 4 days, then 4 tablets daily in 2 divided doses for 3 days and 2 tablets thereafter. Chronic: 2 tablets daily.<br>ii) 2 tab daily with meals. | |
| Diphenhydramine Hydrochloride 14mg/5ml Expectorant | | C | Cough. | ADULT : 5 - 10 ml 2 - 3 times daily. | |
| Diphenoxylate HCl 2.5mg with Atropine Sulphate 0.025mg Tablet | | B | Symptomatic treatment of acute and chronic diarrhoea. | ADULT: 2 tablets 4 times daily, later reduced when diarrhoea is controlled. Maintenance: 2 tablets once daily as needed (Max: 8 tablets daily). | |
| Diphtheria, tetanus and pertussis (acellular, component) vaccine (adsorbed, reduced antigen(s) content) Suspension for injection (Tdap) | O&G | C+ | Indicated for passive protection against pertussis in early infancy following maternal immunisation during pregnancy. | A single 0.5 ml dose of the vaccine is recommended for pregnant women during the second or the third trimester of pregnancy.<br>For deep intramuscular injection, preferably in the deltoid region | |
| Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Virus, Haemophilus Influenza Type B (DTaP-IPV-HiB) Vaccine Injection | | C+ | Immunisation of children against Diphtheria, Tetanus, Acellular Pertussis, Polio and Haemophilus Influenza Type B infection. | 0.5ml by IM. Dosing is according to Immunisation Schedule under NIP. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Diphtheria, Tetanus, Pertussis (Acellular, component), Hepatitis B (rDNA), Poliomyelitis (Inactivated) and Haemophilus Influenzae Type B Conjugate Vaccine (adsorbed) (DTaP-IPV-HB-Hib) Injection | | C+ | For primary and booster vaccination of infants and toddlers from six weeks to 24 months of age against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and invasive diseases caused by Haemophilus influenzae type b (Hib). | Dosing is according to Immunisation Schedule under NIP: Primary: Dose of 0.5ml to be given by IM at 2, 3 & 5 months of age. Booster: Dose of 0.5ml to be given by IM at 18 months of age. | |
| Dobutamine 12.5 mg/ml Injection | | 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. | |
| Docetaxel 40mg/ml Injection | | A* | i) Breast Cancer;<br>ii) Non-small cell lung cancer;<br>iii) Prostate cancer;<br>iv) Gastric adenocarcinoma;<br>v) Head and neck cancer;<br>vi) Ovarian cancer. | Two dosing regimens:<br>a. 50 mg/m2 every 2 weeks, intravenous<br>b. 75 to 100 mg/m2 every 3 weeks, intravenous.<br><br>Dosing is according to product insert/protocol. | |
| Dolutegravir 50mg Tablet | | A/KK | Dolutegravir is indicated in combination with other anti-retroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV) infected adults and adolescents above 12 years of age. Restriction: For patients who are not able to tolerate or failing treatment or resistance | i) HIV-1 patients without documented or clinically suspected resistance to the integrase class: 50 mg (one tablet), once daily, orally.<br>ii) HIV-1 patients with resistance to the integrase class: 50 mg (one tablet), twice daily, orally. | C/S |

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| | | | to the first line therapy (efavirenz and nevirapine). | | |
| Dolutegravir 50mg, Lamivudine 300mg, Tenofovir Disoproxil Fumarate 300mg Film-Coated Tablets (TELDY) | | A/KK | Indicated for use alone as a complete regimen for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults and adolescents above 12 years of age weighing 40 kg or greater. | One tablet once daily | |
| Domperidone 1 mg/ml Suspension | | B | Nausea, vomiting, dyspepsia, gastro-esophageal reflux. | Adults and adolescents ≥ 12 years of age and weighing ≥ 35kg & children < 12 years of age and weighing ≥ 35kg: 10ml three to four times per day. Maximum dose: 40mg/day. Adults and adolescents (≥ 12 years of age) weighing < 35kg: 0.25mg/kg three to four times per day. Maximum dose: 35mg/day. | |
| Domperidone 10 mg Tablet | | B | Nausea, vomiting, dyspepsia, gastro-esophageal reflux. | Adults and adolescents ≥ 12 years of age and weighing ≥ 35kg & children < 12 years of age and weighing ≥ 35kg: 10mg three to four times per day. Maximum dose: 40mg/day. | |
| Donepezil HCl 5 mg Tablet | | A/KK | 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. | |
| Donepezil Hydrochloride 10mg Orodispersible Tablet | PSIKIATRI GERIATRIK | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Donepezil Hydrochloride 5mg Orodispersible Tablet | PSIKIATRI GERIATRIK | 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. | |
| Dopamine HCl 40 mg/ml Injection | | 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. | |
| Dorzolamide HCl 2% Ophthalmic Solution | OFTALMOLOGI | 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. | C/S |
| Dothiepin HCl 25 mg Capsule | PSIKIATRI | A | Depression of any aetiology. | Initially 75 mg (ELDERLY 50-75 mg) daily in divided doses or single dose at bedtime, increased gradually as necessary to 150 mg daily (ELDERLY 75 mg may be sufficient), up to 225 mg daily in some circumstances. CHILD is not recommended. | |
| Doxazosin Mesilate 4 mg CR Tablet | | A* | Benign Prostatic Hyperplasia. | 4 mg once daily to maximum 8mg/day. | |

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| Doxorubicin HCl 2mg/ml Injection | | A | i) Solid tumours, leukaemia, non-Hodgkin's lymphoma.<br>ii) Leukaemia (ALL induction).<br>iii) Multiple myeloma. | i) 30 - 75 mg/m2 IV as a single dose at 21 day intervals.<br>ii) 25 - 45 mg/m2 once a week for the first 4 weeks during induction or re-induction phase (refer to specific protocol.<br>Caution: Total cumulative dose of doxorubicin must not exceed 550 mg/m2 due to risk of cardiotoxicity. CHILD: 30 mg/m2/dose over 6 - 24 hours for 1 - 2 days. Need to check cardiac function closely by echocardiography every cumulative dose of 100 mg/m2 to maximum 360 mg/m2.<br>iii) 9 mg/m2 over 24 hours infusion for 4 days at monthly intervals. | |
| Doxycycline 100 mg Capsule | | B | Prophylaxis and treatment for infections due to susceptible organisms. | Prophylaxis 100-200mg daily or weekly. Treatment 100-300mg daily. Dosing is individualised based on type of infections and according to product insert/protocol. | |
| D-Penicillamine 0.25 gram Capsule | | A | i) Treatment of severe lead poisoning, it is used as adjunctive treatment following initial treatment with another chelating agent. May also be used as sole therapy in the treatment of asymptomatic patients with moderately elevated blood concentrations.<br>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.<br>ii) Wilson's disease: 0.25g - 1.5g daily on an incremental basis. Maximal daily dose: 2g. Maintenance dose: 0.75g - 1g daily. | UKK (IMPORT PERMIT) |
| Duloxetine 30 mg Capsule | | A* | i) Major depressive disorder.<br>ii) Diabetic peripheral neuropathic pain. | i) & ii) ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | iii) Generalised Anxiety Disorder. | iii) Generalised Anxiety: Initial dose: 30 mg OD with or without food Maintenance dose: 60 mg OD. | |
| Duloxetine 60 mg Capsule | | A* | i) Major depressive disorder.<br>ii) Diabetic peripheral neuropathic pain.<br>iii) Generalised Anxiety Disorder. | i) & ii) ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended.<br>iii) Generalised Anxiety: Initial dose: 30 mg OD with or without food Maintenance dose: 60 mg OD. | |
| Dupilumab 300mg Solution for Injection in Pre-filled Syringe | RESPIRATORI | A* | (i) Indicated for the treatment of adult patients with severe atopic dermatitis (AD) whose disease is not adequately controlled with systemic immunosuppressants and / or phototherapy or when those therapies are not advisable. Dupilumab can be used with or without topical corticosteroids. (ii) Dupilumab is indicated in adults and adolescents 12 years and older as an add on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO). Dupilumab is indicated as maintenance therapy for oral corticosteroid-dependent asthma. | Indication (i): The recommended dose is an initial dose of 600 mg (two 300 mg injections), followed by 300 mg given every other week.<br>Indication (ii):<br>• An initial dose of 400 mg (two 200 mg injections) followed by 200 mg given every other week as subcutaneous injection<br>• For patients with severe asthma and who are on oral corticosteroids or for patients with severe asthma and co-morbid moderate-to-severe atopic dermatitis or adults witsh co-morbid severe chronic rhinosinusitis with nasal polyposis, an initial dose of 600 mg (two 300 mg injections), followed by 300 mg every other week as subcutaneous injection | |
| Dutasteride 0.5 mg Capsule | | A* | Benign prostatic hyperplasia in men with | 0.5 mg daily. | |

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| | | | an enlarged prostate gland. | | |
| Dutasteride 0.5mg and Tamsulosin 0.4mg Capsule | | A* | Combination therapy for the treatment of moderate to severe symptoms of BPH with:<br>i) Large prostate (>30g).<br>ii) Poor risk or not fit for surgery.<br>iii)Those who are awaiting their turn for surgery. | One capsule daily. | |
| Dydrogesterone 10 mg Tablet | | A/KK | i) Dysmenorrhoea.<br>ii) Endometriosis.<br>iii) Dysfunctional uterine bleeding (to arrest and to prevent bleeding).<br>iv) Threatened abortion.<br>v) Habitual abortion.<br>vi) Post menopausal complaints (hormone replacement therapy in combination with oestrogen). | i) 10 mg bd from day 5 - 25 of cycle.<br>ii) 10 mg bd - tds from day 5 - 25 of the cycle or continuously.<br>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.<br>iv) 40 mg at once, then 10mg 8hrly until symptoms remit.<br>v) 10 mg bd until 20th week of pregnancy.<br>vi) 10-20 mg daily during last 12-14 days of each cycle. | |
| Edoxaban 30mg Film Coated Tablets | PERUBATAN AM KARDIO | A* | Indicated in prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, and age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA). | The recommended dose is 60 mg edoxaban once daily. Therapy with edoxaban in NVAF patients should be continued long term.<br>The recommended dose is 30 mg once daily in patients with one or more of the following clinical factors:<br>• Moderate or severe renal impairment (creatinine clearance (CrCL) 15 - 50 mL/min)<br>• Low body weight ≤ 60 kg<br>• Concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole. | |

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| Edoxaban 60mgFilm Coated Tablets | PERUBATAN AM KARDIO | A* | Indicated in prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation (NVAF) with one or more risk factors, such as congestive heart failure, hypertension, and age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack (TIA). | The recommended dose is 60 mg edoxaban once daily. Therapy with edoxaban in NVAF patients should be continued long term. The recommended dose is 30 mg once daily in patients with one or more of the following clinical factors:<br>• Moderate or severe renal impairment (creatinine clearance (CrCL) 15 - 50 mL/min)<br>• Low body weight ≤ 60 kg<br>• Concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole. | |
| Efavirenz 200 mg Capsule/Tablet | | A/KK | Combination therapy for HIV infections with a protease inhibitor and or Nucleoside Reverse Transcriptase Inhibitors (NRTIs). | ADULT: 600 mg once daily. ADOLESCENT & CHILD less than 17 years, more than 40 kg: 600 mg once daily, 32.5 - less than 40 kg: 400 mg once daily, 25 - less than 32.5 kg: 350 mg once daily, 20 - less than 25 kg: 300 mg once daily, 15 - less than 20 kg: 250 mg once daily, 13 - less than 15 kg: 200 mg once daily. No studies in children less than 3 years or less than 13 kg. Formulation unsuitable for children less than 40 kg. | |
| Efavirenz 600 mg Tablet | | 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. | |

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| Eltrombopag Olamine 25 mg Film-coated Tablet | HEMATOLOGI, PEDIATRIK, O&G ONKOLOGI (UKK) | A* | Short term use in idiopathic thrombocytopenic purpura patients as bridging therapy for splenectomy or surgery and in cases of severe bleeding. | Individualised dosage based on the patient's platelet count. Adult Initially 50 mg once daily. East Asian patient 25 mg once daily. Then, adjust dose to maintain platelet count ≥50,000/microliter. Max: 75 mg daily. | |
| Empagliflozin 10mg Tablet | | A/KK | Indication 1:<br>Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as: Add-on combination therapy: In combination with other glucose–lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.<br><br>Indication 2:<br>Indicated in patients with type 2 diabetes mellitus (T2DM) and established cardiovascular disease (CVD) to reduce the risk of cardiovascular (CV) death: As an adjunct to diet, exercise and standard of care, to reduce the risk of cardiovascular (CV) death.<br><br>Indication 3:<br>Indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in adults | Indication 1 & 2:<br>- Starting dose is 10 mg empagliflozin once daily for monotherapy and add-on combination therapy with other glucose-lowering medicinal products including insulin.<br>- In patients tolerating empagliflozin 10 mg once daily and need tighter glycaemic control, the dose can be increased to 25 mg once daily.<br>- The maximum daily dose is 25 mg.<br><br>Indication 3:<br>10mg once daily | |

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| | | | with heart failure (NYHA class II-IV). | | |
| Empagliflozin 25mg Tablet | | A/KK | i) Indicated in the treatment of T2DM to improve glycaemic control in adults as: Add-on combination therapy: In combination with other glucose–lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.<br>ii) Indicated in patients with type 2 diabetes mellitus (T2DM) and established cardiovascular disease (CVD) to reduce the risk of cardiovascular (CV) death: As an adjunct to diet, exercise and standard of care, to reduce the risk of cardiovascular (CV) death. | Starting dose is 10 mg empagliflozin once daily for monotherapy and add-on combination therapy with other glucose-lowering medicinal products including insulin. - In patients tolerating empagliflozin 10 mg once daily and need tighter glycaemic control, the dose can be increased to 25 mg once daily. - The maximum daily dose is 25 mg. | |
| Enalapril 20 mg Tablet | | B | i) Hypertension.<br>ii) Heart failure.<br>iii) Prevention of coronary ischemic events in patients with left ventricular dysfunction. | i) Initial: 5mg once daily. Maintenance: 10-20mg once daily Max. 40mg daily in 1-2 divided doses.<br>ii) & iii) Initial: 2.5mg once daily Maintenance: 20mg in 1-2 divided doses Max. 40mg daily in 2 divided doses Dosing is individualised and according to product insert / protocol. | |
| Enalapril 5 mg Tablet | | B | i) Hypertension.<br>ii) Heart failure.<br>iii) Prevention of coronary ischemic events in patients with left ventricular dysfunction. | i) Initial: 5mg once daily. Maintenance: 10-20mg once daily Max. 40mg daily in 1-2 divided doses.<br>ii) & iii) Initial: 2.5mg once daily Maintenance: 20mg in 1-2 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | divided doses Max. 40mg daily in 2 divided doses Dosing is individualised and according to product insert / protocol. | |
| Enoxaparin Sodium 20 mg Injection | | A* | KATEGORI PRESKRIBER A*:<br>i) Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE<br>ii) Treatment of venous thromboembolic diseases (DVT and PE).<br>iii) Acute coronary syndrome:<br>a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid.<br>b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI).<br><br>KATEGORI PRESKRIBER A/KK:<br>Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is | KATEGORI PRESKRIBER A*<br>i) Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily.<br>High risk: 40mg SC 12 hours before surgery then 40mg SC once daily.<br>Medical patients: 40mg once daily.<br><br>ii) 1.5mg/kg once daily or 1mg/kg twice daily.<br><br>iii) 1 mg/kg every 12 hours.<br><br>KATEGORI PRESKRIBER A/KK:<br><50 kg: 20mg OD<br>50-90 kg: 40mg OD<br>91-130 kg: 60mg OD<br>131-170 kg: 80mg OD<br>>170 kg: 0.6mg/kg/day | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | necessary prior treatment initiation. Healthcare facilities are advised to refer to "Panduan Penggunaan Ubat- Ubatan yang Mengandungi Unsur Tidak Halal". | | |
| Enoxaparin Sodium 40 mg Injection | | A* | KATEGORI PRESKRIBER A*:<br>i) Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE<br>ii) Treatment of venous thromboembolic diseases (DVT and PE).<br>iii) Acute coronary syndrome:<br>a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid.<br>b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI).<br><br>KATEGORI PRESKRIBER A/KK:<br>Prevention of DVT in antenatal and/or | KATEGORI PRESKRIBER A*<br>i) Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily.<br>High risk: 40mg SC 12 hours before surgery then 40mg SC once daily.<br>Medical patients: 40mg once daily.<br><br>ii) 1.5mg/kg once daily or 1mg/kg twice daily.<br><br>iii) 1 mg/kg every 12 hours.<br><br>KATEGORI PRESKRIBER A/KK:<br><50 kg: 20mg OD<br>50-90 kg: 40mg OD<br>91-130 kg: 60mg OD<br>131-170 kg: 80mg OD<br>>170 kg: 0.6mg/kg/day | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is necessary prior treatment initiation. Healthcare facilities are advised to refer to "Panduan Penggunaan Ubat- Ubatan yang Mengandungi Unsur Tidak Halal". | | |
| Enoxaparin Sodium 60 mg Injection | | A* | KATEGORI PRESKRIBER A*:<br>i) Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE<br>ii) Treatment of venous thromboembolic diseases (DVT and PE).<br>iii) Acute coronary syndrome:<br>a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid.<br>b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI). | KATEGORI PRESKRIBER A*<br>i) Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily.<br>High risk: 40mg SC 12 hours before surgery then 40mg SC once daily.<br>Medical patients: 40mg once daily.<br><br>ii) 1.5mg/kg once daily or 1mg/kg twice daily.<br><br>iii) 1 mg/kg every 12 hours.<br><br>KATEGORI PRESKRIBER A/KK:<br><50 kg: 20mg OD<br>50-90 kg: 40mg OD<br>91-130 kg: 60mg OD<br>131-170 kg: 80mg OD<br>>170 kg: 0.6mg/kg/day | |

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| | | | KATEGORI PRESKRIBER A/KK:<br>Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is necessary prior treatment initiation. Healthcare facilities are advised to refer to "Panduan Penggunaan Ubat- Ubatan yang Mengandungi Unsur Tidak Halal". | | |
| Entacapone 200 mg Tablet | | A | Parkinson's Disease. An adjunct to standard levodopa/benserazide or levodopa/carbidopa for use in patients with parkinson's disease and end of dose motor fluctuations, who cannot be stabilised on those combinations. | 200 mg to be taken with each daily dose of levodopa/dopa-decarboxylase inhibitor. Max 2g daily. May be taken with or without food. | |
| Entecavir 0.5 mg Tablet | | A* | First line treatment of Chronic Hepatitis B in patients who satisfy the criteria for treatment and require long-term therapy or have a very high baseline viral load. | 0.5-1mg once daily. Renal Dose Adjustment: 0.5-1mg every 48hours (30-49ml/min); 0.5-1mg every 72hours (10-29ml/min); 0.5mg-1mg every 5-7 days (<10ml/min; HD or CAPD). | |
| Eperisone HCl 50 mg Tablet | ORTOPEDIK RHEUMATO NEUROSURG ERI | A | Myotonic symptoms associated with cervical syndrome, periarthritis of shoulder and lumbago spastic paralysis. | 50 mg 3 times daily. | C/S |
| Ephedrine HCl 30 mg/ml Injection | | B | Treatment of bronchial spasm in asthma, adjunct to correct haemodynamic imbalances and treat hypotension in epidural and spinal anaesthesia. | By IM, SC or IV. Severe, acute bronchospasm : 12.5-25 mg. Further dosage should be determine by patient response. When used as a pressor agent : ADULT 25 - 50 mg SC/IM. If necessary, a second IM dose of | |

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| | | | | 50 mg or an IV dose of 25 mg may be given. Direct IV injection, 10 - 25 mg may be given slowly. Maximum parenteral ADULT dose : 150 mg in 24 hours. CHILD : 3 mg/kg or 100 mg/m2 SC or IV daily, in 4 - 6 divided doses. | |
| Epirubicin 10 mg Injection | | A* | i. Solid tumour.<br>ii. Non-Hodgkin's lymphoma.<br>iii. Leukaemia (ALL induction).<br>iv. Lymphoma. | 75 - 90mg/m2 body area injected IV in 3 - 5 min, repeated at 21 day intervals.Higher doses up to 135mg/m2 as single agent and 120mg/m2 as combination (effective in treatment of breast cancer) CHILD: 50 mg/m2 over 6 hours. Schedule depends on protocol.Refer to specific product for dosing information. | |
| Epirubicin 50 mg Injection | | A* | i. Solid tumour.<br>ii. Non-Hodgkin's lymphoma.<br>iii. Leukaemia (ALL induction).<br>iv. Lymphoma. | 76 - 90mg/m2 body area injected IV in 3 - 5 min, repeated at 21 day intervals.Higher doses up to 135mg/m2 as single agent and 120mg/m2 as combination (effective in treatment of breast cancer) CHILD: 50 mg/m2 over 6 hours. Schedule depends on protocol.Refer to specific product for dosing information. | |
| Ertapenem 1 g Injection | | A* | i) Patient with confirm ESBL producing gram-negative infection.<br>ii) Empiric treatment for severe community acquired pneumonia or other infections when Pseudomonas aeruginosa is not suspected. | ADULT: 1 g once daily. CHILD 3 month to 12 years: 15 mg/kg twice daily. Not to exceed 1 g/ day. | |
| Erythromycin Ethylsuccinate 200 mg/5 ml Suspension | | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Erythromycin Ethylsuccinate 400 mg Tablet | | 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. | |
| Erythromycin Lactobionate 500 mg Injection | | A* | Only for treatment of:<br>i) certain forms of meningitis.<br>ii) septicaemia not responding to usual antibiotics.<br>iii) mycoplasma pneumonia.<br>iv) infection with gram-positive organisms (e.g. tetanus, streptococcal infection) associated with Penicillin allergy, only when oral erythromycin cannot be given. | Adult & Child: 25 - 50mg/kg /day infusion every 6 hours.<br>Maximum: 4 g/day. | |
| Erythropoietin Human Recombinant 2000 IU Injection | | A* | i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who have haemoglobin less than 10 g/dL or are exhibiting symptoms of anaemia although haemoglobin more than 10 g/dL and pre-transplant cases.<br>ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy. | a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly.<br>b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly<br>Dosing is according to product insert. | |
| Erythropoietin Human Recombinant 4000 IU Injection | | A | i) Treatment of anaemia associated with chronic renal failure. Dialysis patients who have haemoglobin less than 10 g/dL or are exhibiting symptoms of anaemia although haemoglobin | a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly.<br>b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly<br>Dosing is according to product insert. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | more than 10 g/dL and pre-transplant cases.<br>ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy. | | |
| Escitalopram 10 mg Tablet | | B | i) Major depression.<br>ii) Treatment of panic disorder with or without agoraphobia. | i) 10 mg once daily; may be increased to max 20 mg daily.<br>ii) Panic disorder with or without agoraphobia :Initially 5 mg for the first week, thereafter increased to 10 mg daily. Max 20 mg daily, ELDERLY initially half the adult dose, lower maintenance dose may be sufficient. CHILD and ADOLESCENT under 18 years not recommended. | |
| Esmolol HCl 10 mg/ml Injection | ANESTESIOLOGI, KARDIO-ANEST, KECEMASAN | A* | i) Supraventricular tachycardia ii) Intraoperative and postoperative tachycardia and/or hypertension (including in pregnancy). | i) & ii) 50-200 mcg/kg/min. Dosing is invidualised and according to product insert/protocol. | |
| Esomeprazole 40 mg Injection | | A* | i) Acute erosive/ ulcerative oesophagitis.<br>ii) Non -variceal upper gastrointestinal bleed. | i) 20- 40 mg once daily for 2-5 days.<br>ii) 80 mg by IV bolus followed by 8mg/hour infusion for 72 hours. | |
| Esomeprazole 40 mg Tablet | | A | i) Gastro-oesophageal reflux disease.<br>ii) H. pylori eradication. | i) 20mg daily for 4-8 weeks.<br>ii) 40mg daily for 10 days in combination with amoxicillin 1g twice daily or clarithromycin 500mg twice daily. | |
| Essential Phospholipids, nicotinamide, cyanocobalamine, tocopheryl, pyridoxine, thiamine, riboflavine Capsule | | A/KK | Nutritional support in the management of damaged liver (due to chronic liver disease, liver cirrhosis, fatty liver & intoxication by hepatotoxic substances). | 1-2 capsules 3 times a day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Estradiol 1 mg & Estradiol 1 mg with Dydrogesterone 10 mg Tablet | | A* | Hormone Replacement Therapy for women with disorders due to natural or surgically induced menopause with intact uterus. | One tablet daily without pill-free interval, starting with 1 mg of Estradiol for first 14 days, followed by 1mg Estradiol with 10 mg Dydrogestrone daily for the next 14 days. | |
| Estradiol 1 mg with Dydrogesterone 5 mg Tablet | | A* | i) Hormone replacement therapy for the relief of symptoms due to oestrogen deficiency in women with a uterus.<br>ii) Prevention of postmenopausal osteoporosis in women with a uterus. | One tablet is to be taken daily for a 28-day cycle. | |
| Estradiol Valerate 1 mg Tablet | | A* | i) Hormone replacement therapy (HRT) for the treatment of signs and symptoms of estrogen deficiency due to natural menopause or castration.<br>ii) Prevention of postmenopausal osteoporosis. | 1-2 mg daily continuously. Titrate to the minimum effective dose necessary to control symptoms. | |
| Estradiol Valerate 2 mg and Norgestrel 500 mcg with Estradiol Valerate 2 mg Tablet | | B | i) Hormone replacement therapy (HRT) for the treatment of signs and symptoms of estrogen deficiency due to menopause or hypogonadism, castration or primary ovarian failure in women with an intact uterus.<br>ii) Prevention of postmenopausal osteoporosis.<br>iii) Control of irregular menstrual cycles.<br>iv) Treatment of primary or secondary amenorrhea. | One white tablet daily for the first 11 days, followed by one light brown tablet daily for 10 days then stop for a 7- day tablet-free interval before commencing next pack. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Etanercept 50 mg Injection | RHEUMATOLOGI, DERMATOLOGI (UKK) | A* | i) Moderately to severe rheumatoid arthritis as monotherapy or in combination with methotrexate in patients with inadequate response to methotrexate alone.<br>ii) Active polyarticular-course juvenile idiopathic arthritis in children 2-17 years with inadequate response to, or who have proved intolerant of methotrexate.<br>iii) Psoriatic arthritis as monotherapy or in combination with methotrexate in patients inadequate response to methotrexate alone.<br>iv) Active ankylosing spondylitis in adults. | Adult & geriatric dose: Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis; 50 mg SC once-weekly for once-weekly dosing or 25 mg SC twice weekly (individual doses should be separated by 72 to 96 hours) for twice-weekly dosing. Paediatric dose (2 to 17 years): Juvenile idiopathic arthritis; 0.8 mg/kg (max. 25 mg/dose) SC once weekly for once-weekly dosing or 0.4 mg/kg (max. 25 mg/dose) SC twice weekly (individual doses should be separated by 72 to 96 hours) for twice-weekly dosing. | |
| Ethambutol HCl 400 mg Tablet | | 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. | |
| Ether Solvent | | C | To remove adhesive plaster from the skin. | Dose depending on the route and procedure. | |
| Ethionamide 250 mg Tablet | | 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. | |
| Ethyl Chloride 100ml Spray | | C | For minor surgical procedures including lancing boils, incision and drainage of small | Spray to affected area at a distance of about 30cm until a fine white film is produced. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | abscesses, pain due to athletic injuries and pain due to injection administration. | | |
| Etomidate 20 mg/10 ml Injection | | A* | Induction of general anaesthesia for haemodynamically unstable patients. | Adult: 300 mcg/kg given slowly over 30-60 seconds into a large vein in the arm. Child: Up to 30% more than the standard adult dose. Elderly: 150-200 mcg/kg, subsequently adjusted according to effects. | |
| Etonogestrel 68 mg Implant | O&G | A/KK | Contraception. | Subdermal insertion: A single implant is effective for 3 years (to be removed 3 years from the date of insertion). | C/S |
| Etoposide 100 mg/5 ml Injection | | A* | i) For treatment of children with solid tumours, juvenile myelomonocytic leukemia (JMML) and Langerhan cell histiocytosis.<br>ii) Leukaemia, lymphoma.<br>iii) Solid tumour. | i) CHILD: 60-120 mg/m2/day by IV for 3 - 5 days every 3 - 6 weeks depending on protocols.<br>ii) Maintenance or palliative chemotherapy for elderly acute myeloid leukemia, consolidation therapy for acute lymphoblastic leukemia, stem cell mobilization (Refer to protocol).<br>iii) 100 mg/m2 by IV every other day for 3 doses repeated every 3-4 weeks. | |
| Etoposide 50mg capsule | HEMATOLOGI | A* | Treatment of small cell lung cancer and malignant lymphomas. | Normal adult dose is 175mg-200mg daily for 5 consecutive days orally, followed by recession (withdrawal) interval of 3 weeks. Repeat administration as necessary. Increase or reduce dose as appropriate, according to the particular disease or symptoms. | UKK |
| Etoricoxib 120 mg Tablet | | A/KK | i) Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA).<br>ii) Acute gouty arthritis.<br>iii) Acute pain. | i) OA: 60 mg once daily. RA: 90 mg once daily.<br>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). | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Etoricoxib 90 mg Tablet | | A/KK | i) Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA).<br>ii) Acute gouty arthritis.<br>iii) Acute pain. | i) OA: 60 mg once daily. RA: 60mg once daily and may be increased to 90mg once daily if needed.Once the patient is stabilized, down-titration to 60mg once daily may be appropriate.<br>ii & iii) Acute gouty arthritis and acute pain: 120 mg once daily (Given the exposure to COX-2 inhibitors, doctors are advised to use the lowest effective dose for the shortest possible duration of treatment). | |
| Everolimus 0.25mg tablet | NEFROLOGI | A* | Indicated for the prophylaxis of organ rejection in adult patients at low to moderate immunological risk receiving an allogeneic renal or cardiac transplant in combination with ciclosporin for microemulsion and corticosteroids. | An initial dose regimen of 0.75 mg b.i.d., which is recommended for the general kidney and heart transplant population. The daily dose of everolimus should always be given orally in two divided doses (b.i.d.). | |
| Everolimus 0.75mg tablet | NEFROLOGI | A* | Indicated for the prophylaxis of organ rejection in adult patients at low to moderate immunological risk receiving an allogeneic renal or cardiac transplant in combination with ciclosporin for microemulsion and corticosteroids. | An initial dose regimen of 0.75 mg b.i.d., which is recommended for the general kidney and heart transplant population. The daily dose of everolimus should always be given orally in two divided doses (b.i.d.). | |
| Exemestane 25 mg Tablet | | A* | Treatment of post-menopausal women with advanced breast cancer whose disease has progressed following tamoxifen and | 25 mg once daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | non-steroidal aromatase inhibitors. | | |
| Ezetimibe 10 mg & Simvastatin 20 mg Tablet | | A* | Primary hypercholesterolemia. | Usual starting dose: 10/20 mg/day. | |
| Ezetimibe 10 mg Tablet | | 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.<br>ii) Monotherapy in patients with documented biochemical intolerance to statins. | 10 mg once daily. Not recommended for children less than 10 years old. | |
| Factor IX Injection | | A | Prevention and control of bleeding in patients with factor IX deficiency due to haemophilia B. | Number of factor IX units required = body weight (kg) x desired factor IX increase (%) x 1.0 IU/kg Dosing is individualised and according to product insert/protocol. | |
| Factor IX, Factor II, Factor VII and Factor X In Combination Injection | ANESTESIOLOGI, HEMATOLOGI, NEUROSURGERI, KARDIO-ANEST(UKK) | A* | i) Treatment and perioperative prophylaxis of bleeding in acquired deficiency of the prothrombin complex coagulation factors, such as deficiency caused by treatment with vitamin K antagonists, or in case of overdose of vitamin K antagonists, when rapid correction of the deficiency is required.<br>ii) Treatment and perioperative prophylaxis of bleeding in congenital deficiency of any of the vitamin K dependent coagulation factors only if purified specific | Amount and frequency of administration should be calculated on an individual patient basis. Individual dosage requirements can only be identified on the basis of regular determinations of the individual plasma levels of the coagulation factors of interest or on the global tests of the prothrombin complex levels (INR, Quick's test) and a continuous monitoring of the clinical condition of the patient. An approximate calculation is as follows: Required dose (IU) = body weight (kg) x desired factor rise (IU/dl or % of normal) x reciprocal of the estimated recovery, i.e. Factor II = 53 Factor VII = 59 Factor IX = 77 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | coagulation factor product is not available. | Factor X = 56 As product may differ from one to another, it is strongly advised to refer to the manufacturer (product insert) in regards to dosing calculation. | |
| Factor VIIa (Recombinant) eptacog alfa (activated) 50 KIU (1 mg) Injection | | A* | Treatment of bleeding episodes and prevention of excessive bleeding in connection with surgery in patients with inherited or acquired haemophilia with inhibitors to coagulation factors VIII or IX. | Initially 4.5 KIU (90 mcg)/kg body weight IV bolus over 2-5 minutes, followed by 3-6 KIU (60-120 mcg)/kg body weight depending on type & severity of haemorrhage or surgery performed. Dosing interval: initially 2-3 hour to obtain haemostasis and until clinically improved. If continued therapy is needed, dose interval can be increased successively to every 4, 6, 8 or 12 hours. | |
| Factor VIII (Human blood coagulation factor) & Von Willebrand factor Injection | | A* | i) The treatment and prophylaxis of haemorrhage or surgical bleeding in Von Willebrand Disease (VWD) when 1-deamino-8-D-arginine vasopressin (desmopressin, DDAVP) treatment alone is ineffective or contraindicated.<br>ii) The treatment and prophylaxis of bleeding associated with factor VIII deficiency due to haemophilia A. | i) Von Willebrand Disease: Spontaneous Bleeding Episodes: Initially, factor VIII 12.5-25 IU/kg and ristocetin cofactor 25-50 IU/kg followed by factor VIII 12.5 IU/kg and ristocetin cofactor 25 IU/kg subsequently every 12-24 hrs. Minor Surgery: Factor VIII 30 IU/kg and ristocetin cofactor 60 IU/kg daily. Major Surgery: Initially, factor VIII 30-40 IU/kg and ristocetin cofactor 60-80 IU/kg followed by factor VIII 15-30 IU/kg and ristocetin cofactor 30-60 IU/kg subsequently every 12-24 hrs. Prophylaxis: Factor VIII 12.5-20 IU/kg and ristocetin cofactor 25-40 IU/kg 3 times weekly.<br>ii) Hemophilia A therapy: Minor haemorrage: 10-15 IU/kg every 12-24 hours. Moderate to severe haemorrhage: 15-40 IU/kg every 8 to 24 hours. Minor surgery: Loading dose 20-30 IU/kg, maintenance dose 15-30 IU/kg. Major surgery: Loading dose | |

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| | | | | 40-50 IU/kg, maintenance dose 10-40 IU/kg. Prophylaxis: 25-40 IU/kg three times weekly As product may differ from one to another, it is strongly advised to refer to the manufacturer (product insert) in regards to dosing calculation. | |
| Factor VIII Inhibitor Bypassing Activity Injection | | A | i) Treatment and prophylaxis of hemorrhages in hemophilia A and B patients with inhibitors.<br>ii) Treatment and prophylaxis of hemorrhages in non-hemophilic patients who have developed inhibitors to Factors VIII, IX and XI.<br>iii) Treatment of patients with acquired inhibitors to Factors X and XIII.<br>iv) In the combination with Factor VIII concentrate for a long-term therapy to achieve a complete and permanent elimination of the Factor VIII inhibitor so as to allow for regular treatment with Factor VIII concentrate as in patients without inhibitor. | As a general guideline, a dose of 50 to 100IU/kg body weight is recommended, not exceeding an individual dose of 100IU/kg bw and a maximum daily dose of 200IU/kg bw. | |
| Fat Emulsion 20% for IV Infusion Injection | | A | Source of lipid in patients needing IV nutrition. | Dose to be individualised. ADULT usual lipid requirement 2-3 g/kg/day. INFANT 0.5-1 g/kg/day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Febuxostat 80 mg tablet | NEFROLOGI, RHEUMATOLOGI, HEMATOLOGI | A* | Treatment of chronic hyperuricaemia in adult patients, in conditions where urate deposition has already occurred (including a history, or presence of, tophus and/or gouty arthritis). Prescribing restriction(s): As second line for patients who are allergic or intolerant to allopurinol. | The recommended oral dose is 40 mg or 80 mg once daily without regard to food. The recommended starting dose is 40 mg once daily. If serum uric acid is > 6.0 mg/dL (357 µmol/L) after 2-4 weeks, 80 mg once daily may be considered. The 80 mg tablet can be divided into equal halves. In order to provide a 40 mg dose, the tablet should be split just before use. Prescribers should advise patients on how to break the tablets in half and to keep the other half for the next dose. | |
| Felodipine 10 mg Extended Release Tablet | | A/KK | Hypertension. | Initiate at 5 mg once daily. Usual dose, 5 - 10 mg once daily in the morning. | |
| Felodipine 5 mg Extended Release Tablet | | A/KK | Hypertension. | Initiate at 5 mg once daily. Usual dose, 5 - 10 mg once daily in the morning. | |
| Fenofibrate 145 mg tablet | | A/KK | Category of prescriber A/KK is approved for the following indications ONLY: As second line therapy after failed gemfibrozil in patients: i) Hypercholesterolemia and hypertriglyceridemia alone or combined [type IIa,IIb,III and V dysplipidemias] in patients unresponsive to dietary and other non-pharmacological measures especially when there is evidence of associated risk factors. ii) Treatment of secondary hyperlipoproteinemias if hyperlipoprotenemia persists despite effective treatment of underlying disease. | 145mg once daily, with or without food. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | iii) Dyslipidemia in Type 2 Diabetes Mellitus. Category of prescriber A* is approved for the following indication: Diabetic retinopathy Indicated for the reduction in the progression of diabetic retinopathy in patients with type 2 diabetes and existing diabetic retinopathy. Prescribing Restriction: To be initiated by endocrinologists and ophthalmologists only. | | |
| Fentanyl 12mcg/h Transdermal Patch | | A* | As a second line drug in the management of opioid responsive, moderate to severe chronic cancer pain. | ADULT and CHILD over 2 years previously treated with a strong opioid analgesic, initial dose based on previous 24-hour opioid requirement (consult product literature). If necessary dose should be adjusted at 72-hour intervals in steps of 12-25 mcg/hr. | |
| Fentanyl 25 mcg/h Transdermal Patch | | 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. | |
| Fentanyl 50 mcg/h Transdermal Patch | | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | previous 24 hours opioid requirement (oral morphine sulphate 90 mg over 24 hours = one 25 mcg/hour patch). Not recommended in children. | |
| Fentanyl Citrate 50 mcg/ml Injection | | A | Short duration analgesia during pre-medication induction and maintenance of anaesthesia, and in the immediate post-operative period. | Dose should be individualized according to age, body weight, physical status, underlying pathological conditions and type of surgery and anaesthesia. ADULT: Premedication: IM 50 - 100 mcg, 30 - 60 mins prior to surgery. Adjunct to general anaesthesia: Induction IV 50 - 100mcg, repeat 2 - 3 mins intervals until desired effect is achieved. IV/IM 25 - 50mcg in elderly and poor risk patients. Maintenance: IV/IM 25 - 50mcg. Adjunct to regional anaesthesia: IM/slow IV 50 - 100mcg when additinal analgesia is required. Post-operatively (recovery room): IM 50 - 100mcg for pain control, tachypnoea and emergency delirium. May be repeated in 1- 2 hours as needed. CHILD (2 - 12 years): Induction & maintenance: 2 - 3 mcg/kg. | |
| Ferric derisomaltose 100 mg/ml solution for injection /infusion | 5ML/VIAL - NEFROLOGI, HEMATOLOGI, KARDIO-ANEST, O&G<br><br>10ML/VIAL - HEMATOLOGI, O&G | A* | Indicated for the treatment of iron deficiency in the following conditions:<br>- when oral iron preparations are ineffective or cannot be used<br>- where there is a clinical need to deliver iron rapidly<br><br>Pres. Restrictions:<br>The diagnosis must be based on laboratory tests. | Intravenous bolus injection:<br>Up to 500 mg up to three times a week at an administration rate of up to 250 mg iron/minute.<br><br>Intravenous drip infusion:<br>Up to 20 mg iron/kg body weight or as weekly infusions until the cumulative iron dose has been administered.<br>If the cumulative iron dose exceeds 20 mg iron/kg body weight, the dose must be split in two administrations with an interval of at least one week. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | For cases where less number of administration and fewer medical visits or quick achievement of Hb target are imperative / crucial. | | |
| Ferrous controlled release 500 mg, Vitamin B1, Vitamin B2, Vitamin B6, Vitamin B12, Vitamin C, Niacinamide, Calcium Pantothenate, Folic Acid 800 mcg Tablet | | A/KK | Anemia due to iron deficiency, megaloblastic anemia where there is an associated deficiency of Vitamin C and Vitamin B-complex particularly in pregnancy. In primary health clinic, the indication is restricted to anemia due to iron deficiency in pregnant women ONLY. | One tablet daily. | |
| Ferrous Fumarate 200 mg Tablet | | C+ | Prevention and treatment of iron-deficiency anaemias. | Adult: Usual dose range: Up to 600 mg daily. May increase up to 1.2 g daily if necessary. Child: As syrup containing 140 mg(45 mg iron)/5ml. Preterm neonate: 0.6-2.4 ml/kg daily; up to 6 years old: 2.5-5ml twice daily. | |
| Ferrous iron (elemental iron ≥ 100mg), vitamin & mineral Capsule | | B | i) Iron deficiency anaemia.<br>ii) Nutritional deficiency anaemia and anaemia associated with pregnancy, worm infestation etc.<br>iii) Prophylaxis against iron deficiency and megaloblastic anaemia of pregnancy during the second and third trimester of pregnancy. | 1 capsule daily. | |
| Filgrastim (G-CSF) 30 MU/ml Injection | | A* | i) Prevention and treatment of febrile neutropenia due to cancer chemotherapy (except chronic myeloid leukaemia and | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | myelodysplastic syndrome).<br>ii) Haemopoeitic stem cell transplantation (HSCT)/stem cell harvesting. | neutrophil count of at least 1 x 109/L on 2 consecutive days).<br>ii) Refer to protocol. | |
| Filgrastim 30 MU in 0.5 ml Injection | HEMATOLOGI | A* | i) Prevention and treatment of febrile neutropenia due to cancer chemotherapy (except chronic myeloid leukaemia and myelodysplastic syndrome) ii) Haemopoeitic stem cell transplantation (HSCT)/stem cell harvesting | i) ADULT: 5 mcg/kg/day by SC or IV. Initiation: 24 - 72 hours after chemotherapy. Duration: Until a clinically adequate neutrophil recovery is achieved (absolute neutrophil count of at least 1 x 109/L on 2 consecutive days) ii) Refer to protocol | |
| Finasteride 5 mg Tablet | | A* | Treatment and control of benign prostatic hyperplasia. | 5 mg once daily. | |
| Fingolimod 0.5mg Capsule | NEUROLOGI | A* | Treatment of patients with relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability. | 0.5mg orally once daily. | |
| Flecainide Acetate 100 mg Tablet | KARDIOLOGI, PEDIATRIK/KARDIO-PEADS | A* | i) Sustained monomorphic ventricular tachycardias.<br>ii) Preexcited atrial fibrillation associated with Wolff-Parkinson White Syndrome.<br>iii) Reciprocating Atrio-Ventricular tachycardias (AVT) associated with Wolff-Parkinson White Syndrome iv) Supraventricular tachycardias due to | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | Intra-Atrio Ventricular Nodul Reentry. | | |
| Fluconazole 100 mg Capsule | | A | i) Cryptococcosis. a) cryptococcal meningitis and infections of other sites (e.g.,pulmonary, cutaneous). b) Prevention of relapse of cryptococcal meningitis in patients in AIDS after a full course of primary therapy. ii) Systemic candidiasis, including candidemia, disseminated candidiasis and other forms of invasive candidal infections. These include infections of the peritoneum, endocardium, eye, and pulmonary and urinary tracts. iii) Mucosal candidiasis. a) Oropharyngeal candidiasis. b) Chronic oral atrophic candidiasis (denture sore mouth). c) Oesophageal, non-invasive bronchopulmonary infections, candiduria, mucocutaneous candidiasis. d) Prevention of relapse of oropharyngeal candidiasis in patients with AIDS, after a full course of primary therapy. iv) Genital candidiasis. a) Vaginal candidiasis (acute or recurrent). b) Prophylaxis of recurrent | i) a) 400mg on Day1 followed by 200mg to 400mg once daily usually at least 6 to 8 weeks for cryptococcal meningitis. CHILD ≥4 weeks-11 years: Treatment:6-12mg/kgoncedaily. b) 200 mg once daily indefinitely. CHILD:- Maintenance: 6mg/kg once daily. ii) 400 mg on Day 1 followed by 200 mg once daily CHILD ≥ 4weeks-11years: 6-12mg/kg once daily. iii) a) 50mg to 100mg once daily for 7 to 14 days CHILD:- Loading dose: 6mg/kg on Day 1 followed by 3mg/kg daily. b) 50 mg once daily for 14 days concurrently with local antiseptic measures to the denture. c) 50 mg to 100 mg once daily for 14 to 30 days. CHILD:- 0-14days: Initially, 6mg/kg, followed by 3mg/kg every 72 hours. Max: 12 mg/kg 72 hourly. 15-27 days: Initially, 6mg/kg, followed by 3 mg/kg every 48 hours. Max: 12 mg/kg 48 hourly. 28 days-11 years: Initially, 6 mg/kg, followed by 3 mg/kg once daily. d)150 mg once weekly. iv) a) 150 mg as a single oral dose. b) 150 mg once-monthly dose may be used for usually4 to 12 months c) 150 mg as a single oral dose. v) 50 mg to 400 mg once daily. vi) a) 150 mg once weekly or 50 mg once daily for normally 2 to 6 weeks b)300mg once weekly for 2weeks; a third weekly dose of 300-400mg. An alternate dosing regimen is 50mg once daily for 2 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | vaginal candidiasis (three or more episodes a year). c) Candidal balanitis. v) Prevention of fungal infections in patients with malignancy who are predisposed to such infections as a result of cytotoxic chemotherapy or radiotherapy. vi) Dermatomycosis. a) Tinea pedis, tinea corporis, tinea cruris and dermal Candida infections. b) Tinea versicolor. | to 4 weeks. Dosing is individualised and according to product insert/protocol. | |
| Fluconazole 2 mg/ml Injection | | A | i) Cryptococcosis. a) cryptococcal meningitis and infections of other sites (e.g.,pulmonary, cutaneous) b) Prevention of relapse of cryptococcal meningitis in patients in AIDS after a full course of primary therapy ii) Systemic candidiasis, including candidemia, disseminated candidiasis and other forms of invasive candidal infections. These include infections of the peritoneum, endocardium, eye, and pulmonary and urinary tracts. iii) Mucosal candidiasis. a) Oropharyngeal candidiasis. b) Chronic oral atrophic candidiasis (denture sore mouth). c) Oesophageal, non-invasive | i) a) 400mg on Day 1 followed by 200mg to 400mg once daily usually at least 6 to 8 weeks for cryptococcal meningitis. CHILD ≥4 weeks-11 years: Treatment:6-12mg/kgoncedaily. b) 200 mg once daily indefinitely. CHILD:- Maintenance: 6mg/kg once daily. ii) 400 mg on Day 1 followed by 200 mg once daily CHILD ≥ 4weeks-11years: 6-12mg/kg once daily. iii) a) 50mg to 100mg once daily for 7 to 14 days CHILD:- Loading dose: 6mg/kg on Day 1 followed by 3mg/kg daily. b) 50 mg once daily for 14 days concurrently with local antiseptic measures to the denture. c) 50 mg to 100 mg once daily for 14 to 30 days. CHILD:- 0-14days: Initially, 6mg/kg, followed by 3mg/kg every 72 hours. Max: 12 mg/kg 72 hourly. 15-27 days: Initially, 6mg/kg, followed by 3 mg/kg every 48 hours. Max: 12 mg/kg 48 hourly. 28 days-11 years: Initially, 6 mg/kg, followed by 3 | |

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| | | | bronchopulmonary infections, candiduria, mucocutaneous candidiasis. d) Prevention of relapse of oropharyngeal candidiasis in patients with AIDS, after a full course of primary therapy.<br>iv) Genital candidiasis. a) Vaginal candidiasis (acute or recurrent). b) Prophylaxis of recurrent vaginal candidiasis (three or more episodes a year). c) Candidal balanitis.<br>v) Prevention of fungal infections in patients with malignancy who are predisposed to such infections as a result of cytotoxic chemotherapy or radiotherapy.<br>vi) Dermatomycosis. a) Tinea pedis, tinea corporis, tinea cruris and dermal Candida infections. b) Tinea versicolor. | mg/kg once daily. d) 150 mg once weekly.<br>iv) a) 150 mg as a single oral dose. b) 150 mg once-monthly dose may be used for usually 4 to 12 months. c) 150 mg as a single oral dose. v) 50 mg to 400 mg once daily.<br>vi) a) 150 mg once weekly or 50 mg once daily for normally 2 to 6 weeks. b) 300mg once weekly for 2weeks; a third weekly dose of 300-400mg. An alternate dosing regimen is 50mg once daily for 2 to 4 weeks. Dosing is individualised and according to product insert/protocol. | |
| Flucytosine 500 mg Tablet | PERUBATAN AM | A* | Only for the treatment of fungal meningitis. | ADULT: 50 - 150 mg/kg/day in 4 divided doses. | UKK (IMPORT PERMIT) |
| Fludarabine Phosphate 50 mg Injection | | A* | B-cell chronic lymphocytic leukaemia who have not responded to or whose disease had progressed during or after treatment with at least one standard alkylating-agent containing regimen. | 25 mg/m2 daily for 5 consecutive days every 28 days. May be administered up to the achievement of a maximal response (usually 6 cycles) and then the drug should be discontinued. Reduce dose by up to 50% in patients with mild to moderate renal impairment (30-70ml/min). | |

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| Fludrocortisone Acetate 0.1 mg Tablet | ENDOKRIN, PEDIATRIK | 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<br>Dosing is individualised and according to product insert/ protocol | UKK (IMPORT PERMIT) |
| Flumazenil 0.1 mg/ml Injection | | B | i) Diagnosis and/or management of benzodiazepine overdose due to self-poisoning or accidental overdose.<br>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.<br>ii) 0.2 mg IV over 15 seconds; if desired level of consciousness is not obtained after waiting 45 seconds, a second dose of 0.2 mg IV may be given and repeated at 60-seconds intervals as needed (up to a maximum of 4 additional times) to a maximum total dose of 1 mg; most patients respond to doses of 0.6 to 1 mg; in the event of resedation, repeated doses may be given at 20-minutes intervals if needed; for repeat treatment, no more than 1 mg (given as 0.5 mg/minute) should be given at any one time and no more than 3 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | mg should be given in any one hour. | |
| Flunarizine HCl 5 mg Capsule | | B | i) Migraine prophylaxis.<br>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.<br>ii) 5 - 10 mg at night. If no improvement after 1 month, discontinue treatment. | |
| Fluorescein 1 mg Ophthalmic Strip | | B | Used in diagnostic examinations. | Moisten tip with tear fluid from lower fornix, sterile water or ophthalmic solution and gently stroke across the conjunctiva. | |
| Fluorescein Sodium 10% in 5 ml Injection | | A | Diagnostic fluorescein angiography or angioscopy of the fundus and of the iris vasculature. | ADULT: Inject 5 mL of Fluorescein 10% solution for injection rapidly into the antecubital vein after taking precautions to avoid extravasation.<br><br>Dosing is individualised and according to product insert/protocol. | |
| Fluorometholone 0.1% Ophthalmic Suspension | | A* | Treatment of steroid responsive ocular inflammation. | 1-2 drops 2 to 4 times daily. During the initial 24-48 hr, dose may be increased to 2 drops 2 hourly. | |
| Fluorouracil 50 mg/ml Injection | | A* | Solid tumours.<br>Ophtalmological indication: trabeculectomy. | Intravenous Infusion: 15 mg/kg bodyweight (to a maximum of 1 g daily) diluted in 300-500mL of 5% glucose given over a period of 4 hours. 12 mg/kg bodyweight daily for 3 consecutive days. Providing there are no signs of toxic effects, the patient may then be given 6mg/kg I.V. on the 5th, 7th and 9th days. If after the 9th day there is still no sign of toxicity, the patient may be placed on maintenance therapy. Maintenance Therapy: 5 - 10mg/kg bodyweight by I.V. injection once a week. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Fluoxetine HCl 20 mg Capsule | | A/KK | i) Depression.<br>ii) Obsessive-compulsive disorder. | 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).<br>ii) Initially 20 mg once daily increased after 2 weeks if necessary, usual dose 20 - 60 mg (ELDERLY 20 - 40 mg) once daily, max 80 mg (ELDERLY max 60 mg) once daily, discontinue if no improvement within 10 weeks. CHILD and ADOLESCENT under 18 years are not recommended. | |
| Flupenthixol Decanoate 20mg/ml Injection | | B | Chronic psychoses. | By deep IM, initial test dose of 5-20 mg, then after at least 7 days. 20 - 40 mg repeated at intervals of 2 - 4 weeks. Maximum 400 mg weekly. Usual maintenance dose 50 mg every 4 weeks to 300 mg every 2 weeks. ELDERLY, initially quarter to half adult dose. CHILD not recommended. Deep IM recommended. Not for IV use. | |
| Fluphenazine Decanoate 25 mg/ml Injection | | 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. | |
| Fluticasone Furoate 27.5 mcg/dose Nasal Spray | OTORINOLARINGOLOGI, PEDIATRIK, RESPIRATORI | 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. | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Fluticasone Propionate 125 mcg/dose Inhaler | | B | Prophylactic treatment for asthma. | ADULT and CHILD more than 16 years i) Mild asthma : 100 mcg - 250 mcg BD.<br>ii) Moderate : 250 - 500 mcg BD.<br>iii) Severe : 500 mcg - 1000 mcg BD. Alternatively, the starting dose of fluticasone may be gauged at half the total daily dose of beclomethasone dipropionate or equivalent administered by inhalation. | |
| Fluticasone propionate 250mcg and formoterol fumarate dihydrate 10 mcg per actuation pressurized inhalation, suspension | RESPIRATORI | A/KK | Indicated in the regular treatment of asthma where the use of a combination product (an inhaled corticosteroid and a long-acting β2 agonist) is appropriate: i) For patients not adequately controlled with inhaled corticosteroids and 'as required' inhaled short-acting β2 agonist.<br>ii) For patients already adequately controlled on both an inhaled corticosteroid and a long-acting β2 agonist. | Two inhalations (puffs) twice daily normally taken in the morning and in the evening. | |
| Fluvoxamine 100 mg Tablet | | B | i) Depression.<br>ii) Obsessive Compulsive Disorder. | i)Initial: 50 - 100 mg OD in the evening, increased if necessary to 300 mg OD (over 150 mg in divided doses); usual maintenance dose 100 mg OD. CHILD and ADOLESCENT under 18 years not recommended.<br>ii) Starting dose is 50 mg per day for 3 – 4 days.(The effective dosage is 100-300 mg). The starting dose for children from 8 years on and adolescents is 25mg per day, preferably at bedtime. (Max: 200 mg) (>50mg divided dose). | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Fluvoxamine 50 mg Tablet | | B | i) Depression.<br>ii) Obsessive Compulsive Disorder. | i) Initial: 50 - 100 mg OD in the evening, increased if necessary to 300 mg OD (over 150 mg in divided doses); usual maintenance dose 100 mg OD. CHILD and ADOLESCENT under 18 years not recommended.<br>ii) Starting dose is 50 mg per day for 3 – 4 days.(The effective dosage is 100-300 mg). The starting dose for children from 8 years on and adolescents is 25mg per day, preferably at bedtime. (Max: 200 mg) (>50mg divided dose). | |
| Folic Acid 5 mg Tablet | | C+ | i) For the prevention and treatment of folate deficiency states.<br>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.<br>ii) 5 mg daily starting before pregnancy and continued through the first trimester. | |
| Follitropin Alpha (Recombinant Human FSH) 75IU Injection | | A* | For the treatment of infertility in the following clinical situations:<br>i) Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to treatment with clomiphene citrate.<br>ii) Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART). | i) 75 - 150 IU daily, should commence within the first 7 days of the menstrual cycle and increased by 37.5 IU or 75 IU at 7 or 14 days interval. Max daily dose 225 IU<br>ii) 150 - 225 IU daily commencing on days 2 or 3 of the cycle. Max daily dose 450 IU.<br>Dosing is individualised and according to product insert/protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Fondaparinux Sodium 12.5 mg/ml Injection in Prefilled Syringe | | A* | i) Treatment of acute Deep Vein Thrombosis (DVT).<br>ii) Treatment of acute Pulmonary Embolism (PE). | The recommended dose to be administered by SC injection once daily is: 5mg for body weight less than 50kg, 7.5mg for body weight 50 to 100kg, 10mg for body weight greater than 100kg. Treatment should be continued for at least 5 days and until adequate oral anticoagulation is established (INR 2 to 3). Concomitant treatment with vitamin K antagonists should be initiated as soon as possible, usually within 72 hours. The usual duration of treatment is 5 to 9 days. | |
| Fondaparinux Sodium 2.5 mg/0.5 ml Injection | | A*, A | Prescribing Category A*:<br>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.<br><br>Precribing Category A:<br>i) Treatment of unstable angina or non-ST segment elevation myocardial infarction [UA/NSTEMI] in patients for whom urgent invasive management (PCI) is not indicated.<br>ii) Treatment of ST segment elevation myocardial infarction (STEMI) in patients managed with thrombolytics or are not receiving other forms of reperfusion therapy | Prescribing Category A*:<br>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.<br><br>Precribing Category A:<br>i) ADULT more than 18 years: 2.5 mg once daily given by SC, initiated as soon as possible after diagnosis and continued for up to 8 days or until hospital discharge. If patient needs to undergo PCI, unfractionated heparin to be admin as per local practice protocol, taking into account the patient's bleeding risk and time of last dose of fondaparinux. Fondaparinux may be restarted no earlier than 2 hr after sheath removal.<br>ii) ADULT more than 18 years: 2.5 mg once daily; first dose to be given IV (directly through an | |

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| | | | | 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 | |
| Fosfomycin trometamol 3g granules | | A* | Treatment of acute uncomplicated lower urinary tract infections (acute cystitis) in females of 18 years of age and older caused by multidrug resistant (MDR) Escherichia coli or Enterococcus faecalis who are candidates for carbapenems or colistin. | Acute uncomplicated lower UTI:<br>- 1 sachet as single dose.<br><br>Recurrent or other clinically problematic cystitis<br>- Up to 2 doses every 24 hr.<br><br>On empty stomach at bedtime. | |
| Frusemide 10 mg/ml Injection | | B | Oedema. | Initial: 20-50mg once via slow IV or IM Maintenance: Increase by 20mg every 2 hours and titrate to an effective dose if necessary. CHILD: 0.5 - 1.5 mg/kg 6-24 hourly. Dosing is individualised and according to product insert / protocol. | |
| Frusemide 10mg/ml oral solution | | B | Oedema. | ADULT: Initial: 20-80mg daily. Max. 600mg/day. CHILD: 1-3mg/kg daily. Max. 40mg/day. Dosing is individualised and according to product insert / protocol. | |

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| Frusemide 40 mg Tablet | | B | Oedema. | ADULT: Initial: 20-80mg daily. Max. 600mg/day. CHILD: 1-3mg/kg daily. Max. 40mg/day. Dosing is individualised and according to product insert / protocol. | |
| Fuller's Earth Powder | | C | Adsorbent in pesticide poisoning. | Adult: 100-150g every 2-4 hours. Child: 1-2g/kg. (100g of Fuller's Earth is mixed with 200ml water. Repeat until Fuller's Earth is seen in stool (normally between 4-6 hours). | |
| Fusidate, Sodium 250 mg Tablet | | A* | Treatment of infections caused by susceptible organisms especially Staphylococcal infections including Methicillin Resistant Staphylococcus aureus (MRSA). | ADULT: 500 mg 3 times daily, skin and soft tissue infection: 250 - 500 mg twice daily. | |
| Fusidic Acid 1% Eye Drops | | A | Bacterial eye infections caused by susceptible organisms. | 1 drop in conjunctival sac 12 hourly. To be continued for 2 days after the eye appears normal. On the first day of treatment, may be applied more frequently : 1 drop 4 hourly. Surgical prophylaxis : 1 drop every 12 hours, 24 - 48 hours before operation. | |
| Fusidic Acid 2% in Betamethasone Valerate 0.1% Cream | | A/KK | Inflammatory dermatosis where bacterial infection is likely to occur eg atopic eczema, discoid eczema, stasis eczema, seborrhoic dermatitis, contact dermatitis, lichen simplex chronicus, psoriasis, discoid lupus erythematosus. | Uncovered lesion- Apply 2 to 3 times daily. Covered lesions- Less frequent applications may be adequate. | |
| Fusidic Acid 50 mg/ml Suspension | ORTOPEDIK | A* | Treatment of infections caused by staphylococcal especially Methicillin Resistant Staphylococcus aureus (MRSA). | ADULT : 15 ml 3 times daily. CHILD 1 - 5 years: 5 ml 3 times daily; 5 - 12 years: 10 ml 3 times daily. INFANT : 1 ml/kg body weight daily in 3 - 4 divided doses. | UKK |

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| Gabapentin 300 mg Capsule | | A* | PRESCRIBER CATEGORY A*: Add-on therapy for intractable partial epilepsy, refractory to standard anti-epileptic drugs.<br>PRESCRIBER CATEGORY A/KK: Treatment of various types of neuropathic pain, both peripheral (which includes diabetic neuropathy, post-herpetic neuralgia, trigeminal neuralgia) in adult more than 18 years. | 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.<br>ii) ADULT: 900mg/day in 3 equally divided doses. Max 3600mg/day. | |
| Gadobutrol 1 mmol/ml injection | | A* | In adults, adolescents and children aged 2 years and older with diagnostic difficulty especially in patients with renal impairment for: i) Contrast enhancement in cranial and spinal magnetic resonance imaging (MRI).<br>ii) Contrast enhanced MRI of liver or kidneys in patients with high suspicion or evidence of having focal lesion to classify these lesions as benign or malignant.<br>iii)Contrast enhancement in Magnetic Resonance Angiography (CE-MRA). | A single intravenous injection of 0.1 mmol/kg (equivalent to 0.1 ml/kg body weight). Max: 0.3 mmol/kg (equivalent to 0.3 ml/kg body weight). | |
| Ganciclovir Sodium 50 mg/ ml Injection | | A* | Treatment of cytomegalovirus (CMV) disease in immunocompromised patients, prevention of CMV disease during | Initial: 5 mg/kg infused over 1 hour 12 hourly for 14 - 21 days (CMV retinitis treatment) or 7 - 14 days (CMV disease prevention). Long term maintenance: 6 mg/kg daily for 5 | |

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| | | | immunosuppressive therapy following organ transplantation. | days/week or 5 mg/kg daily for 7 days/week. | |
| Gefitinib 250 mg tablet | RESPIRATORI | A* | i) First line treatment of adult patients with locally advanced or metastatic Non Small Cell Lung Cancer (NSCLC) who have activating mutations of the EGFR TK. Prescribing Restriction: - Adenocarcinoma histology - Patient's ECOG Performance Status 0-1 - Must be prescribed by an oncologist or oncology-trained respiratory physician. ii) For second line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) who have previously failed chemotherapy, and who have activating mutation of epidermal growth factor receptor (EGFR). Prescribing Restriction: - Adenocarcinoma histology - Patient's ECOG Performance Status 0-1 - Must be prescribed by an oncologist or oncology-trained respiratory physician. - Must not have received prior TKI for this condition. | 250mg tablet once a day, taken with or without food. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Gemcitabine HCl 1 g Injection | | A* | Solid tumours such as:<br>i) Non-small cell lung cancer;<br>ii) Pancreatic cancer;<br>iii) Ovarian cancer ;<br>iv) Breast cancer;<br>v) Bladder cancer. | i) Alone or with cisplatin: 1000 mg/m2 day 1 & 8 every 3 weeks or 1000 mg/m2 day 1, day 8, day 15 every 4 weeks.<br>ii) Initially 1000 mg/m2 weekly for 7 weeks followed by 1 week rest. Subsequent cycles 1000 mg/ m2 weekly for 3 weeks followed by 1 week rest.<br>iii) Gemcitabine 1000 mg/m2 as 30 minutes IV infusion day 1 & 8 of each 21-day cycle followed by carboplatin on day 1 to attain a target AUC of 4 mg/ml/minute.<br>iv) 1250 mg/m2 on days 1 and 8 of each 21-day cycle with paclitaxel 175 mg/m2 given as a 3-hour infusion before gemcitabine on day 1 of each 21-day cycle.<br>v) with cisplatin: 1000mg/m2, given by 30 minutes intravenous infusion on days 1,8 and 15, followed by one-week rest period for a 28-day cycle. This four-week cycle is then repeated. | |
| Gemeprost (Prostagladin E1 Synthetic Analogue) 1mg Pessary | | A | i) Softening and dilatation of the Cervix uteri prior to trans-cervical intra-uterine operative procedures in pregnant patients in the first trimester of gestation.<br>ii) Therapeutic termination of pregnancy in patients in the second trimester of gestation, in licensed institutions.<br>iii) Induction of abortion of second trimester pregnancies complicated by intrauterine foetal death. | i) One pessary 3 hours before surgery.<br>ii & iii) One pessary 3-hourly to a maximum of 5 administrations over 24 hours. A second course may be given after 24 hours from the initial commencement of treatment. | C/S |

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| Gemfibrozil 300 mg Capsule | | A/KK | Treatment of hyperlipoprotinaemias (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. | |
| Gentamicin 0.3% Eye Drops | | A/KK | Bacterial eye infections caused by susceptible organisms. | 1 drops every 4 hours, in severe infection dosage may be increased up to 1 drops every hour Dosing is individualised and according to product insert/protocol. | |
| Gentamicin 0.3% Eye Ointment | | A/KK | Bacterial eye infections caused by susceptible organisms. | Apply a small amount (approx. 1/2-inch ribbon) into affected eye(s) 2-3 times daily. | |
| Gentamicin Sulphate 40 mg/ml Injection | | 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. | |
| Gentamicin Sulphate and Betamethasone Disodium Phosphate Eye Ointment | | A | Inflammatory and allergic conditions involving superficial eye structures and when bacterial infection is present : conjunctivitis, blepharitis, keratitis, episcleritis, dacryocystitis, hordeolum, meibomianitis, injuries involving anterior segment of the eye. | Thin coating of ointment 3 - 4 times daily. | |
| Gentamicin Sulphate and Betamethasone Disodium Phosphate Eye/Ear Drops | | A/KK | Eye: i) Corticosteroid-responsive allergic and inflammatory conditions of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe such as allergic conjunctivitis, corneal injuries, superficial punctuate keratitis, vernal keratoconjunctivitis and as an adjunct in the | Eye: Mild to moderate infections: 1 drop to the eye(s) every 4 hours. Severe infections: 1 drop to the eye(s) every hour. Ear: 3 or 4 drops to the ear canal 3 times a day, with dosage gradually being decreased as inflammation subsides. | |

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| | | | treatment of superficial occular infections caused by susceptible organisms. ii) Topical treatment of blepharitis, blepharoconjunctivitis, conjunctivitis, dacryocystitis, keratitis, keratoconjunctivitis and acute meibomianitis. Ear: i) Allergic otitis externa, infective otitis and other corticosteroid-responsive disorders of the external auditory meatus. ii) Indicated in the treatment of mastoidectomy cavity infections, chronic suppurative otitis media, subacute purulent otitis media with tympanic membrane perforation and external otitis. | | |
| Gliclazide 30 mg Modified Release Tablet | | B | Diabetes mellitus type 2. | Initially, 30mg daily at breakfast time, may increase in successive steps to 60, 90 or 120mg daily at 1 month intervals. Max daily dose: 120mg. | |
| Gliclazide 80 mg Tablet | | B | Diabetes mellitus type 2. | Initially 40-80mg daily. A single dose should not exceed 160mg and when higher doses are required, a twice daily split dosage is advised and should be divided. Maximum daily dose: 320mg. For elderly, starting dose should be 40mg twice daily. | |
| Glucagon (Lyophilised) 1 mg/ml Injection | | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Glutaraldehyde Solution 2% | | A | 2% formulation - High level disinfection for heat sensitive equipments such as endoscopes. | 20 minutes or more immersion is recommended for endoscopes before the session and between patients after thorough cleaning based on manufacturer recommendation. | |
| Glycerin | | C+ | As a lubricant and osmotic dehydrating agent. | Apply to area when required. | |
| Glycerin 25% and Sodium Chloride 15% Enema | | C+ | Constipation. | 1 enema as required. | |
| Glyceryl Trinitrate 0.5 mg Sublingual Tablet | | 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. | |
| Glyceryl Trinitrate 5 mg/ml Injection | | A | i) Angina pectoris.<br>ii) Congestive heart failure.<br>iii) Control of hypertensive episodes.<br>iv) Production of controlled hypotension during surgery. | Initial: 5-25mcg/min Dosing is individualised and according to product insert or protocol. | |
| Glyceryl Trinitrate Aerosol Spray 400mcg (metered dose) | | B | i) Angina pectoris.<br>ii) Variant angina. | 1-2 metered sprays sublingual every 5 minutes as required or 5-10minutes prior to activities that might precipitate an acute attack. Dosing is according to product insert or protocol. | |
| Glycopyrrolate 200 mcg/ml Injection | | A* | i) To reduce secretions (respiratory tract) for certain types of surgery.<br>ii) Reversal of neuromuscular block in patients where atropine is contraindicated. | i) ADULT: Pre-op: 4 mcg/kg via IM administration 30-60 mins before procedure. Intraoperative: 100 mcg via IV administration, repeat at 2-3 min intervals when needed. Max: 400 mcg/dose. CHILD: 4 to 8 mcg/kg IM or IV (maximum 200mcg), may be repeated if necessary, during operation;<br>ii) ADULT: 200 mcg by IV for each 1 mg of neostigmine or 5 mg pyridostigmine | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | CHILD: 10 mcg/kg IV for each 50 mcg/kg neostigmine or equivalent dose of pyridostigmine.<br>Dosing is individualised and according to product insert/protocol. | |
| Glycopyrronium 50mcg, Inhalation Powder Hard Capsules | PERUBATAN AM | 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. | |
| Goserelin 10.8 mg Depot Injection | UROLOGI | A | Androgen deprivation therapy in prostate cancer. | One 10.8 mg depot injected subcutaneously into the anterior abdominal wall, every 12 weeks. | |
| Goserelin 3.6 mg Depot Injection | UROLOGI, PEMBEDAHAN AM, O&G | A | Androgen deprivation therapy in prostate cancer, endometriosis,leiomyoma uteri and assisted reproduction,breast cancer in premenopausal and perimenopausal women suitable for hormonal manipulation. | One 3.6 mg depot injected subcutaneously into the anterior abdominal wall, every 28 days. | |
| Granisetron HCl 1 mg Tablet | | 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. Max 9 mg/day. | |
| Granisetron HCl 1 mg/ml Injection | | A | i) Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy.<br>ii) Post-operative nausea and vomiting. | i) ADULT 1-3 mg as an IV bolus not not less than 30 seconds; maximum 9 mg/day. CHILD over 2 years; single dose of 10-40 mcg/kg as an IV infusion; maximum 3 mg/day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | ii) ADULT 1 mg by slow IV injection over 30 seconds prior to induction of anaesthesia. | |
| Griseofulvin 125mg Tablet | | B | Dermatophyte infections of the skin, scalp, hair and nails, where topical therapy has failed or inappropriate. | Adults: 500mg-1000mg daily, taken as a single dose or in divided;<br>Children: 10mg-20mg/kg daily in divided doses.<br>The dosing is individualized according to product insert / protocol. | |
| Haemato Polyvalent Snake Antivenom Injection | | B | Passive immunisation against poisonous of a range of haematotoxic snakebites or neurotoxic snakebites, based on the type of snake identified. | For initial does, at least 20mL of reconstituted serum should be given by slow intravenous infusion (not more than 1mL/minute). If symptoms still persist, the second dose should be repeated 2 hours or even earlier after the initial dose. The further dose should be repeated every 6 hours according to the clinical symptoms.<br>Administration: Draw 10mL of the sterile water for injection to the freeze-dried antivenin, shake well to dissolve the contents until the serum became clear colourless or pale yellow liquid, ready for administration. | |
| Haemodialysis Concentrate with Acetate | | A | For acute renal failure, chronic renal failure, overhydration, intoxication, adjustment of acid-base and electrolyte balance. | Dose depending on clinical cases. | |
| Haemodialysis Concentrate with Bicarbonate | | A | For acute renal failure, chronic renal failure, overhydration, intoxication, adjustment of acid-base and electrolyte balance. | Dose depending on clinical cases. | |
| Haemophilus Influenza Type B Conjugate Vaccine Injection | | C+ | Immunisation of infants against Haemophilus Influenzae Type B. | 0.5ml by IM. In patients with thrombocytopenia or bleeding disorders, vaccine can be administered by SC. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Haloperidol 1.5 mg Tablet | | B | i) Psychotic disorder – management of acute and chronic psychotic disorders including schizophrenia, manic states and drug-induced psychoses.<br>ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation.<br>iii) Gilles de la Tourette's syndrome - for the control of tics and vocalisations of Tourette's syndrome in children and adults. | ADULT: moderate symptoms: 0.5mg to 2.0mg bid/tid; severe symptoms, chronic or resistant: 3.0mg to 5.0mg bid/ tid Geriatric / dehabilitated : 0.5mg to 2.0mg bid/tid maximum up to 100mg daily CHILD: 3-13 years old (15 to 40 kg): 0.5mg/day increase by 0.5mg at 5 to 7 days in bid/tid, dosing range 0.05mg/kg/day to 0.15mg/kg/day Dosing is according to product insert. | |
| Haloperidol 5 mg Tablet | | B | i) Psychotic disorder – management of acute and chronic psychotic disorders including schizophrenia, manic states and drug-induced psychoses.<br>ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation.<br>iii) Gilles de la Tourette's syndrome - for the control of tics and vocalisations of Tourette's syndrome in children and adults. | ADULT: moderate symptoms: 0.5mg to 2.0mg bid/tid; severe symptoms, chronic or resistant: 3.0mg to 5.0mg bid/ tid Geriatric / dehabilitated : 0.5mg to 2.0mg bid/tid maximum up to 100mg daily CHILD: 3-13 years old (15 to 40 kg): 0.5mg/day increase by 0.5mg at 5 to 7 days in bid/tid, dosing range 0.05mg/kg/day to 0.15mg/kg/day Dosing is according to product insert. | |
| Haloperidol 5 mg/ml Injection | | B | i) Management of acute psychotic disorders including schizophrenia, manic states, and drug-induced psychosis.<br>ii) Management of aggressive and agitated | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | patients, including patients with chronic brain syndrome or mental retardation. | | |
| Heparin 1000 units/ml Injection | | B | i) Prophylaxis and treatment of venous thrombosis and pulmonary embolism.<br>ii) Treatment of myocardial infarction and arterial embolism.<br>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.<br>ii) As i), for unstable angina and acute peripheral arterial occlusion.<br>iii) Prophylaxis in general surgery, by SC injection, 5000 units 2 hour before surgery, then every 8-12 hours for 7 days or until patient is ambulant, during pregnancy (with monitoring), 5000-10000 units every 12 hours. An adjusted dose regimen may be used for major orthopaedic surgery or low molecular weight heparin may be selected. | |
| Heparin 5000 units/ml Injection | | B | i) Prophylaxis and treatment of venous thrombosis and pulmonary embolism.<br>ii) Treatment of myocardial infarction and arterial embolism.<br>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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | ii) As i), for unstable angina and acute peripheral arterial occlusion.<br>iii) Prophylaxis in general surgery, by SC injection, 5000 units 2 hour before surgery, then every 8-12 hours for 7 days or until patient is ambulant, during pregnancy (with monitoring), 5000-10000 units every 12 hours. An adjusted dose regimen may be used for major orthopaedic surgery or low molecular weight heparin may be selected. | |
| Heparin Sodium 50 units in Sodium Chloride Injection | | B | To maintain patency of peripheral venous catheters. | Flush with 5 ml (50 units) every 4 hours or as required. | |
| Hepatitis B Immunoglobulin (Human) Injection | | A | i) For post-exposure prophylaxis of hepatitis B.<br>ii) Prophylaxis against recurrence of hepatitis B infection in chronic hepatitis B post liver transplantation. | i) Adults: Recommended Dose: 1000-2000 IU IM and if necessary, the dose should be increased or repeated. Children: Inject 32-48 IU/kg of body weight, should be administered within 7 days after exposure to HBsAg (preferably within 48 hrs). Neonates: Recommended Initial Dose: 100-200 IU. The 1st dose should be administered within 5 days after birth (preferably within 48 hrs) and booster dose should be 32-48 IU/kg body weight. The booster dose should be administered between 2 and 3 months after the 1st administration. ii) Different regimens depending on hepatitis B virus (HBV) DNA positivity. | |
| Hepatitis B Vaccine Injection | | C+ | Immunisation against infections caused by Hepatitis B virus. | 0.5 – 1.0 ml by IM. Dosing is according to Immunisation Schedule under NIP and product insert. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Human Albumin Injection | | B | i) Acute hypovolemic shock.<br>ii) Hypoproteinaemia.<br>iii) Restoration and maintenance of circulating blood volume in cases of volume deficiency where the use of a colloid is indicated. | Dosing is according to product insert/protocol. | |
| Human Normal Globulin Injection | | A | i. Replacement therapy such as:<br>a) Primary immunodeficiency syndromes<br>b) Severe secondary hypogammabulinaemia and recurrent infections<br>c) Congenital or acquired immune deficiency syndrome with recurrent infections<br>d) Allogeneic haematopoietic stem cell transplantation (HSCT)<br><br>ii. Immunomodulation such as:<br>a) Immune thrombocytopenic purpura (ITP) in children or adults at high risk of bleeding or prior to surgical interventions to correct the platelet count<br>b) Guillain-Barre syndrome<br>c) Kawasaki disease | 0.2-2g/kg as required.<br><br>Dosing and frequency of administration are according to product insert and protocol. | |
| Hydralazine HCl 20 mg Injection | | 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.<br>ii) IV infusion 200-300 mcg/minutes. Maintenance dose 50-150 mcg/minutes. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Hydrochlorothiazide 25 mg Tablet | | 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. | |
| Hydrochlorothiazide 50 mg Tablet | | 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. | |
| Hydrocortisone 1% Cream | | B | Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses. | Apply sparingly to the affected area.<br>Adult: 3-4 times daily.<br>Children: 1-2 times daily | |
| Hydrocortisone 1% Ointment | | B | Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses. | Apply sparingly to the affected area.<br>Adult: 3-4 times daily.<br>Children: 1-2 times daily | |
| Hydrocortisone 10 mg Tablet | | B | i) Glucocorticoid replacement therapy in primary or secondary adrenal insufficiencies.<br>ii) Congenital adrenal hyperplasia in children. | ADULT: 20 - 30 mg daily in divided doses.<br>CHILD: 10-15mg/m2/day in 3 divided dose.<br>The dosing is individualized according to product insert / protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Hydrocortisone Sodium Succinate 100 mg Injection | | C | Conditions responsive to systemic or local glucocorticoid injection therapy. | ADULT: Initially 100 - 500 mg IV over 30 seconds to more than 10 minutes. Dose may be repeated at intervals of 2, 4 or 6 hours<br>CHILD: 2-4mg/kg/dose every 6 hourly.<br>The dosing is individualized according to product insert / protocol. | |
| Hydroxychloroquine Sulphate 200 mg Tablet | | A | i) SLE and mixed connective tissue disease for skin, joint and serosa.<br>ii) Second line therapy for acute rheumatoid arthritis. | i) Initially 400 mg daily in divided dose. Maintenance : 200 - 400 mg daily.<br>ii) ADULT : 400 - 600 mg daily. Maintenance: 200 - 400 mg daily.<br>CHILD : up to 6.5 mg/kg daily (maximum 400mg daily). | |
| Hydroxyethyl Cellulose Jelly | | B | For lubricating purpose. | Apply sufficiently for lubricating purpose. | |
| Hydroxyethyl Starch 6% Injection | | B | Therapy and prophylaxis of hypovolaemia and shock in connection with surgery trauma, infections and burns. | ADULT daily dose up to 20 ml/kg/day. Normally 500-1500 ml. The rate of infusion may approach 20 ml/kg/hour in acute haemorrhagic shock, slower rates in burns and septic shock.<br>CHILD under 10 years do not exceed 15 ml /kg/hour. | |
| Hydroxyprogesterone Caproate 250 mg/ml Injection | | A | Habitual abortion. | IM: 250-500mcg weekly as soon as pregnancy has been confirmed by diagnosis. | C/S |
| Hydroxyurea 500 mg Capsule | | A | i) Solid tumours.<br>ii) Chronic myelocytic leukaemia and myeloproliferative disease. | i) Intermittent therapy: 80 mg/kg orally as a single dose every 3rd day. Continuous therapy: 20 - 30 mg/kg orally as a single dose dly. Concomitant therapy with irradiation: 80 mg/kg orally as a single dose every 3rd day (administration of hydroxyurea should be started at least 7 days before initiation of irradiation and continued during radiotherapy as well).<br>ii) Continuous therapy 20 - 30 mg/kg orally as a single dose daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Hydroxyzine HCl 25 mg Tablet | DERMATOLOGI | A | Allergic pruritus. | Initially 25 mg at night, increased if necessary up to 25 mg 3-4 times daily. ADULT and CHILD more than 10 years : 50 - 75 mg; 6 - 10 years: 25 - 50 mg; 2 - 5 years: 12.5 - 25 mg; to be taken daily in divided doses. | UKK (IMPORT PERMIT) |
| Hyoscine N-Butylbromide 1 mg/ml Liquid | | B | Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system. | ADULT 10-20mg, 3-4 times a day. CHILD 6-12 years old: 10mg 3 times a day. | |
| Hyoscine N-Butylbromide 10 mg Tablet | | C | Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system.<br>Prescribing Restriction(s): Medical Assistant in health settings without Medical Officer is allowed to prescribe this medicine for adult use only. | ADULT 10-20mg, 3-4 times a day. CHILD 6-12 years old: 10mg 3 times a day. | |
| Hyoscine N-Butylbromide 20 mg/ml Injection | | B | Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system. | ADULT: 20 mg IM/IV repeated after 30 min if needed. Max: 100 mg daily.<br>Not recommended for CHILD below 12 years.<br>Dosing is individualised and according to product insert/protocol. | |
| Ibuprofen 100mg/5ml Suspension | | B | i) Anti-inflammatory for rheumatic disease.<br>ii) Analgesic for treatment of mild to moderate pain. | Children: 5 - 10 mg/kg/dose (max 2.4 gm/day) every 6-8 hourly. Not recommended for <7kg. | |
| Ibuprofen 200 mg Tablet | | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Idarubicin 10 mg Injection | | A* | i) Acute non-lymphocytic leukemia (ANLL) in adults for remission induction in untreated patients or for remission induction in relapsed or refractory patients.<br>ii) Acute lymphocytic leukemia (ALL) as second line treatment in adult and children. | i) Adult: 12mg/m2 IV daily for 3 days in combination with cytarabine. Idarubicin may also be administered as a single agent and in combination, at a dose of 8mg/m2 IV daily for 5 days.<br>ii) Adult: 12mg/m2 IV daily for 3 days as a single agent. Children: 10mg/m2 IV daily for 3 days as a single agent. All of these dosages should take into account the hematological status of the patient and the dosages of other cytotoxic drugs when used in combination. | |
| Idarucizumab 50 mg/ml solution for injection/infusion | KARDIOLOGI | A* | Idarucizumab is a specific reversal agent for dabigatran and is indicated in patients treated with dabigatran when rapid reversal of the anticoagulant effects of dabigatran is required: i. For emergency surgery/urgent procedures ii. In life-threatening or uncontrolled bleeding | he recommended dose of Idarucizumab is 5 g (2 x 2.5 g/50 ml) to be administered intravenously, as two consecutive infusions over 5 to 10 minutes each or as a bolus injection. | |
| Ifosfamide 1 g Injection | | A* | i) Solid tumours.<br>ii) Leukaemia.<br>iii) Lymphoma. | i) 1.2 - 2.4 g/m2/day for 3 - 7 days as a 30 - 120 minutes infusion. Alternatively, can also be given as a single high dose, eg. 5 g/m2 in a 24 hour infusion. Cycles may be repeated every 3 - 4 weeks.<br>ii) CHILD: 400 - 3000 mg/m2/day for 3 - 5 days according to protocol.<br>iii) Refer to protocols. | |
| Imatinib Mesylate 100mg Tablet | PEDIATRIK | A* | i) ADULT and CHILD: Philadelphia positive (Ph+) chronic myeloid leukaemia in chronic phase and in early | i) ADULT: Chronic phase chronic myeloid leukemia: 400 mg once daily. Accelerated phase or blast crisis chronic myeloid leukemia: 600 mg once daily. CHILD more than 2 years, chronic and | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | acceleration after failure of interferon therapy<br>ii) Treatment of patients with unresectable and/or metastatic malignant gastrointestinal stromal tumours (GIST) who are positive for CD117/c-kit | advanced phase chronic myeloid leukemia: 340 mg/m2 daily. Max: 800 mg/day<br>ii) ADULT : 400mg/day | |
| Imatinib Mesylate 400mg Tablet | HEMATOLOGI | A* | i) ADULT and CHILD: Philadelphia positive (Ph+) chronic myeloid leukaemia in chronic phase and in early acceleration after failure of interferon therapy<br>ii) Treatment of patients with unresectable and/or metastatic malignant gastrointestinal stromal tumours (GIST) who are positive for CD117/c-kit | i) ADULT: Chronic phase chronic myeloid leukemia: 400 mg once daily. Accelerated phase or blast crisis chronic myeloid leukemia: 600 mg once daily. CHILD more than 2 years, chronic and advanced phase chronic myeloid leukemia: 340 mg/m2 daily. Max: 800 mg/day<br>ii) ADULT : 400mg/day | |
| Imipenem 500 mg and Cilastatin 500 mg Injection | | 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. | |
| Imiquimod 5 % w/w Cream | | A* | Treatment of external genital and perianal warts or condyloma acuminata in adults. | Apply to affected area at bedtime for 3 times a week for up to 16 weeks; leave on skin for 6-10 hours. | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Immunoglobulin Tetanus Human 250 Units/Vial Injection | | B | Passive immunization against tetanus. | Prophylaxis of tetanus: IM 250 units. Treatment of tetanus: IM 30 - 300 units/kg. | |
| Indacaterol acetate/ glycopyrronium bromide/ mometasone furoate 150/50/160mcg inhalation powder hard capsules | RESPIRATORI | A | As a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta2-agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year. | one capsule to be inhaled once daily. | |
| Indacaterol Maleate 150 mcg Inhalation Capsule | PERUBATAN AM | A/KK | 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. | |
| Indacaterol maleate and glycopyrronium bromide (fixed dose combination) 110/50mcg, inhalation powder hard Capsules | RESPIRATORI | A/KK | As a once-daily maintenance bronchodilator treatment to relieve symptoms and reduce exacerbations in adult patients with chronic obstructive pulmonary disease (COPD). | One capsule inhalation daily. | |
| Indomethacin 25 mg Capsule | | B | Pain and inflammation in rheumatic disease. | 50 - 200 mg daily in divided doses, with food. Child not recommended. | |

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| Infliximab 100 mg Injection | GASTROENTEROLOGI, RHEUMATOLOGI | A* | i) Rheumatoid arthritis (moderate to severe), in combination with methotrexate.<br>ii) Ankylosing spondylitis in patients with active disease despite treatment with methotrexate.<br>iii) Crohn's Disease in patients who have an inadequate response to conventional therapies.<br>iv) Fistulizing Crohn's Disease in patients who have an inadequate response to conventional therapies. v) Ulcerative Colitis in patients who have an inadequate response to conventional therapies. | i) Rheumatoid arthritis: ADULT over 18 years old: 3 mg/kg at 0, 2, 6 weeks, then every 8 weeks; May increase to 10 mg/kg or increase dosing frequency to 4 weekly for patients with incomplete response. Discontinue if no response by 12 weeks of initial infusion or after dose adjustment.<br>ii) Ankylosing spondylitis: ADULT over 18 years: 5 mg/kg IV over 2 hour given at week 0, 2, and 6 then every 6-8 weeks. Discontinue if no response by 6 weeks of initial infusion.<br>iii), iv) & v) 5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter. | |
| Insulin Aspart 100 IU/ml Injection (Novorapid) | PERUBATAN AM, NEFROLOGI, PEDIATRIK, ENDOKRINOLOGI | A/KK | Diabetic Type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin. | Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight. | |
| Insulin Aspart 30% and Protaminated Insulin Aspart 70% 100 U/ml Injection (Novomix) | NEFROLOGI, PERUBATAN AM, ENDOKRINOLOGI | A/KK | Diabetic type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin. | Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight. | |
| Insulin Degludec/ Insulin Aspart 70/30 Solution for Injection in Pre- Filled Pen 100 Units/mL | ENDOKRINOLOGI | A* | Treatment of Type-2 Diabetes Mellitus in adults. | Treatment initiation: 10 units with meal(s) followed by individual dosage adjustments. Once or twice daily with the main meal(s) Treatment switching: Can be administered alone, in combination with oral antidiabetic medicinal products, | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | and in combination with bolus insulin. | |
| Insulin Detemir 100 IU/ml Injection in Prefilled syringe/cartridge | ENDOKRINOLOGI PERUBATAN AM | A/KK | i)Type 1 Diabetes patients on basal bolus regimen, whom experience hypoglycemia with conventional insulin, to be used in combination with rapid or short-acting insulin.<br>ii)Type 2 Diabetes patients on oral anti-diabetics and basal insulin regimen or basal bolus insulin regimen whom experience hypoglycemia with conventional basal insulin. | Individualized dose given via SC once or twice daily. Initiate at a dose of 10IU or 0.1-0.2IU/kg. For twice daily dosing, the evening dose can be administered either with the evening meal, at bedtime, or 12 hours after the morning dose. | |
| Insulin Glargine 300 IU/ 3 ml Injection (Prefilled Pen) | | A/KK | i) Diabetes mellitus type I in adults and child over 6 years.<br>ii) Diabetes mellitus type II in adult. | ADULT and CHILD over 6 years: individualised dose given by SC, once daily at the same time every day. Adult patients who are insulin naive may be initiated with 10IU daily. | |
| Insulin Glargine 300 IU/ ml injection (Pre-filled Pen) (Toujeo) | PERUBATAN AM ENDOKRINOLOGI NEFROLOGI | A/KK | Diabetes mellitus type I and II in adults;<br>Prescribing Restriction(s):<br>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;<br>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 | 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). | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | standing insulin therapy; Renal impairment; Neuropathy. Note: The use of this strength can only be prescribed / dispensed to patients in diabetic clinic / registered under DMTAC program. | | |
| Insulin Glulisine 100u/ml solution for injection in pre-filled pen 3ml | PERUBATAN AM ENDOKRINOLOGI | A/KK | Treatment of adults, adolescents and children 6 years or older with diabetes mellitus, where treatment with insulin is required. | Glulisine should be given shortly (0-15 min) before or soon after meals. Apidra should be used in regimens that include an intermediate or long acting insulin or basal insulin analogue and can be used with oral hypoglycaemic agents. The dosage of Apidra should be individually adjusted. | |
| Insulin Lispro 50% & Insulin Lispro Protamine 50% 100U/ml Suspension for Injection in Prefilled Syringe/Cartridge | PERUBATAN AM, ENDOKRINOLOGI | A* | Patients with Type 2 diabetes whom experience hypoglycemia with the use of human premixed insulin. | Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight. | |
| Interferon Beta-1a 44 mcg Injection | NEUROLOGI | A* | Multiple sclerosis of the relapsing remitting type with 2 or more relapses within the last 2 years. | 44 mcg 3 times weekly. | |
| Iodixanol 320 mg/ml Injection | | A | X-ray contrast medium for cardioangiography, cerebral angiography, peripheral arteriography, abdominal angiography, urolography, venography, CT enhancement, lumbar, thoracic and cervical myelography. | Depending on type of examination. | C/S |

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| Iohexol Injection | | A | X-ray contrast medium for use in adults and children for cardioangiography, arteriography, urography, phlebography and CT-enhancement. Lumbar, thoracic, cervical myelography and computed tomography of the basal cisterns, following subarachnoid injection. Arthrography, endoscopic retrograde pancreatography (ERCP), herniography, hysterosalpingography, sialography and studies of the gastrointestinal tract | Dose depending on the route and procedure | C/S |
| Iopamidol Injection | | A | i) Neuroradiology : myeloradiculography, cisternography and ventriculography.<br>ii) Angiograph : cerebral arteriography, thoracic aortography, abdominal aortography, angiocardiography, selective visceral arteriography, peripheral arteriography, venography, digital subtraction angiography (DSA), DSA of cerebral arteries, DSA of peripheral arteries, DSA of abdominal arteries.<br>iii) Urography : intravenous urography.<br>iv) Contrast enhancement in CT Scanning, arthrography, fistulography. | Dose depending on the route and procedure. | C/S |

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| Ipratropium Bromide 0.0125% Nebulising Solution (125 mcg/ml) | | B | Maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. Used concomitantly with inhaled beta-agonists in the treatment of acute bronchospasm associated with chronic obstructive pulmonary disease including chronic bronchitis and asthma. | Maintenance treatment:<br>i) Adult and adolescents over 12 years old: 500mcg per dose, 3 to 4 times daily.<br>ii) Children 6 - 12 years old: 250mcg per dose, 3 to 4 times daily.<br>iii) Children less than 6 years old: 100 - 250mcg per dose, 3 to 4 times daily. | |
| Ipratropium Bromide 0.025% Inhalation Solution (250 mcg/ml) | | B | Maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. Used concomitantly with inhaled beta-agonists in the treatment of acute bronchospasm associated with chronic obstructive pulmonary disease including chronic bronchitis and asthma. | Maintenance treatment:<br>i) Adult and adolescents over 12 years old: 500mcg per dose, 3 to 4 times daily.<br>ii) Children 6 - 12 years old: 250mcg per dose, 3 to 4 times daily.<br>iii) Children less than 6 years old: 100 - 250mcg per dose, 3 to 4 times daily. | |
| Ipratropium Bromide 0.5 mg and Salbutamol 2.5 mg per UDV | | 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. Maintenance : 1 unit dose vial 3 - 4 times daily. | |
| Ipratropium Bromide 20 mcg and Fenoterol 50 mcg/dose Inhaler | | B | Management of symptoms in chronic obstructive airway disorders with reversible bronchospasm such as bronchial asthma and chronic bronchitis with or without emphysema. | ADULT & CHILD more than 6 years; Acute asthma 2 puffs. Severe cases: if breathing has not noticeably improved after 5 mins, 2 further puffs may be taken. Intermittent and long-term treatment 1-2 puffs for each administration, up to max 8 puffs/day (average: 1-2 puffs three times daily). | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Ipratropium Bromide 20 mcg and Salbutamol base 100 mcg/dose Inhalation | | 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. | |
| Irinotecan HCl Trihydrate 40 mg/2 ml Injection | | A* | Metastatic colorectal cancer. | In combination therapy (for previously untreated patients): 180 mg/m2 once every 2 weeks as an IV infusion over 90 mins followed by infusion with folinic acid and 5-fluorouracil. In monotherapy (for previously treated patients): 350 mg/m2 administered as an intravenous infusion over 90 minutes period once every 3 weeks. | |
| Iron (III) hydroxide sucrose complex 20mg/ml solution for Injection | | B | Treatment of iron deficiency anaemia:<br>i) where there is a clinical need for rapid iron supply.<br>ii) in patients who cannot tolerate oral iron therapy or who are non-compliant.<br>iii) in active inflammatory bowel disease where oral iron preparations are ineffective. | 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. | |
| Iron (III) Polymaltose Complex 10mg iron/ml syrup | | A/KK | Treatment of latent iron deficiency and iron deficiency anaemia (manifest iron deficiency). | Infants (up to 1 year): 2.5-5ml daily (25-50mg iron) Children (1-12 years old): 5-10ml daily (50-100mg iron) Children (>12 years), adults: 10-30 ml daily (100-300mg iron) Pregnant woman 20-30ml daily (200-300mg iron). | |
| Iron (III)-hydroxide polymaltose complex (IPC) 100mg iron and 0.35mg folic acid chewable Tablet | | A/KK | Treatment of iron deficiency without anaemia and iron deficiency anaemia. | Dosage and duration of therapy are dependent upon the extent of iron deficiency. Manifest iron deficiency: 1 chewable tablet two to three times daily until a normalization of the hemoglobin value is achieved. Afterwards the | |

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| | | | | therapy should be continued with 1 chewable tablet daily at least until the end of pregnancy to replenish the iron stores. Latent iron deficiency and prevention of iron and folic acid deficiency: 1 chewable tablet daily. | |
| Iron Dextran 50 mg Fe/ml Injection | | 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. | |
| Isoniazid 100 mg Tablet | | B | i) Tuberculosis.<br>ii)Tuberculous meningitis. | i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg). | |
| Isoprenaline HCl 0.2 mg/ml Injection | KARDIOLOGI, PEDIATRIK | B | Complete heart block (third-degree artrioventricular block) not responding to atropine, while waiting for cardiac pacing. | If given as IM: Initially 0.2 mg (1 ml of 1:5000 solution), followed by 0.02-1 mg depending on clinical response. If given as SC: 0.2 mg (1 ml of 1:5000 solution), followed by 0.15-0.2 mg depending on clinical response. If given as IV : 1-2 mg in 500 ml of dextrose 5%, infused at a rate of 0.5-2 ml/min while the patient's EKG is being monitored. The dose should be titrated to produce the desired clinical response. | UKK (IMPORT PERMIT) |
| Isosorbide Dinitrate 1 mg/ml Injection | | A | Treatment for angina pectoris and left ventricular failure. | 2-12mg IV per hour after dilution. Dosing is according to product insert or protocol. | |
| Isosorbide Dinitrate 10 mg Tablet | | B | Prophylaxis and treatment for:<br>i) Angina.<br>ii) Left ventricular failure. | i) 30 - 120 mg daily in divided doses.<br>ii) 40 - 160 mg, up to 240 mg if required. | |
| Isosorbide-5-Mononitrate 60 mg SR Tablet | | A/KK | Angina pectoris. | Initial: 30mg daily. Maintenance: 30-60mg once daily. Max. 120mg once daily. | |

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| Isotretinoin 20 mg Capsule | DERMATOLOGI | A* | Only for treatment of:<br>i) Severe nodulo-cystic acne.<br>ii) Acne conglobata.<br>iii) Acne fulminans.<br>iv) Severe acne vulgaris failing conventional treatment.<br><br>WARNING: THIS DRUG IS TERATOGENIC. | 0.5-1 mg/kg of body weight per day (in two divided doses) for 15 to 20 weeks; the maximum recommended dose is 2mg/kg of body weight per day. After about 4 weeks, therefore, dosage for the maintenance treatment should be adjusted within the range 0f 0.1-1mg/kg daily to meet individual need. Treatment usually lasts a total of 16 weeks. There should be an interval of at least 8 weeks before re-starting treatment. | |
| Itopride HCl 50 mg Tablet | | A* | Treatment of gastrointestinal symptoms of functional, non-ulcer dyspepsia (chronic gastritis) i.e sensation of bloating, early satiety, upper abdominal pain or discomfort, anorexia, heartburn, nausea and vomiting. | 50 mg 3 times daily before meal. | |
| Itraconazole 10 mg/ml Oral Solution | PEDIATRIK (COMMERCIAL) | A* | Treatment of:<br>i) Oral and/or oesophageal candidiasis.<br>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.<br>ii) 100 - 200 mg twice daily for 2 weeks. If no response after 2 weeks, continue treatment for another 2 weeks. The 400 mg daily dose should not be used for more than 14 days if there are no signs of improvement. | |
| Itraconazole 100 mg Capsule | | A/KK | i) Dermatomycosis including pityriasis versicolor.<br>ii) Oral candidiasis.<br>iii) Palmar tinea manus and plantar tinea pedis.<br>iv) Fingernail onychomycosis.<br>v) Toenail onychomycosis. | i) 200 mg once daily for 7 days.<br>ii) 100 mg daily for 15 days.<br>iii) 200 mg twice daily for 7 days.<br>iv) 200mg twice daily for 1 week per month for 2 months.<br>v) 200 mg twice daily for 1 week per month for 3 months.<br>vi)200 mg morning and evening for 1 day or 200 mg once daily for 3 days. | |

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| | | | vi) Vulvovaginal candidiasis. | | |
| Ivabradine 5 mg Tablet | KARDIOLOGI, KARDIO-SURG | A* | i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers.<br>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. | |

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| Ivabradine 7.5 mg Tablet | KARDIOLOGI, KARDIO-SURG | A* | i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers.<br>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. | |
| Kanamycin 1 g Injection | | A* | i) Treatment of gonorrhoea and neonatal meningitis.<br>ii) Treatment of TB patients who require | i) ADULT: 1 - 2 g daily IM in 1 - 2 equally divided doses. CHILD: 30 - 50 mg/kg/day in 1 - 2 divided doses. | |

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| | | | reserved second line drugs but have no pre-existing renal complications. | ii) ADULT: 2 g daily IM in 2 equally divided doses twice a week or 1 g once daily 3 days a week. | |
| Ketamine 10 mg/ml Injection | | B | Sole anaesthetic for short procedures or induction of anaesthesia in certain types of patients (e.g in shock states). | IV Initially, 1-4.5 mg/kg IV, a dose of 2 mg/kg produces anesth for 5-10 mins. IM Initially, 6.5-13 mg/kg IM, a dose of 10 mg/kg produces anesth for 12-25 mins. | |
| Ketamine 50mg/ml Injection | | 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. | |
| Ketoconazole 2% Shampoo | | A/KK | Dandruff, seborrhoeic dermatitis and pityriasis versicolor. | Seborrhoeic dermatitis & dandruff: Apply twice weekly for 2 to 4 weeks.<br>Pityriasis versicolor: Apply once daily for up to 5 days.<br>Prophylaxis: Once every 1 or 2 weeks. Both left for 3-5minutes before rinsing. | |
| Ketoprofen 2.5% Gel | | A/KK | Local treatment of osteoarticular & muscular painful disorders of rheumatic or traumatic origin: Contusions, distortions, muscle strains, stiff neck, lumbago. | Apply onto affected areas 2-4 times daily up to 10 days. | |
| Ketoprofen 30 mg Transdermal Plaster | ORTOPEDIK GERIATRIK | A | Treatment of signs & symptoms of arthritis deformans, periarthritis humero-scapularis, tendinitis, peritendinitis, sore muscle, swelling, pain resulting from trauma (eg. contusion, distorsion, sprain). | Apply 1 plaster to the affected area twice daily. | |
| Ketorolac Tromethamine 30 mg/ml Injection | | A* | Short term management of moderate to severe postoperative pain. | ADULT : 60mg as a single dose via IM inj or 30mg as a single IV dose. Alternatively, 30mg every 6 | |

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| | | | | hr via IM or IV admin up to a max of 120mg daily. | |
| Labetalol HCl 100 mg Tablet | | B | i) Mild, moderate or severe hypertension.<br>ii) Hypertension in pregnancy. | i) & ii) Initial: 100mg twice daily Maintenance: 200-400mg twice daily Max. 2400mg daily in 3 or 4 divided doses Dosing is individualised and according to product insert / protocol. | |
| Labetalol HCl 5 mg/ml Injection | | 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. | |
| Lactulose 3.35 g/5 ml Liquid | | C+ | i) Constipation.<br>ii) Hepatic encephalopathy. | i) ADULT 15-45 ml daily in 1-2 divided doses adjusted to patient's need. Maintenance dose: 15-30ml daily in 1-2 divided doses.<br>CHILD 0.5 ml/kg/dose once or twice daily.<br>ii) ADULT: 30-45 ml 2-4 times daily, dose adjusted to produce 2-3 soft stools daily.<br>CHILD: 1 ml/kg/dose 3-4 times daily. | |
| Lamivudine 10 mg/ml Oral Solution | PEDIATRIK | A* | 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.<br>CHILD 3 month or over: 4 mg/kg twice daily. Maximum 300 mg daily. | |
| Lamivudine 100 mg Tablet | | 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. | |
| Lamivudine 150 mg Tablet | | 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.<br>CHILD 3 month or over: 4 mg/kg twice daily. Maximum 300 mg daily. | |

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| Lamotrigine 100 mg Tablet | | A | i) Adjunctive or monotherapy for partial seizures and generalised tonic-clonic seizures not satisfactorily controlled with other antiepileptic drugs.<br>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.<br>ii) 25- 200 mg daily. | |
| Lamotrigine 5 mg Dispersible/Chewable Tablet | | A | Management of seizures in children aged 2 - 12 years. | a) Add-on therapy in patients not taking Valproate: week 1 and 2: 2 mg/kg/day twice daily, week 3 and 4: 5 mg/kg/day twice daily. Maintenance: 5 - 15 mg/kg/day twice daily.<br>b) Add-on therapy in patients taking Valproate or other anti-epileptic drugs, week 1 and 2: 0.2 mg/kg/day as a single dose (children less than 25 kg may take 5 mg on alternate days), week 3 and 4: 0.5 mg/kg/day as a single dose. Maintenance dose: 1 -5 mg/kg/day once daily or twice daily. | |
| Lamotrigine 50 mg Tablet | | A | i) Adjunctive or monotherapy for partial seizures and generalised tonic-clonic seizures not satisfactorily controlled with other antiepileptic drugs.<br>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.<br>ii) 25- 200 mg daily. | |

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| L-Asparaginase 10,000 IU Injection | | A* | i) Acute lymphoblastic leukemia.<br>ii) Non-hodgkin's lymphoma. | i) 5,000 iu/m2 for 10 days during induction, 10,000 iu/m2 also used with high dose methotrexate rescue in consolidation phase of acute lymphoblastic leukemia.<br>ii) CHILD: 5,000 - 25,000 iu/m2 per dose depending on protocol. | |
| Latanoprost 0.005% Eye Drops | | A* | Reduction of elevated intraocular pressure in patients with open-angle glaucoma. | 1 drop in the affected eye(s) once daily. | |
| Leflunomide 20 mg Tablet | RHEUMATOLOGI | A* | i) Persistent active rheumatoid arthritis.<br>ii) Active psoriatic arthritis. | Loading dose: 100 mg once daily for 3 days. Maintenance: 10-20 mg once daily. | |
| Lenalidomide 15 mg Capsule | HEMATOLOGI | A* | In combination with dexamethesone is indicated for the treatment of multiple myeloma patients who have received at least one prior therapy. | Recommended starting dose: 25 mg once daily on days 1 to 21 of repeated 28 day cycle with dexamethasone 40 mg once daily on days 1 to 4, 9 to 12 and 17 to 20 of each 28 day cycle for the first 4 cycles of therapy, thereafter dexamethasone 40 mg once daily on day 1 to 4 every 28 day cycle. | |
| Lenalidomide 25 mg Capsule | HEMATOLOGI | A* | In combination with dexamethesone is indicated for the treatment of multiple myeloma patients who have received at least one prior therapy. | Recommended starting dose: 25 mg once daily on days 1 to 21 of repeated 28 day cycle with dexamethasone 40 mg once daily on days 1 to 4, 9 to 12 and 17 to 20 of each 28 day cycle for the first 4 cycles of therapy, thereafter dexamethasone 40 mg once daily on day 1 to 4 every 28 day cycle. | |
| Lenvatinib 4mg Hard Capsule | GASTROENTEROLOGI | A* | Indicated as monotherapy for the treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC) who have received no prior systemic therapy | Indicated as monotherapy for the treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC) who have received no prior systemic therapy | |

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| Letrozole 2.5 mg Tablet | | A* | Hormonal therapy in breast cancer in post-menopausal women if failed /contraindicated to Tamoxifen. | 2.5 mg once daily. | |
| Leucovorin Calcium (Calcium Folinate) 10mg/ml Injection | | A | i) Biochemical modulator for 5-Fluorouracil in the treatment of solid tumour.<br>ii) As rescue for high dose methotrexate.<br>iii) Megaloblastic anaemias due to deficiency of folic acid. | i) 200mg/m2 by slow IV injection over a minimum 3 minutes, followed by 5-Fluorouracil or 20mg/m2 IV followed by 5-Fluorouracil. In both cases, treatment is repeated daily for 5 days; may repeat at 4-week intervals for 2 courses then 4- to 5-week intervals.<br>ii) 15 mg (approximately 10mg/m2) every 6 hours for 10 doses, starting 24 hours after the beginning of the methotrexate infusion.<br>iii) Up to 1 mg daily Dosing is individualised and according to product insert/protocol. | |
| Leucovorin Calcium (Calcium Folinate) 15 mg Tablet | | A | i) Treatment of folic acid antagonist overdose.<br>ii) Leucovorin (folinic acid) plus tegafur-uracil combination therapy is indicated for the treatment of colorectal cancer in:<br>a) Metastatic stage,<br>b) Adjuvant setting,<br>c) Concurrent setting. | i) 15 mg every 6 hours for the next 48 - 72 hour.<br>ii) Metastatic stage: Leucovorin Calcium 30 mg TDS, Day 1 - 28, rest 7 days for 5 cycles<br>Adjuvant setting: Leucovorin Calcium 30 mg TDS, Day 1 - 28, rest 7 days for 5 cycles;<br>Concurrent setting: Leucovorin Calcium 25 mg /day, D8 - D36, for 4 weeks.<br><br>Dosing is individualised and according to product insert/protocol. | |
| Leuprolide (Leuproreline) Acetate 22.5mg injection | UROLOGI | A* | Hormonal therapy in advanced prostate cancer. | 22.5mg SC every 3 months. | |
| Leuprolide (Leuproreline) Acetate 45mg Injection | UROLOGI | A* | Hormonal therapy in advanced prostate cancer | 45mg SC every 6 months | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Levetiracetam 100 mg/ml Injection | | 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.<br>ii) Adjunctive treatment in partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy; juvenile myoclonic epilepsy and idiopathic generalized tonic clonic epilepsy from 12 years of age. To be initiated when conventional IV antiepileptic drugs failed to achieve control, or oral form is temporarily not feasible in seizure emergencies. | i) ADULTS and ADOLESCENT (from 16 years): Starting dose: 250 mg twice daily, Increase dose to 500 mg twice daily after 2 week. Dose can be further increased by 250 mg twice daily every 2 weeks depending upon the clinical response. Max: 1500 mg twice daily.<br>ii) ADULT more than 18 years and ADOLESCENT (12 to 17 years) more than or equal to 50 kg: Initially 500 mg twice daily may be increased up to 1500 mg twice daily. Dose changes can be made in 500 mg twice daily increments or decrements 2 to 4 weekly. CHILD (4 to 11 years) and ADOLESCENT (12 to 17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose. | |
| Levetiracetam 100 mg/ml Oral Solution | | A* | As adjunctive therapy in the treatment of partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy. | CHILD: 4-11 years and adolescent (12-17 years) less than 50 kg: Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg two times daily twice weekly. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Levetiracetam 250 mg Tablet | BRAND KEPPRA: NEUROLOGI, NEUROSURGERI | 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.<br>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.<br>ii) ADULT more than 18 years and ADOLESCENT (12-17 years) more than or equal to 50 kg: Initially 500 mg twice daily may be increased up to 1500 mg twice daily. Dose changes can be made in 500 mg twice daily increments or decrements 2-4 weekly. CHILD (4-11 years) and ADOLESCENT (12-17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose. | |
| Levetiracetam 500 mg Tablet | BRAND KEPPRA: NEUROLOGI, NEUROSURGERI | 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.<br>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 | 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.<br>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 | |

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| | | | tonic clonic epilepsy from 12 years of age. | or decrements 2-4 weekly. CHILD (4-11 years) and ADOLESCENT (12-17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose. | |
| Levobupivacaine 5mg/ml Injection | | A | Production of local or regional anesthesia for surgery and obstetrics, and for postoperative pain management. | Surgical anesthesia : Lumber epidural : 10 - 20 ml (50 - 150 mg) , caesarean section : 15 - 30 ml (75 - 150 mg), intrathecal: 3 ml (15 mg), peripheral nerve block : 1 - 40 ml, ilioinguinal/iliohypogastric block. CHILD : 0.25 - 0.5 ml/kg (1.25-2.5 mg/kg). | C/S |
| Levocetirizine Dihydrochloride 5 mg Tablet | | A* | Symptomatic treatment of allergic rhinitis (including persistent allergic rhinitis) and chronic idopathic urticaria. | Children above 12 years and adults: 5 mg orally once daily (Swallow whole, do not chew/crush). | |
| Levodopa 100 mg, Benserazide 25 mg HBS capsule | | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Levodopa 100 mg, Carbidopa 25 mg and Entacapone 200 mg Tablet | NEUROLOGI | A* | Idiopathic Parkinson's disease. | The optimum daily dosage must be determined by careful titration of levodopa in each patient. The daily dose should preferably be optimised using 1 of the 4 available tablet strengths (50/12.5/200mg, 100/25/200mg, 150/37.5/200mg or 200/50/200mg levodopa/ carbidopa/ entacapone). Patients should be instructed to take only 1 tablet/dose administration. While the experience with total daily dosage >200 mg carbidopa is limited, the maximum recommended daily dose of entacapone is 2000 mg and therefore the maximum dose, for the strengths of 50/12.5/200 mg, 100/25/200 mg and 150/37.5/200 mg, is 10 tablets/day. Ten (10) tablets of the strength 150/37.5/200 mg equals carbidopa 375 mg/day. Therefore, using a maximum recommended daily dose of carbidopa 375 mg, the maximum daily dose of 200/50/200 mg is 7 tablets per day. The maximum total daily levodopa dose administered should not exceed 1500 mg. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Levodopa 150 mg, Carbidopa 37.5 mg and Entacapone 200 mg Tablet | NEUROLOGI | A* | Idiopathic Parkinson's disease. | The optimum daily dosage must be determined by careful titration of levodopa in each patient. The daily dose should preferably be optimised using 1 of the 4 available tablet strengths (50/12.5/200mg, 100/25/200mg, 150/37.5/200mg or 200/50/200mg levodopa/ carbidopa/ entacapone). Patients should be instructed to take only 1 tablet/dose administration. While the experience with total daily dosage >200 mg carbidopa is limited, the maximum recommended daily dose of entacapone is 2000 mg and therefore the maximum dose, for the strengths of 50/12.5/200 mg, 100/25/200 mg and 150/37.5/200 mg, is 10 tablets/day. Ten (10) tablets of the strength 150/37.5/200 mg equals carbidopa 375 mg/day. Therefore, using a maximum recommended daily dose of carbidopa 375 mg, the maximum daily dose of 200/50/200 mg is 7 tablets per day. The maximum total daily levodopa dose administered should not exceed 1500 mg. | |
| Levodopa 200 mg, Benserazide 50 mg Tablet | | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Levodopa 250 mg and Carbidopa 25 mg Tablet | | 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. | |
| Levofloxacin 500 mg Injection | | A* | Community Acquired Pneumonia. | 500 mg daily for 7 - 14 days. | |
| Levofloxacin 500 mg Tablet | | A* | Community Acquired Pneumonia. | 500 mg daily for 7 - 14 days. | |
| Levonorgestrel 52 mg Intrauterine System | O&G, O&G ONKOLOGI | A* | i) Contraception.<br>ii) Idiopathic menorrhagia.<br>iii) Protection from endometrial hyperplasia during oestrogen replacement therapy. | One unit intrauterine device to be inserted into the uterine cavity within 7 days of the onset of menstruation or immediately after first trimester abortion. Postpartum insertion should be postponed until 6 weeks after delivery.Can be inserted at any time of amenorrheic woman. One unit IUD is effective for 5 years. | |
| Levothyroxine Sodium 100 mcg Tablet | | B | Hypothyroidism. | Start at low dose and increase at 2-4 weeks interval. Adult: Initially, 50-100 mcg/day may increase by 25-50 mcg at approximately 3 to 4 weeks intervals until the thyroid deficiency is corrected. Maintenance: 100-200 mcg/day. CHILD; 0 - 3 months: 10 - 15 mcg/kg/day; 3 - 6 months: 8 - 10 mcg/kg/day; 6 - 12 months: 6 - 8 mcg/kg/day; 1 - 5 years: 5 - 6 mcg/kg/day; 6 - 12 years: 4 - 5 mcg/kg/day; more than 12 years: 2 -3 mcg/kg/day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Levothyroxine Sodium 25 mcg Tablet | | B | Hypothyroidism. | Start at low dose and increase at 2-4 weeks interval. Usual recommended dose for:<br>i) Treatment of benign euthyroid goitre: 75-200mcg.<br>ii) Prophylaxis of relapse after surgery for euthyroid goitre: 75-200mcg.<br>iii) Substitution therapy in hypothyroidism: ADULT Initially, 25-50mcg/day. Maintenance: 100-200mcg/day. CHILDREN Initially 12.5-50mcg/day. Maintenance: 100-150mcg/m2 body surface area.<br>iv) Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism: 50-100mcg.<br>v) Suppression therapy in thyroid cancer: 150-300mcg. | |
| Levothyroxine Sodium 50 mcg Tablet | | B | Hypothyroidism. | Start at low dose and increase at 2-4 weeks interval. Usual recommended dose for:<br>i) Treatment of benign euthyroid goitre: 75-200mcg.<br>ii) Prophylaxis of relapse after surgery for euthyroid goitre: 75-200mcg.<br>iii) Substitution therapy in hypothyroidism: ADULT Initially, 25-50mcg/day. Maintenance: 100-200mcg/day. CHILDREN Initially 12.5-50mcg/day. Maintenance: 100-150mcg/m2 body surface area.<br>iv) Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism: 50-100mcg.<br>v) Suppression therapy in thyroid cancer: 150-300mcg. | |
| Lidocaine 25mg and Prilocaine 25mg Cream | | A | Surface anaesthesia of the skin in connection with needle insertion | Apply a thick layer under occlusive dressing. Dosing is according to product insert. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | and for superficial surgical procedures. | | |
| Lignocaine 10 % w/w Spray | | B | For surface anaesthesia in dental practice, in otorhinolaryngology and paracentesis. | Spray to affected part. | |
| Lignocaine 2% Jelly | | 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. | |
| Lignocaine 2% Viscous Solution | | A | i) To relief pain associated with irritated or inflamed mucous membranes of the:<br>a) mouth;<br>b) pharynx (post-tonsillectomy);<br>c) upper gastrointestinal tract (e.g esophagitis).<br><br>ii) Use for instrumentation of the respiratory and digestive tracts (e.g. bronchoscopy, oesophagoscopy). | i) a) For anaesthesia of the mouth: Rinse the mouth with 5-15 ml (100- 300 mg lignocaine), then the solution is spat out. In dental practice, 10 ml solution (200 mg lidocaine) are used. The solution should be spat out when adequate anaesthesia has been achieved (after approx. 1 minute).<br>b) For anaesthesia of the pharynx: Gargle with 5-10 ml (100-200 mg lignocaine), after which the solution is slowly swallowed.<br>c) Painful conditions in the upper GI tract: 5-15 ml (100-300 mg lignocaine) are rapidly swallowed all at once.<br>*Daily dose should not exceed 1200 mg (Total of 60 ml)<br>ii) Instrumentations into the stomach: 10-15 ml (200-300 mg lignocaine) are swallowed.<br>Indications (i) & (ii):<br>The daily dose should not exceed 1200mg (60mL) | |

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| | | | | If combined with other lignocaine products, the total dose of lignocaine on one dosing occasion should not exceed 400mg. | |
| Lignocaine 2% with Chlorhexidine 0.05% Gel | | B | To provide local anaesthesia and lubrication during catheterization, exploration by sound and other endourethral operations and examinations, cytoscopy and symptomatic treatment of painful cystitis and urethritis. | Adult Male: Instil 20 mL slowly into the urethra until it reaches external sphincter, proximal to the prostrate. Subsequently, apply compression at the corona for several mins. Fill the length of the urethra w/ the remaining gel. Sounding procedure or cytoscopy: Instill 40 mL (in 3-4 portions) into the insertion area then allow 5-10 mins for anaesthesia to take effect. Adult Female: Prior to urological procedure, instill 5-10 mL in small portions to fill the whole urethra & allow anaesth to take effect in 3-5 mins. Children <12 yr: - Up to 6 mg/kg. | |
| Lignocaine HCl (Lidocaine) 2% Intramuscular/ Subcutaneous Injection | | B | For local or regional anaesthesia and nerve block. Not for IV use. | Local anesthesia: ADULT Maximum: 100 mg; CHILD Maximum: 3 mg/kg. | |
| Lignocaine HCl (Lidocaine) 20 mg/ml Injection | | B | Ventricular tachycardia and ventricular fibrillation. For IV use. 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. | |
| Lignocaine HCl 5% and Phenylephrine HCl 0.5% Nasal Spray | | A* | Preparation of nasal mucosa for surgery, aid the treatment of acute nose bleeds and removal of foreign bodies from the nose, topical anaesthesia of the pharynx prior to direct or indirect laryngoscopy, topical anaesthesia and local vasoconstriction | Adults and children over 12 years : 5 squirts per nostril. Children: 8 to 12 years 3 squirts per nostril, 4 to 8 years 2 squirts per nostril, 2 to 4 years 1 squirt per nostril. Doses are to be administered once only. | |

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| | | | prior to endoscopy of the upper airways. | | |
| Lignocaine, Aluminium Acetate, Zinc Oxide and Hydrocortisone Suppository | | B | Treatment of pain, itching and discomfort arising from irritated anorectal issues. | 1 suppository once or twice daily and as required after each bowel action. Max: 5 suppositories/day. | |
| Linezolid 2 mg/ml Injection | | 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. | |
| Linezolid 600 mg Tablet | | A* | MRSA patient with severe sepsis requiring intensive care and not clinically responding to vancomycin. | ADULT: Above 12 years 600 mg every 12 hours for 10-14 days. CHILD :10 mg/kg 3 times daily. PREMATURE NEONATES less than 7 days: 10 mg/kg twice daily. | |
| Liquid Paraffin | | C | Constipation. | ADULT: 10-30 ml daily at night. CHILD: not recommended. | |
| Lithium Carbonate 300 mg Tablet | | A | i) Prophylaxis and treatment of acute mania and hypomania episodes.<br>ii)Prophylaxis of manic depression in bipolar illness or bipolar depression and recurrent depression. | Dose depends on the preparation used. Doses should be adjusted to produce a serum-lithium concentration of 0.4-1 mmol/l. | |
| Loperamide 2 mg Capsule | | B | i. Adjunct to rehydration in:<br>a. acute diarrhea in adult; and<br>b. chronic diarrhea in adult<br><br>ii. In patients with an ileostomy, it can be used to reduce the number and volume of stools and to harden their consistency | 6 – 8 mg per day up to max. of 16mg per day<br><br>Dosing is individualised and according to product insert / protocol | |

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| Lopinavir 100 mg and Ritonavir 25 mg Tablet | | A | Second line treatment for HAART regimen in combination with other anti-retroviral agents. | Adult: - Therapy-naive patients: 400/100 mg bd or 800/200 mg once daily; - Therapy-experienced patients: 400/100 mg bd. - Concomitant therapy (efavirenz, nevirapine, amprenavir, fosamprenavir or nelfinavir) 400/100 mg bd. Children >40 kg or w/ BSA >1.4 m2 as adult dose. | |
| Lopinavir 200 mg and Ritonavir 50 mg Tablet | | A | Second line treatment for HAART regimen in combination with other anti-retroviral agents. | Adult: - Therapy-naive patients: 400/100 mg bd or 800/200 mg once daily; - Therapy-experienced patients: 400/100 mg bd. - Concomitant therapy (efavirenz, nevirapine, amprenavir, fosamprenavir or nelfinavir) 400/100 mg bd. Children >40 kg or w/ BSA >1.4 m2 as adult dose. | |
| Lopinavir 80mg/Ritonavir 20mg (per ml) Oral Solution | | A | Management of patients with asymptomatic and symptomatic (early or advanced) HIV Infection with CD4 cell counts <50 cubic mm. | Tab Adult Therapy-naive patients 400/100 mg bd or 800/200 mg once daily. Therapy-experienced patients 400/100 mg bd. Concomitant therapy (efavirenz, nevirapine, amprenavir, fosamprenavir or nelfinavir) 400/100 mg bd. Can be used w/ no dose adjustment. Childn >40 kg or w/ BSA >1.4 m2 Adult dose. Oral Soln Childn 6 mth-12 yr, 15-40 kg 10/2.5 mg/kg bd; 7 to <15 kg 12/3 mg/kg bd. Max: 5 mL bd in childn >40 kg. W/ efavirenz or nevirapine 15-45 kg 11/2.75 mg/kg bd; 7 to <15 kg 13/3.25 mg/kg. | |
| Loratadine 1 mg/ml Syrup | | 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. | |
| Loratadine 10 mg Tablet | | B | Allergic rhinitis and allergic dermatoses. | ADULT and CHILD over 6 years 10 mg once daily. CHILD 2 - 6 years: 5 mg once daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Loratadine 5 mg and Pseudoephedrine Sulphate 120 mg Tablet | | A/KK | For treatment of allergic rhinitis and allergic dermatoses. | ADULT and CHILD over 12 years 1 tablet twice daily. | |
| Lorazepam 1 mg Tablet | | A/KK | i) Severe anxiety.<br>ii) Insomnia. | i) 1 - 4 mg increase to 10 mg daily in divided doses. ELDERLY (or delibitated) half adult dose.<br>ii) 1 - 2 mg at bedtime Not recommended in children. | |
| Lorlatinib 100mg Film-Coated Tablet | RESPIRATORI | A* | As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC). | 100 mg taken orally once daily. Continue treatment as long as the patient is deriving clinical benefit from therapy | |
| Losartan 100 mg Tablet | | B | Patients intolerant to ACE inhibitors in: i) Hypertensive patient with left ventricular hypertrophy.<br>ii) Type 2 Diabetes Mellitus with chronic kidney disease.<br>iii) Hypertension. | i), ii) & iii) Initial: 50mg once daily. Max: 100mg once daily. Dosing is individualised and according to product insert / protocol. | |
| Losartan 50 mg Tablet | | B | Patients intolerant to ACE inhibitors in: i) Hypertensive patient with left ventricular hypertrophy.<br>ii) Type 2 Diabetes Mellitus with chronic kidney disease.<br>iii) Hypertension. | i), ii) & iii) Initial: 50mg once daily. Max: 100mg once daily. Dosing is individualised and according to product insert / protocol. | |
| Losartan Potassium 50 mg and Hydrochlorothiazide 12.5 mg Tablet | | A/KK | i) Hypertension in patients intolerant to ACE inhibitors.<br>ii) Hypertensive patient with left ventricular hypertrophy. | i) & ii) Initial: Losartan/Hydrochlorothiazide 50/12.5mg once daily.<br>Max: Losartan/Hydrochlorothiazide 100/25mg once daily.<br>Dosing is individualised and according to product insert / protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Magnesium Sulphate 50% Injection | | C | i)Treatment and prophylaxis of acute hypomagnesaemia.<br>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.<br>ii) Toxemia of pregnancy: An initial intravenous dose of 4gm of magnesium sulphate is recommended. Followed by an intramuscular dose of 4-5gm into each buttock. This may be followed by a dose of 4-5gm into alternate buttocks every 4 hours as needed. Alternatively, the initial dose IV dose may be followed by an infusion of 1-2gm/hr. | |
| Magnesium Trisilicate Mixture | | C | Heartburn, dyspepsia. | ADULT children over 12 years: 10-20ml 3 times daily or as required;<br>CHILD: 5-11 years: 5-10 ml three times a day or as required. | |
| Magnesium Trisilicate Tablet | | 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. | |
| Mannitol 10% Injection (10 g/100 ml) | | A | Cerebral oedema. | 0.25- 2 g/kg IV of a 15% to 25% solution over 30-60 minutes. Safety and efficacy not established in children under 12 years of age. | |
| Measles, Mumps and Rubella (MMR) Vaccine Injection (Single Dose) | | C+ | For immunisation of children against measles, mumps and rubella. | 0.5ml by SC or IM. Dosing is according to Immunisation Schedule under NIP. | |
| Mebeverine HCl 135 mg Tablet | | B | i) Irritable bowel syndrome.<br>ii) Treatment of gastro-intestinal spasm | 135 mg 3 times daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | secondary to organic diseases. | | |
| Meclozine HCl 25 mg and Pyridoxine 50 mg Tablet | | B | Nausea and vomiting of pregnancy. | Optimum dosing: 1 to 2 tablets OD. Maximum dosing: 4 tablets/day. | |
| Mecobalamin 500 mcg Tablet | | B | Peripheral neuropathies. | 1 tablet 3 times daily. The dosage should be adjusted according to age of patient and severity of symptoms. | |
| Medroxyprogesterone Acetate 100 mg Tablet | O&G | A | Breast carcinoma, endometrial carcinoma, renal carcinoma. | 200-500 mg orally daily. | UKK |
| Medroxyprogesterone Acetate 5 mg Tablet | | B | i) Secondary amenorrhoea.<br>ii) Abnormal uterine bleeding due to hormonal imbalance. | i) 5-10 mg daily for 5-10 days started anytime during cycle.<br>ii) 5-10 mg daily for 5-10 days on day 16-21 of menstrual cycle. Optimum secretory transformation 10 mg daily for 10 days from day 16 of the cycle. | |
| Medroxyprogesterone Acetate 50 mg/ml Injection | | B | Prevention of pregnancy and to provide long term contraception. | 150mg to be administered once every 3 month. | |
| Mefenamic Acid 250 mg Tablet | | C | Mild to moderate pain. | ADULT: 250 - 500 mg 3 times daily after meals. | |
| Meloxicam 7.5 mg Tablet | | A/KK | Only for patients not responding to other NSAIDs in the treatment of:<br>i) painful osteoarthritis;<br>ii) rheumatoid arthritis. | i) initially 7.5 mg daily. May be increased to 15 mg daily.<br>ii) initially 15 mg daily. May be reduced to 7.5 mg daily.<br>Maximum 15 mg daily. Child under 12 years not recommended. | |
| Melphalan 2 mg Tablet | | A | i) Multiple myeloma.<br>ii) Neuroblastoma, rhabdomyosarcoma.<br>iii) Recurrent neuroblastoma (palliative). | i) 8 - 10 mg/m2 for 4 days every 4 weeks.<br>ii) 10 - 35 mg/m2 once every month For dose regimes, refer to protocols. | |
| Melphalan 50 mg Injection | HEMATOLOGI | B | High dose conditioning therapy for stem cell transplantation in multiple myeloma. | 200 mg/ m2 IV infusions in divided doses for Day 1 to day 3 followed by IV infusions of autologous stem cells. | |

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| Memantine HCl 10 mg Tablet | | A* | Treatment of moderate to severe Alzheimer's disease. | Initial: Week 1: 5mg daily, Week 2: 10mg daily, Week 3: 15mg daily, Week 4 and subsequent: 20mg daily. Maintenance 20mg daily. Max. dose: 20mg daily. | |
| Meningococcal A, C, Y, W 135 Vaccine Injection | | 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. | |
| Mepivacaine HCl 2% with Adrenaline (1:100,000) Injection | | B | For the production of local anaesthesia for dental procedures including infiltration and nerve blocks. | Adult: 2.2ml for routine procedure. Max: 3 cartridges. Child: 6-14 years: 1.6ml. Max: 3.3ml 3-6 years: 1.1 to 2.2ml Dosing is according to product insert. | |
| Mercaptopurine 50 mg Tablet | | A | i) Langerhan's cell histocytosis.<br>ii) Acute lymphoblastic leukaemia.<br>iii) Acute promyelocytic leukaemia APML (maintenance). | Leukaemia adults: 2.5mg/kg or 80-00mg/m2 p.o per day, given as a single dose. To be increased at the end of 4 weeks, If necessary, up to 5mg/kg p.o per day. Maintainance dosage are 1.5mg/kg -2.5mg/kg p.o per day Children age 5 and older: Induction: 2.5mg/kg/day p.o once daily. Maintanance dose: 1.5mg/kg -2.5mg.kg p.o once daily or 70-100mg/m2 p.o once daily. | |
| Meropenem 1 g Injection | | A* | i) Nosocomial pneumonia.<br>ii) Bacterial Meningitis.<br>iii) Emperical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent.<br>iv) Septicaemia.<br>v) Urinary tract infections. | ADULT: 1-2g every 8 hourly (refer to specific indication dosing) CHILD: (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used. Dosing is according to product insert/protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | vi) Intra-abdominal infections.<br>vii) Gynaecological infections. | | |
| Meropenem 500 mg Injection | | A* | i) Nosocomial pneumonia.<br>ii) Bacterial Meningitis.<br>iii) Emperical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent.<br>iv) Septicaemia.<br>v) Urinary tract infections.<br>vi) Intra-abdominal infections.<br>vii) Gynaecological infections. | ADULT: 1-2g every 8 hourly (refer to specific indication dosing)<br>CHILD: (aged 3 months and over): 10-40mg/kg 8 hourly, if body weight over 50kg, adult dosage should be used. Dosing is according to product insert/protocol. | |
| Mesalazine 1 g Suppository | | A | Inflammatory bowel disease of ulcerative colitis and Crohn's disease. | Ulcerative colitis : 1 g suppository insert rectally once daily at bedtime. To achieve maximum benefit, it is recommended that the suppository be retained in the rectum for a minimum of 1 to 3 hours or longer. The usual course of therapy, depending upon response, may last from 3 to 6 weeks. CHILD not recommended. | |
| Mesalazine 1200mg Gastro-Resistant Prolonged Release Tablets | GASTROENTEROLOGI | A* | In patients with mild to moderate active ulcerative colitis:<br>i) For the induction of clinical and endoscopic remission<br>ii) For the maintenance of remission | Adults:<br>i) Induction of remission: 2.4 to 4.8g once daily.<br>ii) For maintenance of remission: 2.4g once daily. | |
| Mesalazine 1g/100ml enema | GASTROENTEROLOGI | A | Inflammatory bowel disease of ulcerative | 1 tube of enema at bedtime | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | colitis and Crohn's disease. | | |
| Mesalazine 2g Prolonged Release Granules | GASTROENTEROLOGI | A* | Treatment of mild to moderate ulcerative colitis and Crohn's disease | Ulcerative colitis:<br>a) Treatment of active disease: • Adults: up to 4 g given once daily or in divided doses. • Children 6 years of age and older: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. The total dose should not exceed 4 g/day.<br>b) Maintenance treatment: • Adults: 2g once daily. Can be taken in divided doses. • Children 6 years of age and older: starting with 15-30 mg/kg/day in divided doses. The total dose should not exceed 2 g/day. Crohn's disease:<br>a) Treatment of active disease: • Adults: up to 4g daily in divided doses. • Children 6 years of age and older: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. The total dose should not exceed 4 g/day.<br>b) Maintenance treatment: • Adults: up to 4g daily in divided doses. • Children 6 years of age and older: starting with 15-30 mg/kg/day in divided doses. The total dose should not exceed 4 g/day | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Mesalazine 500mg MR Tablet | | A | i) Ulcerative colitis (UC)<br>ii) Crohn's disease (CD) | Active<br>ADULT: up to 4g given once daily or in divided doses<br>CHILD: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. Total daily dose 4g/day<br><br>Maintenance<br>ADULT: 1.5g to 2g mesalazine once daily or divided doses<br>CHILD: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. Total daily dose 2g/day<br><br>Dose is according to product insert and dependent on the product/brand used. | |
| Mesna 100 mg/ml Injection | | A | For prevention of urotoxic effects of oxazaphosphorines e.g. ifosfamide and cyclophosphamide. | IV injection at a dosage of 20% of the corresponding oxazaphosphorine dose at the times 0 hour (concurrently with the oxazaphosphorine), 4 hours and 8 hours thereafter. CHILD: Dose given at greater frequency (e.g. 6 times) and a shorter intervals (e.g. 3 hours). | |
| Metformin HCl 500 mg Extended Release Tablet | | B | Diabetes mellitus who experienced gastrointestinal side effects with normal metformin. | 500 mg once daily. Maximum dose 2000 mg once daily with evening meal. | |
| Metformin HCl 500 mg Tablet | | 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. | |
| Methadone 5mg/ml Syrup | PALIATIF (UKK- off label use)) | A/KK | Detoxification treatment or maintenance 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. | |

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| Methotrexate 2.5 mg Tablet | | A | i. Antineoplastic Chemotherapy<br>- Treatment of gestational choriocarcinoma, and in patients with chorioadenoma destruens and hydatidiform mole.<br>- Palliation of acute lymphocytic leukemia<br>- Treatment and prophylaxis of meningeal leukemia.<br>- Palliation of acute lymphoblastic (stem-cell) leukemias in children.<br>- Alone or in combination with other anticancer agents in the management of breast cancer, epidermoid cancers of the head and neck, and lung cancer, particularly squamous cells and small cell types.<br>- Treatment of the advanced stages (III and IV, Peters Staging System) of lymphosarcoma, particularly in those cases in children; and in advanced cases of mycosis fungoides.<br><br>ii. Psoriasis Chemotherapy<br>Symptomatic control of severe, recalcitrant, disabling psoriasis which is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as | Dosing is individualised and according to product insert / protocol | |

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| | | | by biopsy and/or after dermatologic consultation.<br><br>iii. Rheumatoid arthritis | | |
| Methotrexate 25 mg/ml Injection | | A | i) Solid tumours.<br>ii) Gestational trophoblastic disease.<br>iii) Acute leukaemia/lymphomas.<br>iv) Rheumatoid arthritis, psoriatic arthropathy, severe/erythrodermic psoriasis. | i) 50 mg/m2 once every 2 - 3 weeks in combination with other drugs.<br>ii) 50 mg IV Day 1, 3, 5, 9 every 3 weeks. For high risk gestational trophoblastic disease, use 100 mg/m2 as part of EMA-CO regime.<br>iii) High dose regimes: 500 - 3000 mg/m2 per dose may be used, employing the 500 mg preparations. CHILD: Central nervous system prophylaxis for acute leukaemia 2 gm/m2 over 24 hours with folinic acid rescue, 3 doses for B-cell lineage. 4 doses for T-lineage all every 3 weeks. Relapse acute lymphoblastic leukaemia (ALL): 1 gm/m2 over 36 hours with folinic acid rescue every 3 weeks for 9 doses, maintenance: 50 mg/m2 every 2 weeks. B-cell lymphoma: 3 gm/m2 over 3 hours with folinic acid rescue for three doses. Methotrexate level monitoring recommended when using high dose regimens. The 500 mg strength is not for intrathecal (IT) use. Dosage for intrathecal treatment and prophylaxis in leukaemia: less than 1 year: 5 mg, 1 - 2 years: 7.5 mg, 2 - 3 years: 10 mg, more than 3 years: 12.5 mg. IT preparation must be clearly stated/verified. ENSURE THAT PREPARATION IS SUITABLE FOR INTRATHECAL USE. | |

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| | | | | iv) Dose used by rheumatologist: 10 - 15 mg IM injection or oral weekly. Dose used by dermatologist: 10 - 25 mg IM injection weekly. | |
| Methoxy Polyethylene Glycol-epoetin Beta 100 mcg/0.3 ml Injection in Prefilled Syringe (Mircera) | NEFROLOGI | A* | Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require 2 or more subcutaneous erythropoietin injections per week, where logistics or compliance is an issue. | Non Erythropoiesis Stimulating Agent (ESA)-treated patients : 0.6 mcg/kg, once every two weeks (IV or SC). When the Hb is >11g/dl, administration can be reduced to once monthly using the dose equal to twice the previous two weekly dose. ESA-treated patients : 120-360 mcg once monthly or 60-180 mcg every two weeks. | |
| Methoxy Polyethylene Glycol-epoetin Beta 150 mcg/0.3 ml Injection in Prefilled Syringe (Mircera) | NEFROLOGI | A* | Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require 2 or more subcutaneous erythropoietin injections per week, where logistics or compliance is an issue. | Non Erythropoiesis Stimulating Agent (ESA)-treated patients : 0.6 mcg/kg, once every two weeks (IV or SC). When the Hb is >11g/dl, administration can be reduced to once monthly using the dose equal to twice the previous two weekly dose. ESA-treated patients : 120-360 mcg once monthly or 60-180 mcg every two weeks. | |
| Methyl Salicylate 25% Ointment | | C+ | Relief of minor aches and pains of muscles and joints associated with simple backache, arthritis and rheumatic conditions. | Apply to the affected area, 3-4 times daily. | |
| Methyldopa 250 mg Tablet | | B | Hypertension. | Adult: 250 mg 2 - 3 times daily, gradually increased at intervals of 2 or more days, maximum; 3 g/day. Elderly: initially 125 mg twice daily, increased gradually, maximum; 2 g daily. Child: Initially, 10 mg/kg or 300 mg/m2 daily in 2-4 divided doses; increase as necessary. Max: 65 mg/kg, 2 g/m2 or 3 g daily, whichever is least. | |

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| Methylene Blue (Methylthioninium chloride) 0.5% Injection | | B | For treatment of idiopathic and drug-induced methaemoglobinemia. | 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. | |
| Methylphenidate HCl 10 mg Tablet | REHABILITASI (UKK- off label use)) | A | Attention deficit hyperactivity disorder (ADHD). | CHILD over 6 years, initially 5 mg 1 - 2 times daily, increased if necessary at weekly intervals by 5 - 10 mg daily to maximum of 60 mg daily in divided doses; discontinue if no response after 1 month, also suspend periodically to assess child's condition (usually finally discontinued during or after puberty). | |
| Methylphenidate HCl 18 mg Extended-release Tablet | | A* | Attention deficit hyperactivity disorder (ADHD). | CHILD over 6 years: Individualize dosage, to be taken once daily in the morning. Dose may be adjusted in increments to a maximum of 54 mg/day, at weekly interval. Patient new to methylphenidate: starting dose 18 mg once daily; adults 18mg or 36mg once daily. Patient currently using methylphenidate: 18 - 36 mg. Maximum 54 mg/day. Discontinue if no response after 1 month. | |
| Methylphenidate HCl 20 mg LA Capsule | PSIKIATRI | A* | Attention deficit hyperactivity disorder (ADHD). | 20 mg once daily to be taken in the morning. Dosage be adjusted in increments to a maximum of 60 mg/day. | |
| Methylphenidate HCl 36 mg Extended-release Tablet | | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | mg/day. Discontinue if no response after 1 month. | |
| Methylprednisolone Sodium Succinate 0.5 g Injection | | A | Suppression of inflammatory and allergic disorders, cerebral oedema, immunosuppression treatment of haematological and oncological disorders, treatment of shock states and endocrine disorders. | 16 - 30 mg/kg daily. Large doses may be repeated 4 - 6 hourly for up to 48 hours. | |
| Methylprednisolone Sodium Succinate 1 g Injection | | 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. | |
| Metoclopramide HCl 1 mg/ml Syrup | | B | i) Dyspepsia, flatulence, hiatus hernia, peptic ulceration, reflux oesophagitis, gastritis, duodenitis, cholelithiasis, nausea, vomiting.<br>ii) Promote bowel transit during diagnostic procedures. | i) CHILD age 1-3 years old (body weight 10-14kg): 1mg TDS, 3-5 years old (body weight 15-19kg): 2mg TDS, 5-9 years old (body weight 20-29kg): 2.5mg TDS, 9-18 years old (body weight 30-60kg): 5mg TDS, 15-18 years old (body weight > 60kg): 10mg TDS.<br>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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Metoclopramide HCl 10 mg Tablet | | B | Use in adults for:<br>i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV).<br>ii) Prevention of radiotherapy induced nausea and vomiting (RINV).<br>iii) Symptomatic treatment of nausea and vomiting, including acute migraine induced nausea and vomiting.<br><br>Use in children aged 1-18 years for:<br>i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV) as a second line option. | Adult: The recommended single dose is 10mg, repeated up to three times daily. The maximum recommended daily dose is 30mg or 0.5mg/kg body weight. The maximum recommended treatment duration is 5 days. Prevention of delayed CINV (children aged 1-18 years): The recommended dose is 0.1-0.5mg/kg body weight, repeated up to three times daily by oral route. The maximum dose in 24 hours is 0.5mg/kg body weight. Dosing table CHILD age 1-3 years old (10-14kg): 1mg TDS, 3-5 years old (15-19kg): 2mg TDS, 5-9 years old (20-29kg): 2.5mg TDS, 9-18 years old (30-60kg): 5mg TDS, 15-18 years old (body weight > 60kg): 10mg TDS. Tablets are not suitable for use in children weighing less than 30kg. | |
| Metoclopramide HCl 5 mg/ml Injection | | B | Use in adults for:<br>i) Prevention of post-operative nausea and vomiting.<br>ii) Symptomatic treatment of nausea and vomiting, including nausea and vomiting induced by migraine attacks.<br>iii) Prevention of radiotherapy-induced nausea and vomiting.<br><br>Use in children aged 1 to 18 years for:<br>i) Prevention of delayed chemotherapy-induced nausea and vomiting as a second-line option. | All indications (adult): i.) A single 10mg dose is recommended. ii. & iii.) The recommended dose is 10mg per dose, 1 to 3 times daily. The maximum recommended daily dose is 30mg or 0.5mg/kg. Treatment duration when administering by injection should be as short as possible and a switch to administration via oral or rectal route should be instituted as quickly as possible. All indications (children aged 1 to 18 years of age) The recommended dosage is 0.1 to 0.15mg/kg, 1 to 3 times daily, by intravenous route. The maximum daily dose is 0.5mg/kg. Dosing table based on body weight: CHILD age 1-3 years old (10-14kg): 1mg TDS, | |

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| | | | ii) Prevention of post-operative nausea and vomiting as a second-line option. | 3-5 years old (15-19kg): 2mg TDS, 5-9 years old (20-29kg): 2.5mg TDS, 9-18 years old (30-60kg): 5mg TDS, 15-18 years old (body weight > 60kg): 10mg TDS. For the prevention of delayed CINV, the maximum treatment duration is 5 days. For the prevention of post-operative nausea and vomiting, the maximum treatment duration is 48 hours. | |
| Metoprolol Tartrate 100 mg Tablet | | B | i) Hypertension.<br>ii) Angina pectoris.<br>iii) Myocardial infarct.<br>iv) Cardiac arrhythmias.<br>v) Migraine prophylaxis.<br>vi) Hyperthyroidism. | i) Initial: 100mg daily in 1 or 2 divided doses Maintenance: 200mg daily in divided doses Max. 400mg daily.<br>ii) 50-100mg 2-3 times daily Max. 400mg daily.<br>iii) Initial: 50mg twice daily Maintenance: 100mg twice daily.<br>iv) Initial: 50mg 2-3 times daily Maintenance: 300mg daily in divided doses.<br>v) 100-200mg daily in 2 divided doses.<br>vi) 150-200mg daily in 3-4 divided doses.<br>Dosing is invidualised and according to product insert/protocol. | |
| Metronidazole 200 mg Tablet | | 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 | |

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| | | | | admin until oral therapy is possible. Other sources recommend that oral doses be initiated only 2 hr prior to surgery and that number of doses for all admin routes be limited to a total of 4. Elderly: Dose reduction may be necessary. Tab: Should be taken with food. | |
| Metronidazole 200 mg/5 ml Suspension | | B | Anaerobic infection. | CHILD: 7.5 mg/kg 3 times daily for 7 days. | |
| Metronidazole 500 mg/100 ml Injection | | A | Anaerobic infection. | ADULT: 500 mg IV infusion 8 hourly. CHILD: 7.5 mg/kg body weight every 8 hours. Neonates: 15mg/kg LD, followed by 7.5mg/kg every 12 hourly. 1 month to 18 years: 7.5mg/kg (maximum 500mg) every 8 hours. | |
| Micafungin Sodium 50mg Injection | | A* | i) Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to Amphotericin B or Fluconazole.<br>ii) Treatment of invasive candidiasis in children. | i) Dosage for adults, adolescents ≥ 16 years of age and the elderly for the treatment of invasive candidiasis: - Body weight > 40kg: 100mg/day* - Body weight ≤ 40kg: 2mg/kg/day* *If patient's response is inadequate, e.g. persistence of cultures or if clinical condition does not improve, the dose may be increased to 200 mg/day in patients weighing > 40kg or 4mg/kg/day in patients weighing ≤ 40kg. Treatment duration for invasive candidiasis: should be a minimum of 14 days. The antifungal treatment should continue for at least one week after two sequential negative blood cultures have been obtained and after resolution of clinical signs and symptoms of infection. | |

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| | | | | ii) Dosage for children: Body weight ≤ 40kg: 2mg/kg/day; Body weight > 40kg: 100mg/day. | |
| Miconazole 2% Cream | | C | i) Fungal infections: Tinea pedis, Tinea corporis, Tinea capitis and other dermatophyte infections caused by Trichophyton and Epidermophyton species;<br>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. | |
| Midazolam 5 mg/5 ml Injection | | A/KK | 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. | |
| Midazolam 5 mg/ml Injection | | A/KK | 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. | |
| Midazolam 7.5 mg Tablet | | 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, | |

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| | | | | debilitated or impaired liver/kidney function: 7.5 mg. | |
| Minocycline 100 mg Capsule | | A* | i. As second-line treatment for leprosy only.<br>ii. Treatment of infections due to susceptible strains of the designated organism e.g. Carbapenem-resistant acinetobacter baumannii. | i) 100 mg daily 6 - 18 months.<br>ii) Initially, 200 mg followed by 100-200mg every 12 hours. | |
| Minoxidil 5 mg Tablet | | A* | Severe hypertension. | ADULTS and CHILD above 12 years old: Initially 5 mg daily in single or divided doses (elderly 2.5 mg). May increase by 5 - 10 mg daily at intervals of 3 or more days until optimum control is achieved. Maximum 50 mg daily. | |
| Mirabegron 50mg Prolonged Release Tablet | UROLOGI GERIATRIK | A* | Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome. | 50mg once daily. Should be taken once daily, with liquid, swallowed whole and is not to be chewed, divided, or crushed. | |
| Mirtazapine 15 mg Orodispersible Tablet | PSIKIATRI, PALIATIF GERIATRIK | 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. | |
| Mirtazapine 30 mg Orodispersible Tablet | PSIKIATRI | 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. | |
| Mitomycin-C 10 mg Injection | | A* | i) Gastrointestinal, lung, breast, cervical cancers.<br>ii) Bladder tumours.<br>iii) Opthalmological conditions: conjunctival squamous neoplasia, | i) 10 - 20 mg/m2 body surface area (BSA) given as a single dose through a running IV infusion repeated every 6 - 8 weeks. The whole schedule may be repeated depending on the bone marrow. | |

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| | | | squamous cell carcinoma of conjunctiva, trabeculectomy chronic lymphocytic leukaemia, chronic myelogenous leukaemia. Gastric, colorectal, lung cancer. | ii) 10 - 40 mg daily or every other day (intravesical).<br>iii) 0.4 mg topically as a single application for opthalmological conditions, duration: 1 to 3 minutes. | |
| Mitoxantrone 20 mg/10ml Injection | | A* | Acute leukaemia, elderly patients with acute myeloid leukaemia (AML), relapsed/resistant acute leukaemia, non-Hodgkin's lymphoma (NHL). | 10 - 12 mg/m2 IV daily for 3 days, in combination with other cytotoxic agents. Refer to protocol. CHILD: 5 - 10 mg/m2 daily for 3 - 5 days according to protocol. Treatment of acute leukaemia, ADULT: 8 - 12 mg/m2/day once daily for 4 - 5 days. CHILD more than 2 years: same as adult dose. CHILD 2 years: 0.4 mg/kg/day once daily for 3 - 5 days. | |
| Modified Fluid Gelatin 4% Injection | | B | For primary volume replacement in hypovolaemia, peri-operative stabilization of the circulation, haemodilution, extracorporeal circulation (haemodialysis and heart-lung machine). | ADULT 500 - 1500 ml given as IV infusion. | |
| Mometasone Furoate 0.1% Cream | | A* | For the relief of the inflammatory and pruritic manifestations of the corticosteroid responsive dermatoses | Apply thin layer to the affected skin areas once daily until the lesion heals or for a duration of 3 weeks whichever is sooner. Massage gently and thoroughly until the medication disappears. | |
| Mometasone Furoate 50 mcg Aqueous Nasal Spray | OTORINOLARINGOLOGI, PEDIATRIK | A* | i) Allergic rhinitis,<br>ii) For the treatment of nasal polyps in patients 18 years of age and older. | 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. | |

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| | | | | TREATMENT OF NASAL POLYPS: Two sprays (50 micrograms/spray) in each nostril twice daily (total daily dose of 400 mcg). Once symptoms are adequately controlled, dose reduction to two sprays in each nostril once daily (total daily dose 200 mcg) is recommended. | |
| Montelukast Sodium 10 mg Tablet | | 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. | |
| Montelukast Sodium 4 mg Oral Granules | | 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. | |
| Montelukast Sodium 5 mg Tablet | | 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. | |
| Morphine Sulphate 10 mg Prolonged Release Tablet | | A | i) Prolonged relief of severe pain associated with neoplastic disease. ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed. | 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. | |

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| Morphine Sulphate 10 mg/ml Injection | | B | i) For moderate to severe pain especially that associated with neoplastic disease.<br>ii) As an analgesic adjunct in general anaesthesia. | ADULT: 5 to 20 mg every 4 hours, intravenously (IV or IM), 2.5 to 15mg should be given by slow injection. CHILD: - Adjusted according to body weight, 0.1 – 0.2 mg /kg every 4 hours. No dose should exceed 15 mg.<br>- Analgesic Indication:<br>i) subcutaneous, 100 mg to 200 mg (0.1 to 0.2 mg) per kg of body weight every four hours as needed, not to exceed 15mg per dose. Indication.<br>ii) Intravenous, 50 to 100 mcg (0.05 mg to 0.1 mg) per kg of body weight, administered very slowly. | |
| Morphine Sulphate 30 mg Prolonged Release Tablet | | A | i) Prolonged relief of severe pain associated with neoplastic disease.<br>ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed. | 10 - 60 mg 12 hourly intervals, depend upon the severity of the pain. | |
| Moxifloxacin 0.5% Ophthalmic Solution | OFTALMOLOGI | 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. | C/S |
| Moxifloxacin 400mg Tablet | | 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. | C/S |

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| Multivitamin Drops | | B | For prevention and treatment of vitamin deficiencies. | INFANT less than 1 year: 1 ml daily. | |
| Multivitamin Syrup | | C+ | For prevention and treatment of vitamin deficiencies. | CHILD 5 ml daily or based on manufacturer. | |
| Multivitamin Tablet | | B | For prevention and treatment of vitamin deficiencies. | 1 - 2 tablets daily or based on individual requirements. | |
| Mupirocin 2% Ointment | | A | For MRSA infections only. | ADULT and CHILD: Apply up to three times daily for up to 10 days. | |
| Mycophenolate Mofetil 250 mg Capsule | NEFROLOGI - (BRAND CELLCEPT) PEDIATRIK - (BRAND CELLCEPT) | A* | i) Prophylaxis of acute organ rejection in patients receiving allogenic renal, cardiac and hepatic transplant. ii) Used with steroids for induction and maintenance of severe lupus nephritis. | i) Renal transplant rejection: ADULT: 1 g twice daily. CHILD (3 months and older): 600 mg/m(2)/dose, twice daily; maximum daily dose, 2 g/10 mL. Cardiac transplant rejection: 1.5 g twice daily. Hepatic transplant rejection: 1.5 g twice daily. ii) Induction phase: 2 - 3 g/day for up to 6 months. Maintenance phase: dose gradually tapers to 1 g/day. | |
| Mycophenolate Mofetil 500 mg tablet | NEFROLOGI - (BRAND CELLCEPT) | A* | i) Prophylaxis of acute organ rejection in patients receiving allogenic renal, cardiac and hepatic transplant. ii) Used with steroids for induction and maintenance of severe lupus nephritis. | i) Renal transplant rejection: ADULT: 1 g twice daily. CHILD (3 months and older): 600 mg/m(2)/dose, twice daily; maximum daily dose, 2 g/10 mL. Cardiac transplant rejection: 1.5 g twice daily. Hepatic transplant rejection: 1.5 g twice daily. ii) Induction phase: 2 - 3 g/day for up to 6 months. Maintenance phase: dose gradually tapers to 1 g/day. | |
| Mycophenolate Sodium 180mg Tablet | NEFROLOGI | A* | Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids. | 720 mg twice daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Mycophenolate Sodium 360mg Tablet | NEFROLOGI | A* | Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids. | 721 mg twice daily. | |
| Nalbuphine HCl 10 mg/ml Injection | | B | i) Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.<br>ii) As a supplement to balanced anaesthesia, for preoperative and postoperative analgesia and for abstetrical analgesia during labor and delivery. | i) Adult: 10mg SC, IM or IV repeated every 3-6 hours as necessary. Max. single dose: 20mg, Max. total daily dose: 160mg.<br>ii) Induction: 0.3-3 mg/kg IV to be administered over 10 to 15 min. Maintenance: 0.25-0.50mg/kg in single IV administration as required. | |
| Naloxone HCl 0.4 mg/ml Injection | | B | For the complete/partial reversal of narcotic depression including respiratory depression induced by opioids such as natural and synthetic narcotics. Diagnosis of suspected acute opioids overdosage. | Initially 0.4 - 2 mg IV repeated at intervals of 2 - 3 minutes according to patient's needs. | |
| Naproxen Sodium 275 mg Tablet | | A | i) Rheumatic arthritis, osteoarthritis and alkylosing spondylitis.<br>ii) Acute gout.<br>iii) Muscular skeletal disorder and dysmenorrhoea. | i) 275mg bd.<br>ii) Initial: 825mg followed by 275mg every 8 hrs as necesssary.<br>iii) Initial: 550mg followed by 275 every 6-8 hrs as necessary. | |
| Neostigmine Methylsulphate 2.5 mg/ml Injection | | B | i) Symptomatic treatment of myasthenia gravis where oral therapy is impractical.<br>ii) Reversal of the effects of non-depolarizing neuromuscular blockade.<br>iii) The management of post-operative | i) ADULT: 1 - 2.5 mg at suitable intervals by SC, IM or IV. Usual total daily dose 5 - 20 mg. CHILD: 0.1mg IM. Titrated in the range of 0.05mg - 0.25mg. NEONATE: 50 - 250 mcg every 4 hours.<br>ii) By IV injection over 1 minute, 50 - 70 mcg/kg (maximum 5 mg and 2.5mg for children) after or | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | distension, paralytic ileus and urinary retention, where mechanical obstruction has been out-ruled. | with atropine sulphate 0.6 - 1.2 mg.<br>iii) Adults: SC or IM 0.5 - 2.5mg. Children: SC or IM 0.125mg - 1mg. | |
| Nepafenac 0.1% ophthalmic solution | OFTALMOLOGI | A* | Reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients. | One drop 3 times/day beginning 1 day prior to cataract surgery, continued on the day of surgery and up to 60 days of the postoperative period as directed by the clinician. An additional drop should be administered 30 to 120 minutes prior to surgery. | C/S |
| Neuro Polyvalent Snake Antivenom Injection | KECEMASAN | B | Passive immunisation against poisonous of a range of haematotoxic snakebites neurotoxic snakebites, based on the type of snake identified. | For initial dose, at least 20mL of reconstituted serum should be given by slow intravenous infusion (not more than 1mL/minute). If symptoms still persist, the second dose should be repeated 2 hours or even earlier after the initial dose. The further dose should be repeated every 6 hours according to the clinical symptoms.<br>Administration: Draw 10mL of the sterile water for injection to the freeze-dried antivenin, shake well to dissolve the contents until the serum became clear colourless or pale yellow liquid, ready for administration. | UKK |
| Nevirapine 200 mg Tablet | | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Nevirapine 50mg/5ml Oral Suspension | | A/KK | Treatment of HIV-1 infection in combination with other antiretroviral agents. | The total daily dose should not exceed 400mg. Nevirapine may be dosed in paediatric patients either by body surface area (BSA) or by body weight.<br>i) By BSA using the Mosteller formula: the recommended oral dose for paediatric patients of all ages is 150 mg/m2 once daily for 2 weeks followed by 150 mg/m2 twice daily thereafter.<br>ii) By body weight: <8 years of age: 4 mg/kg once daily for 2 weeks followed by 7 mg/kg twice daily thereafter. ≥8 years: 4 mg/kg once daily for 2 weeks followed by 4 mg/kg twice daily thereafter. | |
| Nicotine 10mg/16hr Transdermal Patch | | A/KK | For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. | The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime.<br><br>Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period):<br>Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks.<br>Step 2: One 15mg/16hours patch should be daily for 2 weeks<br>Step 3: One 10mg/16 hours patch daily for 2 weeks.<br><br>Light smokers (those smoking less than 15 cigarettes in a 24-hour period):<br>Step 1: 15mg/16hours patch for 8 weeks<br>Step 2: 10mg/16hours for the final 4 weeks.<br><br>Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: | * tidak disimpan di Unit-unit Farmasi<br>* hanya disimpan di Klinik Berhenti Merokok |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | i) Highly dependent smokers; or<br>ii) Smokers who experience breakthrough cravings; or<br>iii) Those who have failed single NRT treatment | |
| Nicotine 15mg/16hr Transdermal Patch | | A/KK | For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. | The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime.<br><br>Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period):<br>Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks.<br>Step 2: One 15mg/16hours patch should be daily for 2 weeks<br>Step 3: One 10mg/16 hours patch daily for 2 weeks.<br><br>Light smokers (those smoking less than 15 cigarettes in a 24-hour period):<br>Step 1: 15mg/16hours patch for 8 weeks<br>Step 2: 10mg/16hours for the final 4 weeks.<br><br>Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in:<br>i) Highly dependent smokers; or<br>ii) Smokers who experience breakthrough cravings; or<br>iii) Those who have failed single NRT treatment | * tidak disimpan di Unit-unit Farmasi<br>* hanya disimpan di Klinik Berhenti Merokok |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Nicotine 25mg/16hr Transdermal Patch | | A/KK | For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. | The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime.<br><br>Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period):<br>Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks.<br>Step 2: One 15mg/16hours patch should be daily for 2 weeks<br>Step 3: One 10mg/16 hours patch daily for 2 weeks.<br><br>Light smokers (those smoking less than 15 cigarettes in a 24-hour period):<br>Step 1: 15mg/16hours patch for 8 weeks<br>Step 2: 10mg/16hours for the final 4 weeks.<br><br>Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in:<br>i) Highly dependent smokers; or<br>ii) Smokers who experience breakthrough cravings; or<br>iii) Those who have failed single NRT treatment | * tidak disimpan di Unit-unit Farmasi<br>* hanya disimpan di Klinik Berhenti Merokok |
| Nicotine 2mg Gum | | A/KK | For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. | Smokes ≤ 20 sticks/day, chew 2mg gum.<br>Smokes ≥ 20 sticks/day,chew 4 mg gum. (MAX 24 pieces /day for up to 12 week.) | * tidak disimpan di Unit-unit Farmasi<br>* hanya disimpan di Klinik Berhenti Merokok |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Nicotine 2mg Gum | | A/KK | For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. | Smokes ≤ 20 sticks/day, chew 2mg gum.<br>Smokes ≥ 20 sticks/day,chew 4 mg gum. (MAX 24 pieces /day for up to 12 week.) | * tidak disimpan di Unit-unit Farmasi<br>* hanya disimpan di Klinik Berhenti Merokok |
| Nifedipine 10 mg Tablet | | B | Hypertension. | Initial dose of 10 mg twice daily. Usual range 10 - 30 mg 3 times daily. Maximum: 120 - 180 mg per day. Elderly: Dose reduction may be necessary. | |
| Nilotinib 150mg capsule | Hematologi | A* | For the treatment of adult patients with newly diagnosed Philadelphia chromosome positive chronic myelogenous leukemia in the chronic phase (CP). | 300mg twice daily. Dose adjustments or modifications:For neutropenia & thrombocytopenia | |
| Nilotinib 200 mg Capsule | Hematologi | A* | Treatment of chronic phase and accelerated phase Philadelphia chromosome positive chronic myelogenous leukaemia (CML) in adults who: i) Failed imatinib ie no cytogenic response and no haematological response by 12 months ii) Have molecular resistance to Imatinib as shown by molecular mutation studies iii) Are intolerant to Imatinib | 400 mg twice daily, 12 hours apart. No food should be taken two hours before and 1 hour after taking the dose | |
| Nimodipine 30 mg Tablet | Neurosurgeri | A* | Prophylaxis & treatment of ischaemic neurological deficits caused by cerebral vasospasm following subarachnoid haemorrhage of aneurysmal origin. | 360 mg daily in divided doses for 7 days. | UKK - Import Permit |

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| Nitrofurantoin 100 mg Tablet | | B | 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. | |
| Noradrenaline Acid Tartrate (Norepinephrine Bitartrate) 1 mg/ml Injection | | A, A/KK | Category A:<br>i) For blood pressure control in certain acute hypotensive states (e.g.pheochromocytomectomy, sympathectomy, poliomyelitis, spinal anesthesia, myocardial infarction, septicemia, blood transfusion, and drug reactions).<br>ii) As an adjunct in the treatment of cardiac arrest and profound hypotension<br><br>Category A/KK:<br>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. | |
| Nystatin 100,000 units/ml Suspension | | 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 | Treatment:<br>Adult & Children: 100,000 to 600,000 units 6 hourly; Infant: 100,000 – 200,000 units 6 hourly; Neonates: 100,000 units 8 hourly.<br>Prophylaxis:<br>Adult: 1,000,000 units daily; Neonates and Infants: 100,000 units 2-3 times a day; Children: 250,000 – 500,000 units 2-3 times a day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Octreotide 0.1 mg/ml Injection | | A | i) Acromegaly treatment in patients in whom surgery or radiotherapy is inappropriate or ineffective- based on level of growth hormone and high IGF-1 and residual pituitary tumor.<br>ii) Relief of symptoms associated with functional gastro-entero-pancreatic (GEP) endocrine tumors:<br>• Carcinoid tumors with features of the carcinoid syndrome.<br>• VIPomas, Glucagonomas<br>• Gastrinomas/Zollinger-Ellison syndrome<br>• Insulinomas<br>• GRFomas.<br>iii) Prevention of complications following pancreatic surgery.<br>iv) Emergency management of bleeding gastro-eosophageal varices in patients with cirrhosis. | i) Initially 0.05-0.1mg SC every 8 or 12 hours. Optimal daily dose is 0.3mg, not to exceed maximum dose of 1.5mg/day.<br>ii) Initially 0.05 mg once or twice daily, gradually increase to 0.1-0.2mg 3 times daily. Higher doses may be required in exceptional circumstances.<br>iii) 0.1 mg 3 times daily for 7 consecutive days, starting on the day of operation, at least 1 hour before laparotomy<br>iv) ADULT: 50mcg bolus, followed by continuous infusion of 25-50mcg/hour for 2-5 days.<br>CHILD: IV 1-5 mcg/kg/hour<br>The dosing is individualized according to product insert / protocol. | |
| Octreotide Acetate 20 mg Injection | PEMBEDAHAN AM | A* | i) Acromegaly treatment in patients in whom surgery or radiotherapy is inappropriate or ineffective- based on level of growth hormone and high IGF-1 and residual pituitary tumor.<br>ii)Treatment of patients with symptoms associated with functional gastro-entero-pancreatic endocrine tumors: | 10 - 30 mg every 4 weeks as deep intragluteal injection | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | • Carcinoid tumors with features of the carcinoid syndrome.<br>• VIPomas, Glucagonomas<br>• Gastrinomas/Zollinger-Ellison syndrome.<br>• Insulinomas, GRFomas.<br>iii) Treatment of patients with advanced neuroendocrine tumors of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded. | | |
| Octreotide Acetate 30 mg Injection | GASTROENTEROLOGI, ENDOKRINOLOGI, NEUROSURGERI | A* | i) Acromegaly treatment in patients in whom surgery or radiotherapy is inappropriate or ineffective- based on level of growth hormone and high IGF-1 and residual pituitary tumor.<br>ii) Treatment of patients with symptoms associated with functional gastro-entero-pancreatic endocrine tumors:<br>• Carcinoid tumors with features of the carcinoid syndrome.<br>• VIPomas, Glucagonomas<br>• Gastrinomas/Zollinger-Ellison syndrome.<br>• Insulinomas, GRFomas.<br>iii) Treatment of patients with advanced neuroendocrine tumors of the midgut or of unknown primary origin | 10 - 30 mg every 4 weeks as deep intragluteal injection. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | where non-midgut sites of origin have been excluded. | | |
| Ofloxacin 0.3% Otic Solution | | A/KK | i) Acute otitis media with tympanostomy tubes.<br>ii) Chronic suppurative otitis media with perforated tympanic membranes.<br>iii) 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. | |
| Ofloxacin 100 mg Tablet | | A | i) As second-line treatment of leprosy.<br>ii) As second-line treatment for tuberculosis and multidrug resistant tuberculosis (MDR-TB).<br>iii) Sequential therapy for UTI and pyelonephritis. | i) 400 mg/day.<br>ii) 400 mg twice daily.<br>iii) 200 mg twice daily. | |
| Olanzapine 10 mg Disintegrating Tablet | PSIKIATRI | A* | i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent.<br>ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder.<br>iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I 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.<br>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.<br>iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day. | C/S |
| Olanzapine 10 mg Tablet | | B | i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent.<br>ii) Short-term use for acute mania episodes | 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.<br>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. | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | associated with Bipolar 1 disorder.<br>iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder. | iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day. | |
| Olanzapine 5 mg Tablet | | B | i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent.<br>ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder.<br>iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I 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.<br>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.<br>iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day. | C/S |
| Olanzapine 5mg Disintegrating Tablet | PSIKIATRI, PALIATIF (UKK) | A* | i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent.<br>ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder.<br>iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I 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.<br>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.<br>iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day. | C/S |
| Olive Oil Ear Drops | | C | Impacted wax softener. | 3 - 4 drops 3 - 4 or as directed. | |
| Olopatadine HCl ophthalmic solution 0.2% | OFTALMOLOGI | A* | Temporary prevention of ocular itching due to allergic conjunctivitis. | One drop in each affected eye once a day. | C/S |

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| Omalizumab 150 mg (powder and solvent for solution) | RESPIRATORI | A* | i) For adults and adolescents (≥12 years), for severe persistent allergic asthma whose symptoms are inadequately controlled with inhaled corticosetroids.<br>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.<br>ii) Appropriate dose and dosing frequency of omalizumab is determined by baseline IgE (IU/ml), measured before the start of treatment, and body weight (kg). Prior to initial dosing, patients should have their IgE level determined for their dose assignment. Based on these measurements 150-375mg in 1 -3 injections may be needed for each administration. Patients whose baseline IgE levels or body weight in kilograms are outside the limits of the dosing table should not be given omalizumab. For subcutaneous administration only. | |
| Omeprazole 20 mg Capsule | | A/KK | Only for:<br>i) Reflux oesophagitis.<br>ii) For eradication of Helicobacter pylori infection.<br>iii) Benign peptic ulcer not responding to conventional therapy.<br>iv) Zollinger-Ellison Syndrome. | i) 20 - 80 mg 1 - 2 times daily up to 8 - 12 weeks.<br>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.<br>iii) 20 mg once daily for 4 - 6 weeks.<br>iv) ADULT: 20 - 120 mg once daily adjusted according to the patient's response. CHILD 0.4 - 0.8 mg/kg/day. | |
| Omeprazole 40 mg Injection | | A* | i) Reflux oesophagitis, eradication of H. Pylori infection, benign peptic ulcer not responding to | i) 40 mg IV once daily when oral therapy is inappropriate.<br>ii) 40- 160 mg by IV in single or divided doses. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | conventional therapy, Zollinger-Ellison Syndrome.<br>ii) Endoscopically confirmed peptic ulcer. | | |
| Oral Rehydration Salt | | C | Replacement of fluid and electrolytes loss in diarrhoea. | Dissolve 1 sachet in 200 or 250mL of water according to product insert.<br>The amount to give depends on hydration status.<br>ADULT: 200-400mL (1 - 2 sachets) for every loose motion / diarrhoea / vomiting<br>CHILD (2 yrs & above): 100-200mL (1 sachet) for every loose motion / diarrhoea / vomiting. In severe dehydration 100ml/kg for 3-4 hours.<br>INFANT (up to 2 yrs): 1 - 1.5 times their usual feed volume (50-100mL) each diarrhoea/vomiting | |
| Oseltamivir 60mg/5ml oral suspension. | | A/KK | i) For treatment of patients with suspected or confirmed influenza and severe disease (requiring hospitalization or evidence of lower respiratory tract infection).<br>ii) For treatment of patients with suspected or confirmed influenza and with co-morbidity and associated with increased risk of influenza complications. Not to be used as prophylaxis. | Children with body weight more than 40kg is recommended to be dosed as adults. The following weight adjusted dosing regimens are recommended for children aged one year and older for duration of five days: a) ≤15 kg: 30mg twice daily. b) >15kg to 23kg:45mg twice daily. c) >23kg to 40kg: 60mg twice daily. | |

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| Oseltamivir 75mg capsule | | A/KK | i) For treatment of patients with suspected or confirmed influenza and severe disease (requiring hospitalization or evidence of lower respiratory tract infection).<br>ii) For treatment of patients with suspected or confirmed influenza and with co-morbidity and associated with increased risk of influenza complications. Not to be used as prophylaxis. | Recommended dose in adults and adolescents ≥ 13 years of age and body weight >40kg is 75mg twice daily for 5 days. No dose adjustment is necessary for patients with creatinine clearance above 60 ml/min. Dose recommendations for renal impairment patients as follows: a) Creatinine clearance of >30-60 mL/min: 30 mg twice daily for 5 days. b) Creatinine clearance of 10-30 ml/min: 30 mg of once daily for 5 days. c) In patients undergoing routine hemodialysis an initial dose of 30 mg can be administered prior to the start of dialysis if influenza symptoms develop during the 48 hours between dialysis sessions. To maintain plasma concentrations at a therapeutic level, a dose of 30 mg should be administered after every hemodialysis session. d) For peritoneal dialysis a dose of 30 mg administered prior to the start of dialysis followed by further 30 mg doses administered every 5 days is recommended for treatment. Dosing recommendation cannot be provided for patients with end-stage renal disease (creatinine clearance of <10 ml/min) not undergoing dialysis. No dose adjustment needed in patients with hepatic impairment and the elderly. | |
| Osimertinib 80mg Tablet | RESPIRATORI | A* | The treatment of adult patients with locally advanced or metastatic EGFR T790M mutation-positive NSCLC whose disease has | 80 mg once a day until disease progression or unacceptable toxicity, taken with or without food at the same time each day. If dose reduction is necessary, then the dose should be reduced to 40 mg taken once daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | progressed on or after EGFR TKI therapy. | | |
| Oxybutynin Chloride 5 mg Tablet | PEDIATRIK | A* | For the relief of symptoms of bladder instability associated with voiding in patients with uninhibited neurogenic or reflex neurogenic bladder (ie urgency, frequency, urinary leakage, urge incontinence, dysuria). | ADULT: Initially 5 mg 2 - 3 times daily increased if necessary to maximum 5 mg 4 times daily. ELDERLY: Initially 2.5 - 3 mg twice daily, increased to 5 mg twice daily according to response and tolerance. CHILD over 5 years, neurogenic bladder instability: 2.5 - 3 mg twice daily increased to 5 mg twice daily to maximum 3 times daily. | UKK - import permit |
| Oxycodone HCl 10 mg Immediate Release Capsules | | A* | i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management.<br>ii) As a step-down analgesic drug in post-operative procedures.<br>iii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed. | Initially 5 mg every 4 to 6 hours, increased if necessary according to severity of pain, usual max. 400 mg daily, but some patients may require higher doses. | |
| Oxycodone HCl 1mg/ml Oral Solution | PALIATIF | A* | As a second-line drug in the management of responsive, moderate to severe pain in patients who:<br>i) have difficulty swallowing or;<br>ii) require a low dose oxycodone (<5mg). | Initial dose for opioid naïve patients or patients presenting with severe pain uncontrolled by weaker opioids is 5 mg, 4-6 hourly. The dose should then be carefully titrated, as frequently as once a day if necessary, to achieve pain relief. Maximum daily dose is 400mg daily. Dosing is individualised and according to product insert/protocol. Should not be used in patients under 18 years. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Oxycodone HCl 5 mg Immediate Release Capsules | | A* | i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management.<br>ii) As a step-down analgesic drug in post-operative procedures.<br>iii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed. | Initially 5 mg every 4 to 6 hours, increased if necessary according to severity of pain, usual max. 400 mg daily, but some patients may require higher doses. | |
| Oxycodone Hydrochloride 10 mg/ml Injection | PALIATIF | 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: IV Bolus: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. Administer a bolus dose of 1 to 10 mg slowly over 1-2 minutes. Doses should not be administered more frequently than every 4 hours. IV Infusion: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. A starting dose of 2 mg/hour is recommended. IV PCA: Dilute to 1 mg/ml in 0.9% saline, 5% dextrose or water for injections. Bolus doses of 0.03 mg/kg should be administered with a minimum lock-out time of 5 minutes. SC Bolus: Use as 10 mg/ml concentration. A starting dose of 5 mg is recommended, repeated at 4-hourly intervals as required. SC Infusion: Dilute in 0.9% saline, 5% dextrose or water for injections if required. A starting dose of 7.5 mg/day is recommended in opioid naive | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | patients, titrating gradually according to symptom control. | |
| Oxycodone Hydrochloride 10mg and Naloxone Hydrochloride Dihydrate 5mg Tablet | | 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 constipatio. For pain specialist only. | Adults and paediatric patients from 18 years of age: The usual starting dose for opioid-naive patients or patients presenting with moderate to severe chronic pain uncontrolled by weaker opioids is one tablet 10mg/5mg at 12 hourly intervals, or one tablet 5mg/2.5mg 12-hourly for patients with mild hepatic impairment and patients with renal impairment. The dose should then be cautiously titrated, as frequently as every 1-2 days if necessary, to achieve pain relief. | |
| Oxycodone Hydrochloride 10mg Controlled Release Tablet | | A* | i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management.<br>ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed. | Adults, elderly and children over 12 years: Usual starting dose for opioid-naive patients or patients presenting with moderate to severe pain uncontrolled by weaker opioids (especially if they are receiving concurrent sedatives, muscle relaxants or other CNS medicines) is 10mg 12 hourly. The dose should then be carefully titrated with longitudinal patient monitoring, assessing whether the pain is opioid responsive and providing the patient significant pain relief. Patients with renal or hepatic impairment: The recommended adult starting dose should be reduced by 1/3 to 1/2, and each patient should be titrated to adequate pain control according to their clinical situation. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Oxycodone Hydrochloride 20mg Controlled Release Tablet | | A* | i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management.<br>ii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed. | Adults, elderly and children over 12 years: Usual starting dose for opioid-naive patients or patients presenting with moderate to severe pain uncontrolled by weaker opioids (especially if they are receiving concurrent sedatives, muscle relaxants or other CNS medicines) is 10mg 12 hourly. The dose should then be carefully titrated with longitudinal patient monitoring, assessing whether the pain is opioid responsive and providing the patient significant pain relief. Patients with renal or hepatic impairment: The recommended adult starting dose should be reduced by 1/3 to 1/2, and each patient should be titrated to adequate pain control according to their clinical situation. | |
| Oxymetazoline HCl 0.01% Nasal Drops | OTORINOLARINGOLOGI, PEDIATRIK | A* | Acute cold, paranasal sinusitis, syringitis, otitis media. | Newborn (up to 4 weeks): 1 drop. Infant (1 - 12 month): 1 - 2 drop. Doses to be given twice or three times daily. | |
| Oxymetazoline HCl 0.025% (Paediatric) Nasal Spray | | A | Acute colds, paranasal sinusitis and otitis media. | 2 - 3 sprays into each nostril twice daily for child more than 1 year. | |
| Oxymetazoline HCl 0.05% (Adult) Nasal Spray | | A | Acute colds, paranasal sinusitis and otitis media. | 2 - 3 sprays into each nostril twice daily, maximum 6 sprays per nostril/day. | |
| Oxytocin 10 units/ml Injection | | B | i) Induction of labour.<br>ii) Inadequate uterine effort.<br>iii) Management of third stage of labour.<br>iv) Post-partum haemorrhage. | i & ii) Intiate at 2 milliunits/min, may be increased by 4 miliunits/min gradually at 30 minute intervals. Dose may be decreased once a contraction pattern similar to normal labour is achieved and labor has progressed to 5 - 6 cm dilation. Maximum dose of oxytocin for multiparae - 16 miliunits/min and nulliparae-32 miliunits/min. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | iii) IV/IM: 5 -10 units.<br>iv) IV : 5-10 units followed by IV infusion at 10 units/hour.<br>The dosing is individualized based on maternal, fetal response and product insert / protocol. | |
| Oxytocin 5 units & Ergometrine Maleate 0.5 mg/ml Injection | | C+ | i) Prevention and treatment of postpartum haemorrhage associated with uterine atony.<br>ii) Active management of third stage of labour. | i) 1 ml IM, may be repeated after 2 hours. Should not exceed 3 ml within 24 hours.<br>ii) For routine management of third stage of labour, 1 ml IM following delivery of the anterior shoulder or immediately after delivery of the child. | |
| Paclitaxel 100 mg/16.6 ml Injection | | A* | i) Breast carcinoma: Initial treatment of advanced or metastatic and also second line after failure of standard therapy.<br>ii) Ovarian carcinoma: First Line in combination with a platinum compound for advanced metastatic carcinoma of the ovary; Second line for advanced metastatic carcinoma of the ovary.<br>iii) Non-small cell lung carcinoma: First line in combination with platinum compound or as single agent. | i) 175 mg/m2 IV over 3 hours every 3 weeks.<br>ii) 175 mg/m2 IV over 3 hour followed by cisplatin 75 mg/m2 in every 3 weeks or 135 mg/m2 IV over 24 hours followed by cisplatin 75 mg/m2 every 3 weeks.<br>iii) 135 mg/m2 IV over 24 hours followed by cisplatin 75 mg/m2 every 3 weeks. | |
| Paclitaxel 6 mg/ml Injection | | A* | i) Breast carcinoma: Initial treatment of advanced or metastatic and also second line after failure of standard therapy. ii) Ovarian carcinoma: First Line in combination with a platinum compound for advanced metastatic carcinoma of the ovary; | i) 175 mg/m2 IV over 3 hours every 3 weeks ii) 175 mg/m2 IV over 3 hour followed by cisplatin 75 mg/m2 in every 3 weeks or 135 mg/m2 IV over 24 hours followed by cisplatin 75 mg/m2 every 3 weeks iii) 135 mg/m2 IV over 24 hours followed by cisplatin 75 mg/m2 every 3 weeks | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | Second line for advanced metastatic carcinoma of the ovary iii) Non-small cell lung carcinoma: First line in combination with platinum compound or as single agent | | |
| Palbociclib 125mg Capsules | PEMBEDAHAN AM | A* | Indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women. | 125 mg capsule taken orally once daily for 21 consecutive days followed by 7 days off treatment to comprise a complete cycle of 28 days. Palbociclib should be taken with food. For dose modification, refer package insert | |
| Paliperidone 100 mg Prolonged Release Injection | PSIKIATRI | A* | Second or third line treatment of acute and maintenance treatment of schizophrenia in adults. | Initiation: Deltoid IM 150 mg eq on Day1, followed by deltoid IM 100 mg eq on one week later. Maintenance: Monthly dose of 75 mg eq ( this can be increased or decreased based on individual patient's tolerability and/or efficacy). These monthly maintenace dose can be administered in either the deltoid or gluteal muscle. | |
| Paliperidone 150 mg Prolonged Release Injection | PSIKIATRI | A* | Second or third line treatment of acute and maintenance treatment of schizophrenia in adults. | Initiation: Deltoid IM 150 mg eq on Day1, followed by deltoid IM 100 mg eq on one week later. Maintenance: Monthly dose of 75 mg eq ( this can be increased or decreased based on individual patient's tolerability and/or efficacy). These monthly maintenace dose can be administered in either the deltoid or gluteal muscle. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Paliperidone 3 mg Extended Released Tablet | PSIKIATRI | A* | Second or third line treatment of schizophrenia. | ADULT 6 mg once daily in the morning, adjusted if necessary; usual range 3 -12 mg daily. Renal impairment (creatinine clearance between 10-50 mL/min) 3 mg once daily. Avoid if creatinine clearance less than 10mL/min. | |
| Paliperidone 350mg/1.750ml Prolonged-Release for Intramuscular Injection | PSIKIATRI | A* | For the maintenance treatment of schizophrenia in adult patients who have been adequately treated with the 1-month paliperidone palmitate injectable product for at least four months. | Apply 3.5 as a dose multiplier to the previous 1-month injection dose, and administer every 3 months. | |
| Paliperidone 50 mg Prolonged Release Injection | PSIKIATRI | A* | Second or third line treatment of acute and maintenance treatment of schizophrenia in adults. | Initiation: Deltoid IM 150 mg eq on Day1, followed by deltoid IM 100 mg eq on one week later. Maintenance: Monthly dose of 75 mg eq ( this can be increased or decreased based on individual patient's tolerability and/or efficacy). These monthly maintenace dose can be administered in either the deltoid or gluteal muscle. | |
| Paliperidone 525mg/2.625ml Prolonged-Release for Intramuscular Injection | PSIKIATRI | A* | For the maintenance treatment of schizophrenia in adult patients who have been adequately treated with the 1-month paliperidone palmitate injectable product for at least four months. | Apply 3.5 as a dose multiplier to the previous 1-month injection dose, and administer every 3 months. | |
| Paliperidone 6 mg Extended Released Tablet | PSIKIATRI | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Paliperidone 75 mg Prolonged Release Injection | PSIKIATRI | A* | Second or third line treatment of acute and maintenance treatment of schizophrenia in adults. | Initiation: Deltoid IM 150 mg eq on Day1, followed by deltoid IM 100 mg eq on one week later. Maintenance: Monthly dose of 75 mg eq ( this can be increased or decreased based on individual patient's tolerability and/or efficacy). These monthly maintenace dose can be administered in either the deltoid or gluteal muscle. | |
| Paliperidone 9 mg Extended Released Tablet | PSIKIATRI | A* | Second or third line treatment of schizophrenia. | ADULT 6 mg once daily in the morning, adjusted if necessary; usual range 3 -12 mg daily. Renal impairment (creatinine clearance between 10-50 mL/min) 3 mg once daily. Avoid if creatinine clearance less than 10mL/min. | |
| Palivizumab 100mg Injection | PEDIATRIK | A* | For the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in paediatric patients at high risk of RSV disease. | 15 mg/kg IM once a month during season of RSV risk. | |
| Pamidronate Disodium 30 mg Injection | | A* | Hypercalcaemia of malignancy (tumour -induced hypercalcaemia). | Dose depends on the initial serum calcium levels. Doses range from a single infusion of 30 - 90 mg. | |
| Pancreatin 150 mg Capsule (equivalent to amylase 8000 units, lipase 10,000 units and protease 600 units) | | A/KK | Treatment of pancreatic exocrine insufficiency. | Initially 1 - 2 capsules with each meal. May increase to 5 - 15 capsules daily. Dosing is individualised and according to product insert/protocol. | |
| Pantoprazole 40 mg Injection | | A/KK | Bleeding peptic ulcer and acute stress ulceration. | 40 mg twice daily until oral administration can be resumed. CHILD not recommended. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Pantoprazole 40 mg Tablet | | B | i) Helicobacter pylori eradication.<br>ii) Peptic ulcer disease.<br>iii) Erosive and non-erosive reflux oesophagitis (GERD and NERD).<br>iv) Zollinger-Ellison Syndrome.<br>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.<br>ii) 40 mg daily for 2 - 4 weeks.<br>iii) 20 - 40 mg daily on morning for 4 weeks.<br>iv) Initially 80 mg daily, dose can be titrated up or down as needed.<br>v) 20 mg daily. CHILD not recommended. | |
| Paracetamol 10mg/ml in 100ml Solution for IV Infusion | | A | Mild to moderate pain and pyrexia. | Body Weight (BW) ≤ 10kg: 7.5mg/kg, max: 30mg/kg BW<br>>10kg to ≤ 33kg: 15mg/kg, max 60mg/kg not exceeding 2g BW<br>>33kg to ≤ 50kg: 15mg/kg, max 60mg/kg not exceeding 3g BW<br>>50kg (with risk of hepatotoxicity): 1g, max 3g BW<br>>50kg (without risk of hepatotoxicity): 1g, max 4g OR as in the product leaflet. | |
| Paracetamol 125 mg Suppository | | C+ | Symptomatic relief of fever and post operative pain whom cannot tolerate oral preparations. | ADULT & CHILDREN more than 12 years old: 500mg - 1g every 4-6 hours CHILD 6 - 12 years : 250 - 500 mg; 1 - 5 years : 125 - 250 mg; 3 - 11 months : 80 mg inserted every 4 - 6 hours if necessary, maximum 4 doses in 24 hours. INFANTS under 3 months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable. | |
| Paracetamol 250 mg Suppository | | B | Symptomatic relief of fever and post operative pain whom cannot tolerate oral preparations. | ADULT & CHILDREN more than 12 years old: 500mg - 1g every 4-6 hours CHILD 6 - 12 years : 250 - 500 mg; 1 - 5 years : 125 - 250 mg; 3 - 11 months : 80 mg inserted every 4 - 6 hours if necessary, maximum 4 doses in 24 hours. INFANTS under 3 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable. | |
| Paracetamol 250 mg/5 ml Syrup | | 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. Maximum of 4 doses in 24 hours. | |
| Paracetamol 500 mg Tablet | | C+ | Mild to moderate pain and pyrexia. | ADULT: 500 - 1000 mg every 4 - 6 hours, maximum of 4 g daily. | |
| Paraffin Mole Alba (White Soft Paraffin) | | C | Xerosis and ichthyosis. | Apply to the affected area. | |
| Pazopanib Hydrochloride 200 mg Tablet | UROLOGI | A* | For treatment of advanced and/or metastatic renal cell carcinoma (RCC) | Recommended dose is 800 mg ORALLY once daily. Should be taken without food (at least one hour before or two hours after meal). The dose should not exceed 800 mg. | |
| Pazopanib Hydrochloride 400 mg Tablet | UROLOGI | A* | For treatment of advanced and/or metastatic renal cell carcinoma (RCC) | Recommended dose is 800 mg ORALLY once daily. Should be taken without food (at least one hour before or two hours after meal). The dose should not exceed 800 mg. | |
| Parecoxib Sodium 40mg Injection | | 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. | |
| Pegfilgrastim Pre-filled Syringe 6 mg/0.6 ml (10 mg/ml) | HEMATOLOGI | A* | Reduction in the duration of neutropenia, the incidence of febrile neutropenia and the incidence of infection as manifested by febrile neutropenia in patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and | Adults (≥18 years): One 6 mg dose (a single pre-filled syringe) of pegfilgrastim for each chemotherapy cycle, administered as a subcutaneous injection approximately 24 hours following cytotoxic chemotherapy. Renal impairment: Pharmacokinetics of pegfilgrastim is not expected to be affected by renal impairment. Hepatic impairment: | |

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| | | | myelodysplastic syndromes). | Pharmacokinetics of pegfilgrastim is not expected to be affected by hepatic impairment. Paediatric population: Insufficient data to recommend the use of pegfilgrastim in children and adolescents under 18 years of age. | |
| Peginterferon Alpha-2a 180 mcg Prefilled Syringe | HEMATOLOGI | A* | i) Chronic hepatitis C alone or in combination with other antiviral drugs.<br>ii) For the treatment of both HbeAg-positive and HbeAg-negative chronic hepatitis B with compensated liver disease and evidence of viral replication who are not responding or tolerating oral antiviral therapy. | i) 180 mcg once weekly. Treatment duration may vary depending on HCV genotype.<br><br>ii) 180 mcg weekly SC for 48 weeks.<br><br>Dosage, including treatment duration, is individualised and according to product insert/protocol. | |
| Pegylated Liposomal Doxorubicin HCl 20 mg/vial | | A* | i) For patients with platinum-resistant ovarian cancer where the disease relapses within 6 months after completion of the initial platinum-based chemotherapy.<br>ii) For patients with platinum-sensitive ovarian cancer where the disease responds to first-line platinum-based therapy but relapses 12 months or more after completion of the initial platinum based chemotherapy. As third line therapy for very selected patients. (Gyne Oncology Specialist only). | 50 mg/m2 IV every 4 weeks for as long as the disease does not progress & patient continues to tolerate treatment.For doses <90 mg: dilute in 250 ml Dextrose 5 % in Water. For doses >90 mg: dilute in 500 ml Dextrose 5 % in Water. To minimize the risk of infusion reactions, the initial dose is administered at a rate no greater than 1 mg/minute. Renal impairment: No dose adjustment required in patients with creatinine clearance 30-156 ml/min, no pharmacokinetic data are available in patients with creatinine clearance of less than 30 ml/min. Hepatic impairment: At initiation of therapy: Bilirubin 1.2 - 3.0 mg/dl, the first dose is reduced by 25 %, Bilirubin > 3.0 | |

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| | | | | mg/dl, the first dose is reduced by 50 %. | |
| Pemetrexed Disodium 100 mg Injection | | A* | i) In combination with Cisplatin for the 2nd line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) other than predominantly squamous cell histology.<br>ii) Malignant pleural mesothelioma. | Initial therapy 500 mg/m(2) IV over 10 minutes on day 1, followed 30 minutes later by cisplatin 75 mg/m(2) infused IV over 2 hours; repeat cycle every 21-days. Prior chemotherapy : 500 mg/m(2) IV, as a single-agent, over 10 minutes on day 1 of each 21-day cycle Dosing is according to product insert / protocol. | |
| Pentoxifylline 400 mg Tablet | | A/KK | Peripheral vascular disease. | 400 mg 2 - 3 times daily. | |
| Perindopril 10mg and Indapamide 2.5mg film coated tablet | PERUBATAN AM KARDIOLOGI | A/KK | As substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril and indapamide given concurrently at the same dose level. | 1 tablet daily. | |
| Perindopril 4 mg and Indapamide 1.25 mg Tablet | | B | 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. | |
| Perindopril 4 mg Tablet | | B | i) Hypertension.<br>ii) Stable coronary artery disease.<br>iii) Heart failure. | i) & ii) Initial: 4mg once daily Max. 8mg daily iii) Initial: 2mg once daily Maintenance: 4mg once daily Dosing is individualised and according to product insert / protocol. | |
| Perindopril 8 mg Tablet | | B | i) Hypertension.<br>ii) Stable coronary artery disease. | Initial: 2-4mg once daily Maintenance: up to 8mg once daily. Dosing is individualised and according to product insert/protocol. | |
| Perindopril Arginine 10mg, Indapamide 2.5mg & Amlodipine 10mg tablet | PERUBATAN AM | A/KK | As substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril/indapamide fixed dose combination | 1 tablet a day | |

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| | | | and amlodipine, taken at the same dose level | | |
| Peritoneal Dialysis Solution (1.5% Dextrose) | | B | For chronic renal disease requiring dialysis and for acute renal failure. | Dose depending on clinical cases. | |
| Permethrin 1% w/v Lotion. | | B | For topical treatment of head lice. | Apply lotion onto clean towel dried hair ensuring every strand comes in contact with lotion for at least 10 minutes. Rinse completely. Re-apply after 10 days to ensure total recovery. | |
| Permethrin 5% w/v Lotion | | A/KK | Treatment of scabies. | Two applications needed one week apart. Apply thoroughly to all body parts from neck down. Leave overnight for 8 - 14 hours. Washed off. Reapply after one week. Not recommended for children less than 2 months of age. | |
| Perphenazine 4 mg Tablet | | B | i) Treatment of psychotic disorders.<br>ii) Used in the treatment of behavioural disorders in adults, in the aged and in children. | ADULT: Initially 4 mg 3 times daily adjusted according to response, maximum 24 mg daily. ELDERLY: 1/4 to 1/2 adult dose. CHILD not recommended. | |
| Pethidine HCl 100 mg/2 ml Injection | | B | For relief of moderate to severe pain (medical and surgical), pre-anaesthetic medication and obstetrical analgesia. | ADULT: 0.5 - 2 mg/kg SC or IM every 3 - 4 hours if necessary. CHILD: by IM 0.5 - 2 mg/kg. Up to 1 year : 1- 2 mg/kg weight IM, 1 - 5 years : 12.5 - 25 mg IM, 6 - 12 years: 25 - 50 mg IM. | |
| Pethidine HCl 50 mg/ml Injection | | 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. | |
| Pertuzumab 420mg/14mL Concentrate for Solution for Infusion | PEMBEDAHAN AM | A* | Pertuzumab in combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, | The recommended initial dose of pertuzumab is 840mg administered as a 60-minute intravenous infusion, followed every 3 weeks thereafter by a dose of 420mg administered over a period of 30 to 60 minutes for up to 3 cycles. | |

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| | | | or early-stage breast cancer (node-positive) as part of a complete treatment regimen for early breast cancer. | | |
| Phenobarbitone 30 mg Tablet | | B | Epilepsy. | ADULT: 60 - 180 mg daily on. CHILD: Up to 8 mg/kg daily. | |
| Phenobarbitone Sodium 200 mg/ml Injection | PEDIATRIK | B | All forms of epilepsy except absence seizures. | ADULT: 10 mg/kg IV at a rate of not faster than 100 mg/minute. Initial maximum dose does not exceeding 1 gm. Daily maintenance of 1 - 4 mg/kg/day. CHILD: 3- 5mg per kg body weight as a single dose by intramuscular injection. Dosing is according to product insert. | UKK - import permit |
| Phenoxymethyl Penicillin 125 mg Tablet | | C | i) Treatment or prophylaxis of infections caused by susceptible organisms.<br>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.<br>ii) ADULT: 125 - 250 mg twice daily. CHILD: 25 - 50 mg/kg in divided doses every 6 - 8 hours. Maximum: 3 g/day. | |
| Phenoxymethyl Penicillin 125 mg/5 ml Syrup | | 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. | |
| Phenylephrine HCl 2.5% Eye Drops | | 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. | |

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| Phenytoin Sodium 300 mg Capsule | PEDIATRIK | B | Control of tonic-clonic (grand mal) and psychomotor seizures | ADULT<br>Initial: 300mg daily in 3 equally divided doses<br>Maintenance: 300-400 daily in 3-4 equally divided doses<br>Max. dose: 600mg daily<br><br>CHILD<br>Initial: 5mg/kg/day in 2-3 equally divided doses<br>Maintenance: 4-8mg/kg/day<br>Max. dose: 300mg daily<br><br>Dosing is according to product insert. | |
| Phenytoin Sodium 100 mg Capsule | | B | Control of tonic-clonic (grand mal) and psychomotor seizures. | ADULT Initial: 300mg daily in 3 equally divided doses<br>Maintenance: 300-400 daily in 3-4 equally divided doses Max. dose: 600mg daily CHILD Initial: 5mg/kg/day in 2-3 equally divided doses Maintenance: 4-8mg/kg/day Max. dose: 300mg daily Dosing is according to product insert. | |
| Phenytoin Sodium 125 mg/5ml Suspension | | B | Control of tonic-clonic (grand mal) and psychomotor seizures. | ADULT: Initial: 125mg 2-3 times daily. Max. dose: 625mg daily<br>CHILD: Initial: 5mg/kg/day in 2-3 divided doses Maintenance: 4-8 mg/kg/day in equally divided doses Max. dose: 300mg daily Dosing is according to product insert. | |
| Phenytoin Sodium 50mg/ml Injection | | B | i) Control of status epilepticus of the tonic-clonic (grand mal) type.<br>ii) Prevention and treatment of seizures occurring during or following neurosurgery. | i) ADULT Loading: 10-15mg/kg slow IV (max. 50mg per minute) Maintenance: 100mg orally or IV every 6-8 hours NEONATE & CHILD Loading: 15-20mg/kg IV slow IV (max. 1-3mg/kg/minute).<br>ii) 100-200mg deep IM at approximately 4 hour intervals during surgery and continued postoperative. Dosing is individualised and according to product insert / protocol. | |

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| Pilocarpine 2% Eye Drops | | B | Miotics in chronic open-angle glaucoma. | 1 drop 1 - 4 times a day. | |
| Pimecrolimus 1% Cream | DERMATOLOGI | A* | Short-term and intermittent long-term therapy of mild to moderate atopic dermatitis in non-immunocompromised patients aged 2 years and older, in whom the use of alternative, conventional therapies are deemed inadvisable because of potential risks, or in the treatment of patients who are not adequately responsive to or intolerant of alternative, conventional therapies.<br><br>Prescribing Restriction(s): First line for periorbital eczema; Second line for facial eczema. | Apply a thin layer of the cream to the affected skin twice daily. | |
| Piperacillin 4 g & Tazobactam 500 mg Injection | | 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. | |
| Piracetam 1 g Injection | | 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. | |
| Piracetam 1.2 g Tablet | | A* | Mild cognitive impairment, post concussional head syndrome, head injury disorder, chronic vertigo and myoclonus. | Initially 7.2 g daily in 2 - 3 divided doses, increased according to response by 4.8 g daily every 3 - 4 days to maximum of 20 g daily. CHILD under 16 years not recommended. | |
| Piracetam 20% Solution | | 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. Max: 24 g/day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Piribedil 50 mg Tablet | | 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). | |
| Pizotifen 0.5 mg Tablet | | B | Prophylactic treatment of vascular headache. | Starting with 0.5mg daily, the dosage should be progressively increased. The average maintenance dosage is 1.5mg daily in divided doses or as a single dose at night. Max dose: 4.5 mg/day and 3 mg/dose. Child: >2 yr: Up to 1.5 mg daily in divided doses. Max dose: 1 mg/dose. | |
| Pneumococcal polysaccharide conjugate vaccine (adsorbed) 13-valent Injection | | A* | 1. Active immunisation for the prevention of pneumococcal disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F (including invasive disease, pneumonia and acute otitis media) in infants, children and adolescents from 2 months to 17 years of age: - PRESCRIBER CATEGORY C+: National Immunisation Programme (NIP) - PRESCRIBER CATEGORY A*: Immunisation other than NIP<br><br>2. Active immunisation for the prevention of pneumococcal disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in adults aged 18 years and | For indication 1(i): 2-dose primary series (2+1): A series consisting of 3 doses, each of 0.5 ml may be given. Dosing is according to Immunisation Schedule. INFANT: Infants 2-6 months: i) 3-dose primary series: The recommended immunisation of 4 doses, each of 0.5 mL. The primary infant series of 3 doses, with the 1st dose usually given at 2 months and with an interval of at least 1 month between doses. The 1st dose may be given as early as 6 weeks of age. The 4th (booster) dose is recommended between 12-15 months of age, or ii) 2-dose primary series: A series consisting of 3 doses, each of 0.5 mL may be considered. The 1st dose may be given from age of 2 months, with a 2nd dose 2 months later. The 3rd (booster) dose is recommended between 11-15 months of age. Preterm infants (<37 weeks gestation): The recommended immunisation series of 4 doses, each of 0.5 mL. The primary infant series of 3 doses, with the 1st dose given at | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | older. - PRESCRIBER CATEGORY A*. | 2 months of age and with an interval of at least 1 month between doses. The 1st dose may be given as early as 6 weeks of age. The 4th (booster) dose is recommended between 11 and 15 months of age. Unvaccinated infants and children ≥ 7 months of age Infants aged 7-11 months: 2 doses, each of 0.5 ml, with an interval of at least 1 month between doses. A 3rd dose is recommended in the 2nd year of life. CHILDREN: Children aged 12-23 months: 2 doses, each of 0.5 ml, with an interval of at least 2 months between doses. Children and adolescents aged 2 years to 17 years: One single dose of 0.5 ml. Young Children (12-59 months) completely immunized with PCV (7 valent): One dose of 0.5 mL of Pneumococcal polysaccharide conjugate vaccine (adsorbed), 13-valent to elicit immune responses to the 6 additional serotypes. This dose of PCV 13 should be administered at least 8 weeks after the final dose of Prevenar (7 valent) Children 5-17 years: One single dose of 0.5 ml if they have been previously vaccinated with one or more doses of Pneumococcal polysaccharide conjugate | |
| Pneumococcal Vaccine (Polyvalent) | | 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. | |

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| Polyethylene Glycol /Macrogol 4000 Powder | | A | Bowel cleansing prior to colonoscopy, radiological examination or colonic surgery. Suitable for patients with heart failure or renal failure. | 1 sachet dissolved in 1 L of water and to be consumed within 1 hour. Usual dose: 3-4 L of oral solution are required. When morning surgery is planned, the oral solution is given in the late afternoon the day prior. If surgery is scheduled in afternoon, the oral solution should be given on the same day for ingestion to be completed three hours before surgery. | |
| Polymyxin B Sulphate 10,000 U, Neomycin Sulphate 5 mg and Hydrocortisone 10 mg Ear Drops | | B | Treatment of bacterial infection and inflammation of the external auditory meatus. | 3-4 drops 3 – 4 times daily.<br><br>Dosing is individualised and according to product insert/protocol. | |
| Polymyxin B Sulphate 500,000 units Injection | | A* | i) Acute infections caused by susceptible strains of Pseudomonas Aeruginosa. • Treatment of infections of the meninges and blood stream, caused by susceptible strains of Pseudomonas Aeruginosa.<br>ii) Indicated in serious infections caused by susceptible strains of the following organisms, when less potentially toxic drugs are ineffective or contraindicated: • H. influenzae, specifically meningeal infections. • Aerobacter aerogenes, specifically bacteremia. • Klebsiella pneumoniae, specifically bacteremia. | Loading dose: 25,000 units/kg/dose. (Maximum dose: 2,000,000 units / 2MU). Maintenance dose: 15,000 units/kg every 12 hours. (Maximum dose per day: 2,000,000 units / 2MU). | |

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| Ponatinib 15mg Film-coated Tablet | HEMATOLOGI | A* | i) Adult patients suffering from Philadelphia-positive (Ph+) chronic myeloid leukemia (chronic phase, accelerated phase or blast phase) for whom a treatment with other c-abl tyrosine kinase inhibitors is not appropriate. ii) Adult patients suffering from T315I-positive Ph+ chronic myeloid leukemia (chronic phase, accelerated phase, or blast phase). | The recommended starting dose is 45 mg of ponatinib once daily. Refer to the package insert for guidance on dose modifications or interruptions for the management of treatment-related toxicities, drug-drug interactions as well as consideration for dose reduction upon achievement of major cytogenetic response | |
| Posaconazole 100mg modified released (MR) tablet | HEMATOLOGI | A* | Prophylaxis of invasive fungal infections in the following adult patients: i) Patient receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndrome (MDS) expected to result in prolonged neutropenia and who are at high risk of developing invasive fungal infections.<br><br>ii) Haematopoietic stem cell transplant (HSCT) recipients who are undergoing high-dose immunosuppressive therapy for graft versus host disease and who are at high risk of developing invasive fungal infections. | Loading dose of 300 mg (three 100 mg tablets) twice a day on the first day, then 300 mg (three 100 mg tablets) once a day thereafter. | |
| Potassium Chloride 1 g/10 ml Injection | | B | For the correction of severe hypokalaemia and when sufficient | By slow IV infusion depending on the deficit or the daily maintenance requirements. 1 g | |

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| | | | potassium cannot be taken by mouth. | diluted in 500 ml normal saline or glucose and given slowly over 2 - 3 hours. | |
| Potassium Chloride 600 mg SR Tablet | | 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. | |
| Potassium Citrate 3 g/10 ml and Citric Acid Mixture | | C | For systemic or urinary alkalinization. | ADULT: 10-20 ml 3 times daily, well diluted with water. CHILD up to 1 year: 2.5 ml 3 times daily; 1 - 5 years: 5 ml 3 times daily; 6 - 12 years: 10 ml 3 times daily. To be taken well diluted with water, after meals and at bedtime. | |
| Potassium Dihydrogen Phosphate Injection | | A | For treatment of hypophosphataemia. | Up to 10mmol phosphate administered over 12 hours. | |
| Povidone Iodine 10% (equivalent to 1% iodine) Solution | | B | Skin operation prior to surgery, in cleansing open wounds, as an antiseptic for operative wounds infections. | To be applied undiluted in pre-operative skin disinfection and general antisepsis. | |
| Povidone Iodine 7.5% (equivalent to 0.75% iodine) Scrub | | B | As preoperative scrub for hands and skin. | Spread 5 ml over both hands and rub thoroughly for about 5 minutes. Rinse thoroughly. Repeat if desired. Pre-operative use on patient: Apply scrub and rub thoroughly for about 5 minutes. Rinse off using a sterile gauze saturated with water. | |
| Pralidoxime 25 mg/ml Injection | | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | be given, titrated according to response. Alternatively, pralidoxime chloride may be given at an initial dose of 30 mg/kg via IV infusion over 20 minutes or IV inj over 5 minutes, followed by IV infusion at 8 mg/kg/hr. Max: 12 g/24 hr. Child: As mesilate: 20-60 mg/kg. Renal impairment: Dose adjustment may be required. | |
| Pramipexole Dihydrochloride 0.125 mg Tablet | NEUROLOGI | A* | i) Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa.<br>ii) Symptomatic treatment of idiopathic Restless Legs Syndrome. | i) Dose escalation: 0.125 mg 3 times daily on week 1 then 0.25 mg 3 times daily week 2 then 0.5 mg 3 times daily on week 3. Increase by 0.75 mg at weekly intervals if needed up to maximum of 4.5 mg/day. Patient on levodopa: Reduce dose. Renal impairment: In patient with creatinine clearance < 20ml/min, the daily dose of pramipexole should be started at 0.125 mg daily instead of 0.25mg and the maximum dose should not > 1.5 mg daily.<br>ii) Dosing is according to Product Insert. | |
| Pramipexole Dihydrochloride 1 mg Tablet | NEUROLOGI | A* | i) Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa.<br>ii) Symptomatic treatment of idiopathic Restless Legs Syndrome. | i) Dose escalation: 0.125 mg 3 times daily on week 1 then 0.25 mg 3 times daily week 2 then 0.5 mg 3 times daily on week 3. Increase by 0.75 mg at weekly intervals if needed up to maximum of 4.5 mg/day. Patient on levodopa: Reduce dose. Renal impairment: In patient with creatinine clearance < 20ml/min, the daily dose of pramipexole should be started at 0.125 mg daily instead of 0.25mg and the maximum dose should not > 1.5 mg daily.<br>ii) Dosing is according to Product Insert. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Pramipexole Dihydrochloride Extended Release 0.375mg Tablet | NEUROLOGI | A | Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa. | Dose escalation: 0.375 mg/day on week 1, 0.75 mg/day on week 2, 1.5 mg/day on week 3. Increase by 0.75 mg at weekly intervals if needed up to a max of 4.5 mg/day. Patient on l-dopa: reduce dose. Renal Impairment: CrCl 30-50 mL/min Initially 0.375 mg every other day. May be increased by 0.375 mg at weekly intervals to max 2.25 mg/day. | |
| Pramipexole Dihydrochloride Extended Release 1.5mg Tablet | NEUROLOGI | A | Treatment for signs and symptoms of advanced idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa. | Dose escalation: 0.375 mg/day on week 1, 0.75 mg/day on week 2, 1.5 mg/day on week 3. Increase by 0.75 mg at weekly intervals if needed up to a max of 4.5 mg/day. Patient on l-dopa: reduce dose. Renal Impairment: CrCl 30-50 mL/min Initially 0.375 mg every other day. May be increased by 0.375 mg at weekly intervals to max 2.25 mg/day. | |
| Prasugrel HCl 10 mg Tablet | | A* | Co-administered with aspirin, is indicated to reduce the rate of thrombotic cardiovascular (CV) events (including stent thrombosis) in patients with acute coronary syndromes who are to be managed with percutaneous coronary intervention (PCI) as follows: STEMI with or without diabetes, UA and NSTEMI with diabetes, age <75yrs old, weight >60kg, without history of TIA stroke and clinically suspected clopidogrel resistance subset. (Only to be used in Cardiology Centre as third line | Initiate treatment with a single 60mg oral loading dose. Continue at 10mg/5mg once daily with or without food. Patients should also take aspirin (75 mg - 325 mg) daily. | |

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| | | | treatment/ adjunctive therapy). | | |
| Pravastatin Sodium 20 mg Tablet | | A/KK | Hypercholesterolaemia and coronary heart disease intolerant or not responsive to other forms of therapy. In health clinics, Pravastatin is restricted to HIV patients on HAART. | 10 - 20 mg once daily. Maximum: 40 mg daily. In patients concomitantly taking cyclosporine, with or without other immunosuppressive drugs: Initial dose is 10mg/day and titration to higher doses should be performed with caution. Maximum dose 20mg/day. | |
| Prazosin HCl 1 mg Tablet | | B | Hypertension. | Initially 0.5 mg 2 - 3 times daily, the initial dose on retiring to bed at night; increased to 1 mg 2 - 3 times daily after 3 - 7 days: further increased if necessary to maximum 20 mg daily. | |
| Prazosin HCl 2 mg Tablet | | B | Hypertension. | Initially 0.5 mg 2 - 3 times daily, the initial dose on retiring to bed at night; increased to 1 mg 2 - 3 times daily after 3 - 7 days: further increased if necessary to maximum 20 mg daily. | |
| Prazosin HCl 5 mg Tablet | | 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. | |
| Prednisolone 5 mg Tablet | | B | i) Replacement therapy for primary and secondary adrenocortical insufficiency.<br>ii) Adrenogenital syndrome.<br>iii) Other therapy. | i) 5 - 25 mg daily in divided doses.<br>ii) 10 - 20 mg/m2 body surface daily in divided doses.<br>iii) ADULT: 5 - 60 mg daily. CHILD: 0.5 - 2 mg/kg/day in divided doses every 6 - 8 hours or as a single daily. | |
| Prednisolone acetate 1% ophthalmic suspension | OFTALMOLOGI | 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. | C/S |

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| Pregabalin 150 mg Capsules | | A*<br>A/KK | Kategori preskriber A*:<br>i. Fibromyalgia<br>ii. Epilepsy<br><br>Kategori preskriber A/KK:<br>iii. Neuropathic pain | The dose range is 150 to 600 mg per day given in either two or three divided doses. Dosing is according to Product Insert. | |
| Pregabalin 75 mg Capsule | | A* | i) Neuropathic pain.<br>ii) Fibromyalgia.<br>iii) Epilepsy. | The dose range is 150 to 600 mg per day given in either two or three divided doses. Dosing is according to Product Insert. | |
| Primaquine 7.5 mg base Tablet | | B | i) Treatment of malaria.<br>ii) Prophylaxis together with a schizonticide such as chloroquine. | 0.5mg/kg/day up to 30mg daily. | |
| Probenecid 500 mg Tablet | | 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. | |
| Procarbazine HCl 50 mg Capsule | HEMATOLOGI | A | Lymphomas. | Adult: Monotherapy: Initially, 50 mg/day, increased by 50 mg daily to 250-300 mg daily in divided doses. Continue doses until max response is achieved or appearance of signs of toxicity. Maintenance: 50-150 mg/day or 1-2 mg/kg daily until a cumulative dose of at least 6 g. Combination Therapy: 100 mg/m2 on days 1-14 of each 4- or 6-wk cycle. Child: Initially, 50 mg/m2 daily, up to 100 mg/m2 adjust according to response. | UKK - import permit |
| Prochlorperazine Maleate 5mg Tablet | | B | i) Severe nausea and vomiting.<br>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 | |

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| | | | | mg bid. May be taken with or without food. | |
| Prochlorperazine Mesylate 12.5 mg/ml Injection | | B | i) Severe nausea and vomiting.<br>ii) Vertigo/labyrinthine disorders. | Deep IM injection, 12.5 mg repeated if necessary after 6 hours and then followed by an oral dose. Not recommended in children. | |
| Procyclidine HCl 5 mg/ ml Injection | | B | i) All forms of Parkinson's disease (idiopathic paralysis agitants), post-encephalitis and arteriosclerosis.<br>ii) To control troublesome extrapyramidal symptoms induced by neuroleptic drugs including pseudo-parkinsonism, acute dystonic reactions and akathisia. | i) Initial dose 2.5mg TDS, increasing by 2.5-5mg/day at intervals of 2 or 3 days until the optimum clinical response is achieved. Usual maintenance dose: 15-30mg/day. Max: 60mg/day.<br>ii) Initial dose 2.5mg TDS, increasing by 2.5mg daily until symptoms are relieved. Usual maintenance dose: 10-30mg/day. IV Emergency: 5-10 mg. IM Emergency: 5-10 mg as a single dose, may repeat after 20 mins if needed. Max: 20 mg/day. | |
| Progesterone 100 mg Capsule | O&G | A* | Oral:<br>i) Progesterone insufficiency.<br>ii) Luteal insufficiency.<br>iii) Menopause treatment associated with estrogen therapy.<br><br>Prevent risk of endometrial hyperplasia<br>Vaginal:<br>iv) Progesterone substitution for ovarian proved women during complete deficiency.<br>v) Supplementation of the luteal phase during in vitro fertilization cycles (IVF).<br>vi) Supplementation of the luteal phase during | Oral route: (i) Daily dose of 200 to 300mg in two divided doses.<br>(ii) Daily dose of 200 to 300mg for 10 days per month, usually from 17th to the 26th day of the cycle.<br>(iii) 200mg daily for 12 to 14 days in a month, the two last weeks of each cycle.<br>Vaginal route: (iv) Taken with estrogen therapy: 100 mg given on the 13th and the 14th day of the cycle of transfer, then 200mg in divided doses from the 15th to the 25th day of the cycle. From 26th day and in the case of the onset of pregnancy, the dose is increased by 100mg per day each week, and rises to a maximum of 600mg per day divided into 3 intakes. This dosage will be continued until the 60th day and | |

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| | | | spontaneous or induced cycles.<br>vii )Threatened abortion or prevention of repeated abortions due to luteal insufficiency. | until the 12th week of pregnancy and no further.<br>(v) 400 mg to 600mg per day, prior to embryo transfer according to IVF protocol until the 12th week of pregnancy.<br>(vi) 200mg - 300mg/day, from the 17th day of the cycle for 10 day.s<br>(vii) 200 to 400mg daily in two divided doses. | |
| Prolase Tablet | | B | Oedema and inflammation in conjunction with other physical or chemotherapeutic measures. | 2 tablet 4 times daily for the first day, then 1 tablet 4 times daily for at least 5 days. | |
| Promethazine HCl 25 mg/ml Injection | | B | i) Allergic conditions.<br>ii) Treatment and prevention of vomiting including: - motion sickness - drug induced nausea - prevention and control of nausea and vomiting associated with certain types of anaesthesia and surgery. | i) Allergic Conditions Adult and adolescent dose: 25mg intramuscular or intravenous. May be repeated within 2 hours if required. Children 2 years and older: intramuscularly-0.125mg/kg body weight every 4 to 6 hours OR 0,5mg/kg bodyweight at bedtime as needed OR 6.25-12.5mg three times a day as needed OR 25mg at bedtime as needed.<br>ii) Treatment and prevention of vomiting: - Motion Sickness Adult and adolescent dose: 25mg twice a day as needed. Children: 0.5mg/kg every 12 hours as needed OR 10 - 25mg twice a day as needed. - Anti Emetic Therapy Adult and adolescent dose: 25mg initially and then 10 -25mg every 4 - 6 hours as needed. Children: 0.25-0.5mg/kg every 4 to 6 hours as needed OR 10 - 25mg every 4 to 6 hours as needed. | |

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| Promethazine HCl 5 mg/5 ml Syrup | | B | Allergic conditions. | CHILD 2 - 5 years: 5 - 15 mg daily 5 - 10 years : 10 - 25 mg daily. | |
| Proparacaine HCl 0.5% Ophthalmic Drops | | 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. | |
| Propiverine HCl 15 mg Tablet | | 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. | C/S |
| Propofol 10mg/ml (1%) Injection | | A* | Induction & maintenance of general anaesthesia. Sedation of ventilated ICU patients. | Adult: Induction: 20- 40 mg by injection or infusion every 10 sec. Usual dose: 1.5-2.5 mg/kg. Maintenance: 4-12 mg/kg/hr or intermittent bolus inj of 20-50 mg. Child: >8 yr: Induction dose of 2.5 mg/kg. Maintenance dose: 9-15 mg/kg/hr by IV infusion or intermittent bolus inj. Elderly: Including neurosurgical and debilitated patients: Infuse at a rate of 20 mg every 10 sec. Maintenance: 3-6 mg/kg/hr. Usual dose needed: 1-1.5 mg/kg. Duration of use : Can be administered for a maximum period of 7 days. Sedation: 0.3 - 4 mg/kg/hour up to 3 days. | |
| Propofol 20mg/ml (2%) emulsion for injection of infusion | ANESTESIOLOGI | A* | Induction & maintenance of general anaesthesia. Sedation of ventilated ICU patients. | Adult: IV Induction and maintenance of general anesth Induction: 40 mg every 10 sec. Maintenance: 4-12 mg/kg/hr or intermittent boluses of 20-50 mg. Sedation In diagnostic and | |

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| | | | | surgical procedures: Initial: 6-9 mg/kg/hr by infusion. Maintenance: 1.5-4.5 mg/kg/hr. For ventilated patients: 0.3-4 mg/kg/hr. Monitor lipid concentrations if duration of sedation >3 days. | |
| Propranolol HCl 10 mg Tablet | | B | i) Hypertension.<br>ii) Angina pectoris.<br>iii) Myocardial infarct.<br>iv) Cardiac arrhythmias.<br>v) Migraine prophylaxis.<br>vi) Hyperthyroidism.<br>vii) Hypertrophic obstructive cardiomyopathy. | i) Initial: 40-80 mg twice daily Maintenance: 160-320 mg daily. Max. 640 mg daily.<br>ii) Initial: 40 mg 2-3 times daily Maintenance: 120-240 mg daily Max. 480mg daily.<br>iii) Initial (within 5-21 days of MI): 40 mg 4 times daily for 2-3 days Maintenance: 80 mg twice daily.<br>iv) 10-40 mg 3-4 times daily Max. 240 mg/day.<br>v) Initial: 40 mg 2-3 times Maintenance: 80-160 mg daily Max. 240 mg/day.<br>vi) 10-40 mg 3-4 times daily. Max. 240 mg/day.<br>vii) 10-40 mg 3-4 times daily Dosing is individualised and according to product insert / protocol. | |
| Propranolol HCl 40 mg Tablet | | B | i) Hypertension.<br>ii) Angina pectoris.<br>iii) Myocardial infarct.<br>iv) Cardiac arrhythmias.<br>v) Migraine prophylaxis.<br>vi) Hyperthyroidism.<br>vii) Hypertrophic obstructive cardiomyopathy.<br>viii) Portal hypertension. | i) Initial: 40-80 mg twice daily Maintenance: 160-320 mg daily. Max. 640 mg daily.<br>ii) Initial: 40 mg 2-3 times daily Maintenance: 120-240 mg daily Max. 480mg daily.<br>iii) Initial (within 5-21 days of MI): 40 mg 4 times daily for 2-3 days Maintenance: 80 mg twice daily.<br>iv) 10 - 40 mg 3 - 4 times daily. Max. 240 mg/day.<br>v) Initial: 40 mg 2-3 times. Maintenance: 80-160 mg daily. Max. 240 mg/day.<br>vi) 10-40 mg 3-4 times daily. Max. 240 mg/day. | |

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| | | | | vii) 10-40 mg 3-4 times daily. viii) Initial: 40 mg twice daily Maintenance: 40-80mg 3 times daily Max. 320mg daily Dosing is individualised and according to product insert / protocol. | |
| Propylthiouracil 50 mg Tablet | | B | Hyperthyroidism. | ADULT Initially 300-450mg in 8 hourly intervals (can be given up to 600-900mg/daily) until symptoms are controlled in 1-2 months. Maintenance 50-150mg daily for at least 12-18 months. CHILDREN 6-10 years: 50-150mg. CHILDREN > 10 years: 150-300mg daily. All doses are to be given in 3 divided doses daily. Taken with food. | |
| Protamine Sulphate 10 mg/ml Injection | | 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. | |
| Pyrazinamide 500 mg Tablet | | 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. | |
| Pyridostigmine Bromide 60 mg Tablet | | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Pyridoxine HCl 10 mg Tablet | | C+ | i) Pyridoxine-dependent convulsions in infant.<br>ii) Sideroblastic anaemia.<br>iii) B6-deficient anaemia in adult.<br>iv) Prophylaxis to peripheral neuritis in isoniazid therapy.<br>v) Nausea and vomiting of pregnancy and irradiation sickness. | i) INFANT 4 mg/kg daily for short periods.<br>ii) 100 - 400 mg daily in divided doses.<br>iii) ADULT 20 - 50 mg up to 3 times daily.<br>iv) Prophylaxis 10 mg daily, therapeutic 50 mg 3 times daily.<br>v) 20 - 100 mg daily. | |
| Quetiapine Fumarate 100 mg Immediate Release Tablet | PSIKIATRI | A* | i) Schizophrenia.<br>ii) Short term treatment of acute manic episodes associated with bipolar I disorder, either monotherapy or adjunct to lithium or divalproex.<br>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.<br>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.<br>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). | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Quetiapine Fumarate 200 mg Extended Release Tablet | PSIKIATRI | A* | i) Schizophrenia.<br>ii) Moderate to severe manic episodes in bipolar disorder.<br>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.<br>iii) 50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased in increments of 50mg /day to an effective dose. | |
| Quetiapine Fumarate 200 mg Immediate Release Tablet | PSIKIATRI | A* | i) Schizophrenia.<br>ii) Short term treatment of acute manic episodes associated with bipolar I disorder, either monotherapy or adjunct to lithium or divalproex.<br>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.<br>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.<br>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). | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Quetiapine Fumarate 300 mg Extended Release Tablet | PSIKIATRI | A* | i) Schizophrenia.<br>ii) Moderate to severe manic episodes in bipolar disorder.<br>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.<br>iii) 50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased in increments of 50mg /day to an effective dose. | |
| Quetiapine Fumarate 400 mg Extended Release Tablet | PSIKIATRI | A* | i) Schizophrenia.<br>ii) Moderate to severe manic episodes in bipolar disorder.<br>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.<br>iii) 50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased in increments of 50mg /day to an effective dose. | |
| Quetiapine Fumarate 50 mg Extended Release Tablet | PSIKIATRI | A* | i) Schizophrenia.<br>ii) Moderate to severe manic episodes in bipolar disorder.<br>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.<br>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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Rabies Vaccine Injection | | B | Pre-exposure and post-exposure vaccination against rabies. | Pre-exposure (prophylaxis): 3 doses scheduled on D0, D7 and D28. Booster dose after every 6 months to 5 years (refer to manufacturer's recommendations).<br>Post-exposure prophylaxis: use after attack of a potential rabid animal: 1 dose on D0, D3, D7, D14 and D28. In previously vaccinated individuals 2 doses on D0 and D3. | |
| Raloxifene HCl 60 mg Tablet | O&G | A* | i) Treatment and prevention of osteoporosis in postmenopausal women.<br>ii) Risk reduction of invasive breast cancer in postmenopausal women with osteoporosis. | 1 tablet daily. | |
| Raltegravir 400mg Tablet | | | Raltgeravir combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection in patients who are contraindicated to boosted Protease Inhibitor or who are intolerant to boosted Protease Inhibitor. | 400mg administered orally, twice daily with or without food, to be given combination with other antiretroviral agent. | |
| Ramipril 5 mg Tablet | | A | i) Hypertension.<br>ii) Congestive heart failure.<br>iii) Reducing the risk of myocardial infarction, stroke, cardiovascular death or revascularisation procedures inhigh-riskpatients.<br>iv) Prevention of progressive renal impairment in patients with persistent proteinuria. | i) Initial: 2.5mg once daily<br>Maintenance: 2.5-5mg once daily<br>Max. 10mg daily in 1-2 divided doses.<br>ii) Initial: 1.25mg once daily<br>Maintenance: 10mg in 2 divided doses.<br>iii) Initial: 2.5mg twice daily<br>Maintenance: 5mg twice daily<br>Max: 10mg daily.<br>iv) Initial: 1.25mg once daily<br>Maintenance: 5mg once daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Ranibizumab 10 mg/ml Intravitreal Injection | OFTALMOLOGI | A* | i) Treatment of Neovascular (wet) Age-Related Macular Degeneration (ARMD).<br>ii) Treatment of visual impairment due to diabetic macular edema (DME).<br>iii) Treatment of visual impairment due to macular edema secondary to retinal vein occlusion (RVO).<br>iv) Treatment of visual impairment due to choroidal neovascularization (CNV) secondary to pathologic myopia (PM).<br>Pres. Restrictions: Indication ii) and iii) approved to be used by ophthalmologist specialist only. | 0.5 mg (0.05ml) as a single intravitreal Injection.Interval between 2 doses should not be shorter than 1 month, then monitor for visual acuity monthly. Treatment is given monthly & continued until max visual acuity is achieved, confirmed by stable visual acuity for 3 consecutive monthly assessments. | |
| Ranitidine 25 mg/ml Injection | | B | i) Benign gastric/ duodenal ulceration, reflux oesophagitis, Zollinger Ellison Syndrome.<br>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.<br>ii) Initial slow IV injection of 50 mg, then continuous infusion of 125-250 mcg/kg/hour. | |
| Ravidasvir 200mg Tablet | GASTROENTEROLOGI | A/KK | To be used in combination with other medicinal products for the treatment of chronic hepatitis C virus (HCV) infection in adults. Pres. Restrictions: In non-cirrhotic patients or compensated cirrhosis patients who are | 200 mg once daily, to be taken orally with or without food.<br>Patients without cirrhosis: Ravidasvir plus sofosbuvir for 12 weeks.<br>Patients with compensated cirrhosis: Ravidasvir plus sofosbuvir for 24 weeks. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | treatment naïve to NS5A inhibitor. | | |
| Recombinant Factor IX (rFIX) 500 IU injection | HEMATOLOGI | A* | Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency). | Number of factor IX units required = body weight (kg) x desired factor IX increase (% or units/dL) x reciprocal of observed recovery (units/kg per units/dL). Average dose for secondary prophylaxis for previously treated adult patients (PTP) was 40 units/kg (range 13 to 78 units/kg) at intervals of 3 to 4 days.<br><br>Dosing is individualised and according to product insert/protocol. | |
| Remifentanil 5 mg Injection | | A* | i) As an analgesic agent for use during induction and/or maintenance of general anaesthesia during surgical procedures including cardiac surgery.<br>ii) Continuation of analgesia into the immediate post-operative period under close supervision, during transition to longer acting analgesia.<br>iii) Provision of analgesia and sedation in mechanically ventilated intensive care patients. | For IV use only. ADULT: Induction:Bolus infusion: 1µg/kg over 30-60 seconds; Continuous infusion: 0.5-1µg/kg/min; Maintenance: Continuous infusion: 0.025 to 2 µg/kg/min. CHILD (1-12 years of age): Induction: Insufficient data; Neonates: IV infusion 0.4-1.0 mcg/kg/minute depending on the anaesthetic method and adjust according to patient response, supplemental IV inj of 1 mcg/kg dose may be given. 1-12 yr: initially 0.1-1 mcg/kg by IV inj over at least 30 seconds (excluded if not needed), followed by IV infusion 0.05-1.3 mcg/kg/minute depending on the anaesthetic method and adjust according to patient response, supplemental IV bolus inj may be admin during infusion. 12-18 yr: 0.1-1 mcg/kg IV inj over at least 30 seconds (excluded if not needed), followed by IV infusion of 0.05-2 mcg/kg/minute depending on | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | anaesthetic method and adjust according to patient response, supplemental IV bolus inj may be admin during infusion. | |
| Ribavirin 200 mg Capsule | GASTROENTEROLOGI | A* | For the treatment of chronic hepatitis C. | ADULT (more than 18 years old): 50mg/kg/day Recommended: Body weight: ≤ 75kg should receive 1000mg daily as two 200mg capsules in the morning and three 200mg capsules in the evening Body weight: >75kg should receive 1200mg as three 200mg capsules in the morning and three 200mg capsules in the evening Genotype 1,4: 48 weeks Genotype: 24 weeks duration should be individualized in accordance with the baseline characteristics of the disease. | UKK |
| Riboflavine 3 mg Tablet | | C | Treatment of riboflavine deficiency states. | ADULT: Treatment dose: Up to 30 mg daily in divided doses. Maintenance dose: 1 to 3 mg daily in divided doses CHILD: 3-10 mg/day in divided doses. | |
| Rifampicin 150 mg Capsule | | B | i) Tuberculosis.<br>ii) Leprosy.<br>iii) Prophylaxis for meningococcal meningitis.<br>iv) Staphylococcus biofilm related prosthetic joint infection or any biofilm sensitive to rifampicin in combination therapy with another antibiotic. | 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.<br>ii) ADULT: 600 mg/day CHILD: 10mg/kg.<br>iii) ADULT: 600 mg twice daily for 2 days CHILD: 10mg/kg twice daily for 2 days INFANT: 5mg/kg twice daily for 2 days.<br>iv) ADULT: 600mg OD CHILD: 10-20mg/kg/day in 1-2 divided doses Dosing is individualised and according to product insert/protocol. | |
| Rifampicin 150 mg, Isoniazid 75 mg, | | B | Treatment of both pulmonary and extrapulmonary | ADULT: 30 - 37 kg: 2 tablets daily, 38 - 54 kg: 3 tablets daily, 55 - 70 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Pyrazinamide 400 mg & Ethambutol HCl 275 mg Tablet | | | tuberculosis, in the intensive treatment phase. | kg: 4 tablets daily, more than 70 kg: 5 tablets daily. | |
| Rifampicin 150mg + Isoniazid 75mg tablet | | B | For pulmonary tuberculosis in which organisms are susceptible in continuation phase treatment for 4 months. | 30-37kg: 2 tablets once daily, 38-54kg: 3 tablets once daily, 55-70kg: 4 tablets once daily, Above 70kg: 5 tabs once daily. | |
| Rifampicin 300 mg Capsule | | B | i) Tuberculosis.<br>ii) Leprosy.<br>iii) Prophylaxis for meningococcal meningitis.<br>iv) Staphylococcus biofilm related prosthetic joint infection or any biofilm sensitive to rifampicin in combination therapy with another antibiotic. | 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.<br>ii) ADULT: 600 mg/day CHILD: 10mg/kg.<br>iii) ADULT: 600 mg twice daily for 2 days CHILD: 10mg/kg twice daily for 2 days INFANT: 5mg/kg twice daily for 2 days.<br>iv) ADULT: 600mg OD CHILD: 10-20mg/kg/day in 1-2 divided doses Dosing is individualised and according to product insert/protocol. | |
| Rifampicin, Dapsone & Clofazimine | | B | For the treatment of leprosy and tuberculosis. | Rifampicin: 600 mg once monthly, Dapsone: 100 mg daily, Clofazimine: 300 mg once monthly and 50 mg daily (or 100 mg on alternate days). | |
| Ringers Solution (contained sodium chloride, potassium chloride and calcium chloride) | | B | As a source of electrolytes and water for hydration/replenishing of chloride. | According to the needs of the patient. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Risperidone 1 mg Tablet | | B | i) Schizophrenia, including first episode psychosis, acute schizoprenia exacerbations, chronic schizophrenia and other psychotic conditions.<br>ii) Short-term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder in children from the age of 5 years and adolescents with subaverage intellectual functioning or mental retardation. | i) ADULT:<br>Initial dose: 2 mg/day.<br>Maintenance dose: 4 to 6 mg.<br>Max: 16mg/day<br>CHILD: Not recommended<br>ELDERLY:<br>Initial dose: 0.5 mg twice daily.<br>Maintenance: 1 to 2 mg twice daily.<br><br>ii) CHILD & ADOLESCENTS, 5-18 years<br>≥ 50 kg: Initial - 0.5 mg once daily<br>Optimum dose: 1mg once daily<br>< 50 kg: Initial - 0.25 mg once daily Optimum dose: 0.5mg once daily<br><br>Dosing should be individualized according to product insert. | |
| Risperidone 1 mg/ml Oral Solution | | A | i) Schizophrenia, including first episode psychosis, acute schizoprenia exacerbations, chronic schizophrenia and other psychotic conditions.<br>ii) Short-term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder in children from the age of 5 years and adolescents with subaverage intellectual functioning or mental retardation. | i) ADULT:<br>Initial dose: 2 mg/day.<br>Maintenance dose: 4 to 6 mg.<br>Max: 16mg/day<br>CHILD: Not recommended<br>ELDERLY:<br>Initial dose: 0.5 mg twice daily.<br>Maintenance: 1 to 2 mg twice daily.<br><br>ii) CHILD & ADOLESCENTS, 5-18 years<br>≥ 50 kg: Initial - 0.5 mg once daily<br>Optimum dose: 1mg once daily<br>< 50 kg: Initial - 0.25 mg once daily Optimum dose: 0.5mg once daily<br><br>Dosing should be individualized according to product insert. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Risperidone 2 mg Tablet | | B | Schizophrenia. | ADULT:<br>Initial dose: 2 mg/day.<br>Maintenance dose: 4 to 6 mg.<br>Max: 16mg/day<br>CHILD: Not recommended<br>ELDERLY:<br>Initial dose: 0.5 mg twice daily.<br>Maintenance: 1 to 2 mg twice daily.<br><br>Dosing should be individualized according to product insert. | |
| Risperidone 25 mg Injection (Long Acting) | | A* | Treatment of acute and chronic schizophrenic psychosis and other psychotic conditions, in which positive and negative symptoms are prominent. It also alleviates affective symptoms associated with schizophrenia | 25 mg IM every 2 weeks. Dose increments (if required) to 37.5 mg or 50 mg can be considered after a minimum of 4 weeks on each dosage. | |
| Risperidone 37.5 mg Injection (Long Acting) | | A* | Treatment of acute and chronic schizophrenic psychosis and other psychotic conditions, in which positive and negative symptoms are prominent. It also alleviates affective symptoms associated with schizophrenia | 26 mg IM every 2 weeks. Dose increments (if required) to 37.5 mg or 50 mg can be considered after a minimum of 4 weeks on each dosage. | |
| Risperidone 50 mg Injection (Long Acting) | | A* | Treatment of acute and chronic schizophrenic psychosis and other psychotic conditions, in which positive and negative symptoms are prominent. It also alleviates affective symptoms associated with schizophrenia | 27 mg IM every 2 weeks. Dose increments (if required) to 37.5 mg or 50 mg can be considered after a minimum of 4 weeks on each dosage. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Ritonavir 100mg Capsule | ID-RVD | A* | Progressive or advanced HIV infection in combination with other antiretroviral agents. | ADULT: (Single PI) initially 300 mg twice daily, increase by 100 mg twice daily increments to 600 mg twice daily. (Dual PI) Initially 200mg BD, then increase by 100mg BD & reaching 400mg BD within 2 wk. | |
| Rituximab 10 mg/ml Injection | HEMATOLOGI, NEFROLOGI (UKK), DERMATOLOGI (UKK), RHEUMATOLOGI (UKK), PEDIATRIK (UKK) | A* | i) Treatment of patients with relapsed or chemo-resistant low grade or follicular B-cell Non-Hodgkin's lymphoma.<br>ii) Adjunctive therapy with combination chemoagents for aggressive Non-Hodgkin Lymphoma.<br>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.<br>iv) Maintenance in relapsed/ refractory follicular lymphoma after response to induction therapy. | i) 375 mg/m2 BSA administered as an IV infusion through a dedicated line once weekly for 4 weeks.<br>ii) Combination with CHOP (cyclophosphamide, doxorubicin, prednisone and vincristine) as 375 mg/m2 BSA on day 1 of each chemotherapy cycle for 8 cycles after IV administration of the glucocorticoid component of CHOP.<br>iii) 1000 mg IV infusion followed by a second 1000 mg IV infusion two weeks later iv) 375mg/m2 BSA once every 3 months until disease progression or for a maximum period of two years. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Rituximab 1400mg/11.7ml solution for subcutaneous injection | HEMATOLOGI | A* | i) Treatment of patients with relapsed or chemo-resistant low grade or follicular B-cell Non-Hodgkin's lymphoma;<br>ii) Adjunctive therapy with combination chemo-agents for aggressive Non-Hodgkin Lymphoma;<br>iii) Maintenance in relapsed/ refractory follicular lymphoma after response to induction therapy. | i) As monotherapy, 1st cycle with rituximab (IV formulation) 375mg/m2 administered as an IV infusion, followed by subsequent cycles with rituximab SC at a fixed dose of 1400mg per cycle, once weekly. In total: 4 weeks.<br>ii) Combination with CHOP (cyclophosphamide, doxorubicin, prednisone and vincristine): 1st dose with rituximab (IV formulation) 375 mg/m2 administered as an IV infusion followed by subsequent cycles with rituximab SC injected at a fixed dose of 1400mg per cycle. In total: for up to 8 cycles. Rituximab should be administered on day 1 of each chemotherapy cycle after IV administration of the glucocorticoid component of CHOP.<br>iii) 1400mg SC once every 3 months until disease progression or for a maximum period of 2 years. Note: • Premedication consisting of an anti-pyretic, antihistamine (e.g. paracetamol and diphenhydramine) and glucocorticoids, before each administration of rituximab. • All patients must always receive their 1st dose of rituximab by IV administration (using intravenous formulation) at a dose of 375mg/m2 body surface area. The subcutaneous formulation of 1400mg should only be given at the 2nd or subsequent cycles. • Patients who were not able to receive the full rituximab intravenous infusion dose should continue to receive subsequent cycles with | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | rituximab IV doses. • Subcutaneous formulation is not intended for intravenous administration and should be given via subcutaneous injection only. The 1400 mg strength is intended for subcutaneous use in non-Hodgkin lymphoma (NHL) only. | |
| Rivaroxaban 15 mg Tablet | HEMATOLOGI, KARDIOLOGI, PERUBATAN AM, RESPIRATORI. O&G ONKOLOGI | A* | i)Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as Congestive heart failure (CHF), hypertension, age ≥ 75 yrs, diabetes mellitus, prior stroke or transient ischaemic attack.<br>ii)Treatment of deep vein thrombosis (DVT), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute DVT in adults.<br>iii) Treatment of Pulmonary Embolism (PE), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute PE in adults. | i) 20mg once daily or 15mg once daily (for patients with moderate renal impairment (creatinine clearance 30-49 ml/min).<br>Dosage: ii) & (iii) 15mg BD for 21 days, followed by 20mg OD. | |
| Rivaroxaban 20 mg Tablet | HEMATOLOGI, KARDIOLOGI, PERUBATAN AM, RESPIRATORI, NEUROLOGI, O&G ONKOLOGI | A* | i)Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as Congestive heart failure (CHF), hypertension, age ≥ 75 yrs, diabetes mellitus, prior stroke or | i) 20mg once daily or 15mg once daily (for patients with moderate renal impairment (creatinine clearance 30-49 ml/min).<br>Dosage: ii) & (iii) 15mg BD for 21 days, followed by 20mg OD. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | transient ischaemic attack.<br>ii)Treatment of deep vein thrombosis (DVT), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute DVT in adults.<br>iii) Treatment of Pulmonary Embolism (PE), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute PE in adults. | | |
| Rivastigmine 1.5 mg Capsule | | A* | For psychiatrists and neurologists only. Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease. | Initial dose 1.5 mg 2 times daily, may increase by 1.5 mg 2 times daily every 2 weeks to maximum of 6 mg 2 times daily. If treatment is interrupted for several days, should be reinitiated at the lowest daily dose. | |
| Rivastigmine 3 mg Capsule | | A* | For psychiatrists and neurologists only. Mild to moderately severe dementia associated with Alzheimer's or Parkinson's disease. | Initial dose 1.5 mg 2 times daily, may increase by 1.5 mg 2 times daily every 2 weeks to maximum of 6 mg 2 times daily. If treatment is interrupted for several days, should be reinitiated at the lowest daily dose. | |
| Rivastigmine 4.6mg/24hr Transdermal Patch | | A* | i) Mild to moderately severe dementia of the Alzheimer's type ii) Severe dementia of the Alzheimer's type iii) Mild to moderately severe dementia associated with Parkinson's disease. | Initial: 4.6mg/24hr once daily Maintenance: 9.5mg/24hr once daily after a minimum of 4 weeks and then 13.3mg/24hr if tolerated Dosing is individualised and according to product insert. Use as second line/alternative option if the first line medication with oral tablet failed or patients are not able to tolerate the oral medication. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Rivastigmine 9.5mg/24hr Transdermal Patch | | A* | i) Mild to moderately severe dementia of the Alzheimer's type ii) Severe dementia of the Alzheimer's type iii) Mild to moderately severe dementia associated with Parkinson's disease. | Initial: 4.6mg/24hr once daily Maintenance: 9.5mg/24hr once daily after a minimum of 4 weeks and then 13.3mg/24hr if tolerated Dosing is individualised and according to product insert. Use as second line/alternative option if the first line medication with oral tablet failed or patients are not able to tolerate the oral medication. | |
| Rocuronium Bromide 10 mg/ml Injection | | A* | As an adjunct to general anaesthesia to facilitate endotracheal intubation, to provide skeletal muscle relaxation during surgery and to facilitate mechanical ventilation in adults, children and infants from one month of age. | Adult: Initial: 0.6mg/kg. Higher doses of 1 mg/kg may be used for intubation during rapid sequence induction of anaesthesia. Maintenance: 0.15mg/kg (may reduce to 0.075-0.1 mg/kg if inhalational anaesthesia is used) or by infusion at a rate of 0.3-0.6mg/kg/hr (0.3-0.4mg/kg/hr if inhalational anaesthesia is used). Doses should be based on ideal body weight for obese patients weighing >30% above the ideal body weight.<br><br>Child: Infants and children >1 mth: Initially: 0.6mg/kg. Maintenance: 0.15mg/kg or by infusion at a rate of 0.3-0.6mg/kg/hr, maintenance doses may be required more frequently than in adult patients. Elderly/patients with hepatic and/or biliary tract disease and/or renal impairment: Initially: 0.6mg/kg. Maintenance: 0.075-0.1 mg/kg or by infusion at a rate of 0.3-0.4mg/kg/hr. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Ropinirole HCl 0.25 mg Tablet | NEUROLOGI | A* | i) Treatment of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa.<br>ii) Treatment of restless leg syndrome. | i) 0.25 mg 3 times daily gradually increasing till adequate response obtained up to a maximum of 24 mg/day. Most patients need 3-9 mg/day.<br>ii) Initial: 0.25mg ON for 2 days then increased if tolerated to 0.5mg ON. Further dose increment of 0.5mg/week can be made until optimal response is achieved. | C/S |
| Ropinirole HCl 1 mg Tablet | NEUROLOGI | A* | i) Treatment of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa.<br>ii) Treatment of restless leg syndrome. | i) 0.25 mg 3 times daily gradually increasing till adequate response obtained up to a maximum of 24 mg/day. Most patients need 3-9 mg/day.<br>ii) Initial: 0.25mg ON for 2 days then increased if tolerated to 0.5mg ON. Further dose increment of 0.5mg/week can be made until optimal response is achieved. | C/S |
| Ropivacaine HCl 2 mg/ml Injection | | A* | i) Surgical anaesthaesia including obstetrics.<br>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).<br>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. | C/S |
| Ropivacaine HCl 7.5 mg/ml Injection | | A* | i) Surgical anaesthaesia including obstetrics.<br>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). | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | ii) Lumbar epidural: 10-20 ml of 2mg/ml solution followed by 10-15 ml of 2 mg/ml solution at interval at of least 30 minutes. Labour pain 6-10 ml/hour of 2mg/ml solution. | |
| Rosuvastatin 20mg Tablet | | A/KK | Dyslipidaemia not responsive to atorvastatin 40 mg or equivalent doses of other statins. | Initially 5-10 mg once daily (5mg in patients with pre-disposing factors to myopathy), increased if necessary at intervals of at least 4 weeks to 20 mg once daily, increased after further 4 weeks to 40 mg daily ONLY in severe hypercholesterolemia with high cardiovascular risk. Patient of Asian origin, patients on concomitant ciclosporin/fibrate and patients with risk factors for myopathy/rhabdomyolysis (including personal/family history of muscular disorders/toxicity), the maximum dose should be 20 mg daily. | |
| Ruxolitinib 15mg Tablet | | A* | For the treatment of disease-related splenomegaly or symptoms in adult patients with:<br>i) primary myelofibrosis (also known as chronic idiopathic myelofibrosis); or<br>ii) post-polycythemia vera myelofibrosis; or<br>iii) post-essential thrombocythemia myelofibrosis. | The recommended starting dose is 15 mg twice daily for patients with a platelet count between 100,000/mm3 and 200,000/mm3 and 20 mg twice daily for patients with a platelet count of >200,000/mm3. There is limited information to recommend a starting dose for patients with platelet counts between 50,000/mm3 and <100,000/mm3. The maximum recommended starting dose in these patients is 5 mg twice daily and the patients should be titrated cautiously. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Ruxolitinib 20mg Tablet | | A* | For the treatment of disease-related splenomegaly or symptoms in adult patients with:<br>i) primary myelofibrosis (also known as chronic idiopathic myelofibrosis); or<br>ii) post-polycythemia vera myelofibrosis; or<br>iii) post-essential thrombocythemia myelofibrosis. | The recommended starting dose is 15 mg twice daily for patients with a platelet count between 100,000/mm3 and 200,000/mm3 and 20 mg twice daily for patients with a platelet count of >200,000/mm3. There is limited information to recommend a starting dose for patients with platelet counts between 50,000/mm3 and <100,000/mm3. The maximum recommended starting dose in these patients is 5 mg twice daily and the patients should be titrated cautiously. | |
| Sacubitril/ Valsartan 100 mg tablet | PERUBATAN AM KARDIOLOGI KARDIOTORASIK | | Treatment of symptomatic chronic heart failure in adult patients with reduced ejection fraction.<br>Prescribing Restriction(s):<br>i) NYHA class II-IV;<br>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 is one tablet of 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. For the following patients, initiate with sacubitril/valsartan 50 mg twice daily. - Not currently on ACEI/ ARB - Switching from low dose of ACEI/ ARB - In patients with systolic BP ≥100 to 110 mmHg. - In patients with moderate renal impairment (eGFR 30-60 ml/min/1.73 m2) - In patients with moderate hepatic impairment (Child-Pugh B classification) For patients "Not currently on ACEI/ ARB" and "switching from low dose of ACEI/ ARB", double the dose every 3-4 weeks to achieve the target dose of 200 mg twice daily as tolerated by the patient. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Sacubitril/ Valsartan 50 mg tablet | PEDIATRIK PERUBATAN AM KARDIOLOGI KARDIOTORASIK | A* | 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 is one tablet of 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. For the following patients, initiate with sacubitril/valsartan 50 mg twice daily. - Not currently on ACEI/ ARB - Switching from low dose of ACEI/ ARB - In patients with systolic BP ≥100 to 110 mmHg. - In patients with moderate renal impairment (eGFR 30-60 ml/min/1.73 m2) - In patients with moderate hepatic impairment (Child-Pugh B classification) For patients "Not currently on ACEI/ ARB" and "switching from low dose of ACEI/ ARB", double the dose every 3-4 weeks to achieve the target dose of 200 mg twice daily as tolerated by the patient. | |
| Sacubitril/Valsartan 200 mg tablet | KARDIOLOGI | | 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 is one tablet of 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. For the following patients, initiate with sacubitril/valsartan 50 mg twice daily. - Not currently on ACEI/ ARB - Switching from low dose of ACEI/ ARB - In patients with systolic BP ≥100 to 110 mmHg. - In patients with moderate renal impairment (eGFR 30-60 ml/min/1.73 m2) - In patients with moderate hepatic impairment (Child-Pugh B classification) For patients "Not currently on ACEI/ ARB" and | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | "switching from low dose of ACEI/ ARB", double the dose every 3-4 weeks to achieve the target dose of 200 mg twice daily as tolerated by the patient. | |
| Salbutamol 0.5 % Inhalation Solution | | B | Indicated for the relief of bronchospasm in patients with reversible obstructive airway disease and acute bronchospasm. | 2.5 to 5mg (0.5ml – 1ml), repeat according to response and tolerability. Dosing is individualised and according to product insert/protocol. | |
| Salbutamol 0.5 mg/ml Injection | | A | i) Asthma and other conditions associated with reversible airways obstruction.<br>ii) For prevention of uncomplicated premature labour. | i) 500 mcg by SC/IM injection 4 hourly or 250 mcg by slow IV. If required, by IV infusion, initially 5 mcg/min adjusted according to response and heart rate, usually in the range 3 - 20 mcg/min.<br>ii) Infusions containing 5 mg in 500ml (10 mcg/ml) at the rate of 10 - 45 mcg/min increased at intervals of 10 minutes until evidence of patient response as shown by reduction of strength, frequency or duration of contractions; maintain rate for 1 hour after contractions have stopped, then gradually reduce by 50% every 6 hours. | |
| Salbutamol 100 mcg/dose Inhalation | | 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. | |
| Salbutamol 2 mg Tablet | | 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. | |
| Salbutamol 2 mg/5 ml Syrup | | 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. | |
| Salbutamol 200mcg/dose Inhaler | | 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 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | mcg. Maitenance : 100 - 400 mcg 2 - 4 times daily. | |
| Salicylazosulphapyridine (Sulfasalazine) 500 mg Tablet | | A/KK | i) Treatment of inflammatory bowel disease of ulcerative colitis and Crohn's disease.<br>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.<br>ii) ADULT, initially; 0.5-1 g/day, increase weekly to maintenance dose of 2 g/day in 2 divided doses, maximun 3 g/day. CHILD over 6 years, juvenile rheumatoid arthritis: 30-50 mg/kg/day in 2 divided doses up to a maximum of 2 g/day. | |
| Salicylic acid, Sulphur and Liquid Coal Tar Ointment | DERMATOLOGI | B | Scalp psoriasis and severe seborrhoeic dermatitis. | Rub a small amount into the scalp gently. | C/S |
| Salmeterol 25 mcg and Fluticasone Propionate 125 mcg Inhalation | | A* | Regular treatment of reversible obstructive airway diseases including asthma. | ADULT and CHILD more than 12 years : 1 - 2 puff twice daily.<br>CHILD over 4 years : 1 puff twice daily. | |
| Salmeterol 50 mcg and Fluticasone Propionate 250 mcg Inhalation | | A/KK | Prescriber Category A*:<br>i) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more.<br>ii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators. | i) ADULT and CHILD more than 12 years : 1 puff twice daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | Prescriber Category A/KK: - Regular treatment of reversible obstructive airways diseases including asthma. | | |
| Salmeterol 50 mcg and Fluticasone Propionate 500 mcg Inhalation | | A/KK | Prescriber Category A*:<br>i) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more.<br>ii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators.<br><br>Prescriber Category A/KK: - Regular treatment of reversible obstructive airways diseases including asthma. | i) ADULT and CHILD more than 12 years : 1 puff twice daily. | |
| Secukinumab 150mg/ml injection | RHEUMATOLOGI | A* | i) Psoriatic Arthritis: Secukinumab, alone or in combination with methotrexate (MTX), is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients when the response to previous disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate.<br>ii) Ankylosing spondylitis: Secukinumab is indicated for the treatment of active ankylosing | i) Psoriatic arthritis (PsA): Recommended dose: 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4. For patients who are anti-TNFα inadequate responders (IR) or patients with concomitant moderate to severe plaque psoriasis; Recommended dose: 300 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4. Each 300 mg dose is given as two | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | spondylitis (AS) in adults who have responded inadequately to conventional therapy. Prescribing Restriction: 2nd or 3rd line, after failure of conventional DMARDs or TNF-inhibitors. iii) Plaque psoriasis: Secukinumab is indicated for the treatment of moderate to severe plaque psoriasis (PsO) in adult patients who are candidates for systemic therapy or phototherapy.<br><br>For Indications (i) & (ii): 2nd or 3rd line, after failure of conventional DMARDs or TNF-inhibitors. | subcutaneous injections of 150 mg. ii) Ankylosing Spondylitis (AS): Recommended dose: 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4. iii) Plaque psoriasis: The recommended dose is 300 mg by subcutaneous injection with initial dosing at weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at week 4. Each 300 mg dose is given as two subcutaneous injections of 150 mg. For some patients, a dosage of 150 mg may be acceptable. | |
| Selegiline HCl 5 mg Tablet | | A* | Only for treatment of late stage Parkinsonism with on and off phenomenon. | 5 mg twice daily at breakfast and lunch. Maximum 10 mg/day. | |
| Selenium Sulphide 2.5% Shampoo | | A/KK | Dandruff, seborrheic dermatitis of scalp. | Apply onto wet hair, lather and leave on scalp for 3 minutes. Rinse. Repeat treatment. Rinse thoroughly. Use twice weekly at first, then as necessary as directed by the physician. | |
| Sertraline HCl 50 mg Tablet | | B | i) Major depression, obsessive-compulsive disorder (OCD), panic disorder. ii) Social anxiety disorder (social phobia). | i) 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. ii) Therapy should be initiated at 25 mg/day. After one week, the | |

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| | | | | dose should be increased to 50 mg once daily. Patients not responding to a 50 mg dose may benefit from dose increases. Dose changes should be made at intervals of at least one week, up to a maximum of 200 mg/day. | |
| Sevelamer 800mg Tablet | NEFROLOGI PEDIATRIK | 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). | |
| Sevoflurane Liquid | | A* | To be used only for:<br>i) induction and<br>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.<br>ii) Adult: 0.5-3% v/v with or without nitrous oxide. Child: 0.5-3% v/v with or without nitrous oxide. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Sildenafil Citrate 20 mg Film-coated Tablet | | A* | Treatment of adult patients with pulmonary arterial hypertension classified as WHO functional class II and III, to improve exercise capacity. | ADULTS ≥ 18 years: The recommended dose is 20mg three times a day. Tablets should be taken approximately 6 to 8 hours apart with or without food. ELDERLY (≥65 years): Dosage adjustments are not required in elderly patients. Clinical efficacy as measured by 6-minute walk distance could be less in elderly patients. IMPAIRED RENAL FUNCTION: Initial dose adjustments are not required in patients with renal impairment, including severe renal impairment (creatinine clearance <30ml/min). A downward dose adjustment to 20 mg twice daily should be considered after a careful benefit-risk assessment only if therapy is not well-tolerated. IMPAIRED HEPATIC FUNCTION: Initial dose adjustments are not required in patients with hepatic impairment (Child-Pugh class A and B). A downward dose adjustment to 20mg twice daily should be considered after a careful benefit-risk assessment only if therapy is not well-tolerated. | |
| Silver Sulfadiazine 1% Cream | | B | Prevention and treatment of infections in severe burns, leg ulcers where infections may prevent healing and for the prophylaxis of infections in skin grafting. | Burns: Apply 3 mm thick layer twice daily with sterile applicator. Leg ulcer: apply at least 3 times a week. | |
| Simvastatin 10 mg Tablet | | B | i) Hypercholesterolaemia. ii) Prevention of cardiovascular disease. | 10 - 20 mg once daily. Maximum: 80 mg daily. | |
| Simvastatin 40 mg Tablet | | B | i) Hypercholesterolaemia. | 11 - 20 mg once daily. Maximum: 80 mg daily. | |

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| | | | ii) Prevention of cardiovascular disease. | | |
| Sodium Alginate 1000 mg/10 ml & Potassium Bicarbonate 200 mg/10 ml Suspension | GASTROENTEROLOGI PEMBEDAHAN AM | A* | Treatment of symptoms of gastro-oesophageal reflux eg. acid regurgitation, heartburn, indigestion due to the reflux of stomach contents not responding to conventional antacids or as an addition to PPI when PPI alone fails to control the symptoms | Adult, elderly & children ≥12 year: 5-10 mL. | |
| Sodium Bicarbonate 8.4% (1 mmol/ml) Injection | | B | i) For acceleration of excretion in drug intoxication (where excretion of the drug into the urine is accelerated by elevated urine pH).<br>ii) For metabolic acidosis secondary to underlying diseases. | According to the needs of the patient. In severe shock due to cardiac arrest: 50 ml by IV. | |
| Sodium Bicarbonate and Magnesium Carbonate Compound Mixture | | C | Heartburn, for rapid relief of dyspepsia. | ADULT 10-20 ml 3 times daily. | |
| Sodium Bicarbonate, Citric Acid, Sodium Citrate and Tartaric Acid - 4 g per sachet | | B | For relieving of discomfort in mild urinary tract infection, symptomatic relief of dysuria to enchance the action to certain antibiotics especially some sulphonamides. In gout as urinary alkalinizers to prevent cystallisation of urates. | 4 - 8 g (1- 2 sachets) dissolved in a glass of cold water 4 times daily as prescribed. | |
| Sodium Biphosphate 16%, Sodium Phosphate 6% Rectal Solution | | A | Bowel cleansing before colonic surgery, colonoscopy or radiological examination to ensure the bowel is free of solid contents. It | ADULT 133 ml (1 bottle) administered rectally. CHILD more than 2 years half the adult dose (66.6ml). | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | is not to be used for treatment of constipation. | | |
| Sodium Chloride 0.18% with Dextrose 10% Injection | | B | For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions. | According to the needs of the patient. | |
| Sodium Chloride 0.18% with Dextrose 4.23% Injection | | B | For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions. | According to the needs of the patient. | |
| Sodium Chloride 0.45% Injection | | B | For replenishing fluid and for restoring / maintaining the concentration of sodium and chloride ions. | 100 - 1000 ml by IV or according to the needs of the patient. | |
| Sodium Chloride 0.45% with Dextrose 10% Injection | | B | For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions. | According to the needs of the patient. | |
| Sodium Chloride 0.9% Eye Drops | | C | Irrigation of conjunctival sac. | 1 - 2 drops every 3 - 4 hours. | |
| Sodium Chloride 0.9% Injection | | C+ | For replenishing fluid and for restoring / maintaining the concentration of sodium and chloride ions. | 101 - 1000 ml by IV or according to the needs of the patient. | |
| Sodium Chloride 0.9% with Dextrose 5% Injection | | C+ | For replenishing fluid and energy and for restoring or maintaining the concentration of sodium and chloride ions. | According to the needs of the patient. | |
| Sodium Chloride 20% Injection | | B | Addition of sodium electrolyte in parenteral nutrition bags especially in paediatrics or neonates with restricted fluid allowance. | According to the needs of the patient. | |
| Sodium Chloride 3% Injection | | B | Acute dilutional hyponatraemia. | According to the needs of the patient. | |

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| Sodium Cromoglycate 2% Eye Drops (Preservative Free) | OFTALMOLOGI | A/KK | Prevention and treatment of allergic conjunctivitis including seasonal and perennial allergic conjunctivitis and vernal keratoconjunctivitis. | 1 or 2 drops 4 times daily. | |
| Sodium Dichloroisocyanurate Tablet | | C | Low and medium level disinfectant. | 50 - 10,000 ppm av chlorine. | |
| Sodium Fusidate 2% Ointment | | A | Skin infections caused by staphylococci, streptococci, corynebacterium minutissumun and other sodium fusidate-sensitive organisms. | Apply to affected area 2 - 3 times daily. | |
| Sodium glycerophosphate for addition into Infusion Solution, 20ml vial | | A | Indicated in adult patients and infants as a supplement in intravenous nutrition to meet the requirement of phosphate. | Adults: The recommended dosage is individual. The recommended daily dosage of phosphate during intravenous nutrition would normally be 10-20mmol. This can be met by using 10-20ml of sodium glycerophosphate to the infusion solution or to the admixture for which compatibility has been proved. Infants: The recommended dosage is individual. The recommended dose for infants and neonates is 1.0-1.5 mmol/kg bodyweight/day. | |
| Sodium Nitrite 30 mg/ml Injection | KECEMASAN | B | For cyanide poisoning. | Adult: 300 mg sodium nitrite IV over 3 minutes followed after 5 minutes with 12.5g sodium thiosulphate IV administered over 10 minutes. CHILD: 4 - 10 mg/kg of sodium nitrite (max: 300 mg) followed by 400 mg/kg of sodium thiosulfate, as a 25 or 50% solution (max: 12.5 g). Methaemoglobin concentration should not exceed 30-40%. If symptoms of cyanide toxicity | UKK - Import Permit |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | recur, the doses of nitrite and thiosulfate may be repeated after 30 min at half the initial doses. | |
| Sodium Nitroprusside 10 mg/ml Injection | KARDIO-ANEST | A | i) Hypertensive crisis. ii) Controlled hypotension during anaesthesia in order to reduce bleeding in surgical procedures. | i) By IV infusion, initially 0.5-1.5 mcg/kg/min, then adjusted before increasement of 0.5 mcg/kg/min every 5 mins within range 0.5-8 mcg/kg/min (lower doses in patients already receiving other antihypertensives); stop if marked response not obtained with max dose in 10 minutes. Use only in infusion with 5 % Dextrose IV. ii) By IV infusion, max: 1.5 mcg/kg/min. | UKK - Import Permit |
| Sodium picosulfate, magnesium oxide & citric acid powder for oral solution | GASTROENTEROLOGI | A/KK | i) To clean the bowel prior to X-ray examination or endoscopy. ii) To clean the bowel prior to surgery when judged clinically necessary. | ADULTS: a) Split-Dose Dosing Regimen (Preferred Method) • First dose should be taken during the evening before the procedure (e.g. 5:00 to 9:00 PM) followed by five 250 ml drinks (upper line on the dosing cup) of clear liquids before bed. Clear liquids should be consumed within 5 hours. • Second dose to be taken the next day approximately 5 hours before the procedure followed by at least three 250ml drinks of clear liquids before the procedure. Clear liquids should be consumed within 5 hours up until 2 hour before the time of the procedure. b) Day-Before Dosing Regimen (Alternative Method) (Alternative dosing method for patients for whom the Split-Dosing is inappropriate). • First dose to be taken in the afternoon or early evening (e.g., 4:00 to 6:00 PM) before the procedure followed by five 250 | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | ml drinks (upper line on the dosing cup) of clear liquids before the next dose. Clear liquids should be consumed within 5 hours. • Second dose to be taken approximately 6 hours later in the late evening (e.g., 10:00 PM to 12:00 AM), the night before the procedure followed by three 250 ml drinks of clear liquids before bed. Clear liquids should be consumed within 5 hours. CHILDREN: The first dose reconstituted in water as directed, taken before 8 am on the day before the procedure. Second dose 6 to 8 hours later. • 1 - 2 years: 1⁄4 sachet morning, 1⁄4 sachet afternoon • 2 - 4 years: 1⁄2 sachet morning, 1⁄2 sachet afternoon • 4 - 9 years: 1 sachet morning, 1⁄2 sachet afternoon • 9 and above: adult dose | |
| Sodium Polystyrene Sulphonate Powder | PEDIATRIK | A | Treatment and prevention of hyperkalaemia associated with anuria or severe oliguria, in dialysis patients or those on prolonged peritoneal dialysis. | ADULT : Oral : 15 g 1 - 4 times/day. Rectal : 30 g in 100 ml 2% methylcellulose and 100 ml water as a daily retention enema. Retain for 9 hours followed by non-sodium cleansing enema. CHILD : 1 g/kg in 1 - 4 doses in acute hyperkalemia. Maintenance : 0.5 g/kg/daily. | |
| Sodium Thiosulphate 500 mg/ml Injection | KECEMASAN | B | For cyanide poisoning. | Adult: To be given after 300 mg of sodium nitrite has been admin over 5-20 min: 12.5 g of sodium thiosulfate (50 ml of a 25% solution or 25 ml of a 50% solution) given over 10 min. Methaemoglobin concentration should not exceed 30-40%. If symptoms of cyanide toxicity recur, the doses of nitrite and thiosulfate may be repeated after 30 min at half the initial | UKK |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | doses. Child: To be given after 4-10 mg/kg of sodium nitrite (max: 300 mg) has been admin: 400 mg/kg of sodium thiosulfate, as a 25 or 50% solution (max: 12.5 g). Methaemoglobin concentration should not exceed 30-40%. If symptoms of cyanide toxicity recur, the doses of nitrite and thiosulfate may be repeated after 30 min at half the initial doses. | |
| Sodium Valproate 200 mg Tablet | | B | i) Epilepsy.<br>ii) Treatment and prevention of mania associated with bipolar disorders. | i) Epilepsy: ADULT: Initially 600 mg/day in 2 - 3 divided doses, dose may be increased by 200 mg at 3-day intervals to max 2.5 g/day. Usual maintenance dose: 1-2 g/day (20-30 mg/kg/day). CHILD: More than 20 kg. Initially 400 mg/day with spaced increases until control is achieved (usually 20-30 mg/kg/day), dose may be increased to 35 mg/kg/day. Less than 20 kg 20 mg/kg/day, in severe cases the dose may be increased provided plasma concentration can be monitored. ii) Treatment and prevention of mania associated with bipolar disorders: Adults: The recommended initial dose is 1g/day. The dose should be increased as rapidly as possible to achieve the lowest therapeutic dose, which produces the desired clinical effects. The recommended maintenance dosage for the treatment of bipolar disorder is between 1g and 2g daily. In exceptional cases, the dose may be increased to not more than 3g daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Sodium Valproate 200 mg/5 ml Syrup | | B | i) Treatment of generalized or partial epilepsy.<br>ii) Treatment and prevention of mania associated with bipolar disorder. | i. Epilepsy: ADULT: Initially 600 mg/day in 2 - 3 divided doses, dose may be increased by 200 mg at 3-day intervals to max 2.5 g/day. Usual maintenance dose: 1-2 g/day (20-30 mg/kg/day). CHILD: - More than 20 kg. Initially 400 mg/day with spaced increases until control is achieved (usually 20-30 mg/kg/day), dose may be increased to 35 mg/kg/day. - Less than 20 kg 20 mg/kg/day, in severe cases the dose may be increased provided plasma concentration can be monitored. ii. Treatment and prevention of mania associated with bipolar disorders: ADULT: The recommended initial dose is 1000mg/day. The dose should be increased as rapidly as possible to achieve the lowest therapeutic dose, which produces the desired clinical effects. The recommended maintenance dosage for the treatment of bipolar disorder is between 1000mg and 2000mg daily. In exceptional cases, the dose may be increased to not more than 3000mg daily. | |
| Sodium Valproate 400 mg Injection | | 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). | |

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| Sofosbuvir 400mg & velpatasvir 100mg film coated tablet | GASTROENTEROLOGI | A*, A/KK | For the treatment of chronic hepatitis C virus (HCV) infection in adults. Pres. Restrictions: PRESCRIBER CATEGORY A/KK: i. Non-cirrhotic patients who are treatment naïve to NS5A inhibitor, or PRESCRIBER CATEGORY A*: ii. With decompensated liver cirrhosis who are treatment naïve to NS5A inhibitor, or iii. For direct-acting antiviral (DAA) experienced patients who failed to achieve sustained virological response (SVR) due to virological failure (preferably based on resistant associated substitution (RAS) report), or iv. Uninfected recipients of liver and non-liver grafts of HCV-viremic donors who are treatment naïve to NS5A inhibitor, or v. HCV-infected recipients post-liver transplant who are treatment naïve to NS5A inhibitor. | One tablet, taken orally, once daily with or without food. Refer package insert for the recommended treatment and duration for all HCV genotypes. | |
| Sofosbuvir 400mg tablet | | A/KK | To be used in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults. | One 400 mg tablet, taken orally, once daily with food. Sofosbuvir should be used in combination with other medicinal products. Monotherapy of sofosbuvir is not recommended. | |
| Solifenacin Succinate 5 mg Tablet | UROLOGI, REHABILITASI GERIATRIK | A* | Symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients | 5mg od. Dose can be increased to 10mg if necessary. | C/S |

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| | | | with overactive bladder syndrome. | | |
| Somatropin 6mg solution for injection | PEDIATRIK | A* | i) Growth failure due to inadequate endogenous growth hormone<br>ii) Growth failure in girls due to gonadal dysgenesis (Turner syndrome)<br>iii) Growth failure in short children born small gestational age (SGA). | i) 0.025-0.035mg/kg/day<br>ii) 0.045-0.05mg/kg/day<br>iii) 0.035 mg/kg/day. | |
| Spironolactone 25 mg Tablet | | 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. | |
| Streptokinase 1,500,000 IU Injection | | A* | Acute myocardial infarction, acute pulmonary embolism. | Myocardial infarction: 1,500,000 units over 30 - 60 minutes. Pulmonary embolism: 250,000 units by IV infusion over 30 minutes, then 100,000 units every hour for up to 12-72 hours with monitoring of clotting factors. | |
| Streptomycin Sulphate 1g Injection | | B | i) Tuberculosis.<br>ii) Brucellosis.<br>iii) Bacterial endocarditis. | 15 mg/kg daily (Max: 1 g daily) Dosing is according to product insert. | |
| Sugammadex 100 mg/ml Injection | ANESTESIOLOGI, KECEMASAN, KARDIO-SURG, PEDIATRIK | A* | Indicated for reversal of neuromuscular blockade induced by rocuronium and vecuronium in selective patient group: obese, elderly, underlying cardiovascular disease. For pediatric population, sugammadex is recommended for routine reversal. | 2 mg/kg sugammadex is recommended, if spontaneous recovery has occurred up to at least the reappearance of second twitch tension of the train-of-four (T2). 4 mg/kg sugammadex is recommended if recovery has reached at least 1-2 post-tetanic counts (PTC). For immediate reversal following administration of rocuronium a dose of 16 mg/kg sugammadex is recommended. | |
| Sulphamethoxazole 200 mg & Trimethoprim 40 mg/5ml Suspension | | 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 | |

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| | | | | Trimethoprim/kg/day divided every 6hours. | |
| Sulphamethoxazole 400 mg & Trimethoprim 80 mg Injection | | A | i) Severe or complicated infections when oral therapy is not feasible.<br>ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients. | i) ADULT: 960 mg twice daily increased to 1.44 g twice daily in severe infections. CHILD: 36 mg/kg daily in 2 divided doses increased to 54 mg/kg/day in severe infections.<br>ii) Treatment: ADULT & CHILD over 4 weeks: 120 mg/kg/day PO/IV infusion in 2 - 4 divided doses for 14 days. Prophylaxis: ADULT: 960 mg once daily or 960 mg on alternate days (3 times a week) or 960 mg twice daily on alternate days (3 times a week). CHILD 6 weeks - 5 months: 120 mg twice daily on 3 consecutive days or 7 days per week; 6 months - 5 years: 240 mg; 6 - 12 years: 480 mg. | |
| Sulphamethoxazole 400 mg & Trimethoprim 80 mg Tablet | | B | i) Severe or complicated infections due to susceptible infection.<br>ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients. | i) ADULT: 1 - 3 tablets twice daily.<br>ii) Treatment: ADULT & CHILD over 4 weeks: 120 mg/kg/day in 2 - 4 divided doses for 14 days. Prophylaxis: ADULT: 960 mg once daily or 960 mg on alternate days (3 times a week) or 960 mg twice daily on alternate days (3 times a week). CHILD; 6 weeks - 5 months: 120 mg twice daily on 3 consecutive days or 7 days per week; 6 months - 5 years: 240 mg; 6 - 12 years: 480 mg. | |
| Sulpiride 200 mg Tablet | | B | Acute and chronic psychotic disorders. | 200-1000mg daily. | |
| Sumatriptan 50 mg Tablet | | A/KK | Treatment of acute migraine attacks. | 50 mg per attack and not more than 300 mg daily. | |
| Sunitinib malate 12.5mg capsule | UROLOGI | A* | Treatment of advanced renal cell carcinoma (RCC) | 50 mg orally once daily for 4 consecutive weeks, followed by a 2-week off period to comprise a complete cycle of 6 weeks. | |
| Sunscreen SPF 30-50 Cream | | B | Photodermatitis. | Apply to exposed areas at least 15 minutes prior to solar exposure; reapply after | |

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| | | | | swimming, prolonged perspiration and after 2 hours of continuous sun exposure. | |
| Suxamethonium 50 mg/ml Injection | | B | As an adjunct to general anaesthesia to facilitate endotracheal intubation, to provide skeletal muscle relaxation during surgery and to facilitate mechanical ventilation. | Intravenous: Muscle relaxant in general anaesthesia Adult: As chloride: single dose of 0.3-1.1 mg/kg injected; supplementary doses of 50-100% of the initial dose may be given at 5-10 min intervals. Max dose (repeated IV injection or continuous infusion): 500 mg/hr Child: As chloride: <1 yr: 2 mg/kg; 1-12 yr: 1 mg/kg. Intramuscular: Muscle relaxant in general anaesthesia Adult: As chloride: 3-4 mg/kg. Max total dose: 150 mg Child: As chloride: <1 yr: Up to 4-5 mg/kg; ≥1 yr: Up to 4 mg/kg. Max dose: 150 mg. | |
| Tacrolimus 0.03% Ointment | DERMATOLOGI | A* | For short-term and intermittent long-term therapy in the treatment of patients with moderate to severe atopic dermatitis in whom the use of alternative, conventional therapies are deemed inadvisable because of potential risks, or in the treatment of patients who are not adequately responsive to or are intolerant of alternative, conventional therapies. | Adult ≥16 years: Apply 0.03% or 0.1% to the affected skin twice daily and rub in gently and completely. Children ≥ 2 years: Apply 0.03% ointment thinly to the affected skin bd and rub in gently and completely. Treatment should be continued for 1 week after clearing of signs & symptoms of atopic dermatitis. | |
| Tacrolimus 0.5 mg Capsule | NEFROLOGI | A* | i) Primary immunosuppression in liver and kidney allograft recipients.<br>ii) Liver and kidney allograft rejection resistant to conventional immunosuppressive agents. It is recommended to be | 0.1-0.2 mg/kg/day for liver transplantation and at 0.15-0.3 mg/kg/day for kidney transplantation administered as 2 divided doses. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis. | | |
| Tacrolimus 0.5mg Prolonged-Release Hard Capsule | NEFROLOGI | A* | i) Prophylaxis of transplant rejection in adult kidney or liver allograft recipients.<br>ii) Treatment of kidney or liver allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult. | i) Prophylaxis of transplant rejection:<br>a) Kidney Transplant:<br>Tacrolimus PR therapy should commence at dose of 0.20-0.30 mg/kg/day administered once daily in the morning. Administration should commence within 24 hours after completion of surgery.<br>b) Liver Transplant<br>Tacrolimus PR therapy should commence at a dose of 0.10-0.20 mg/kg/day administered once daily in the morning. Administration should commence within 12-18 hours after completion of surgery.<br><br>ii) Treatment of allograft rejection:<br>For conversion:<br>a) From other immunosuppressants to once daily Tacrolimus PR:<br>Treatment should begin with the initial oral dose recommended in kidney and liver transplantation respectively for prophylaxis of transplant rejection.<br>b) From Tacrolimus to Tacrolimus PR:<br>Allograft transplant patients maintained on twice daily Tacrolimus capsules dosing requiring conversion to once daily<br>Tacrolimus PR should be converted on a 1:1 (mg:mg) total | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | daily dose basis. Tacrolimus PR should be administered in the morning. | |
| Tacrolimus 1 mg Capsule | NEFROLOGI, PEDIATRIK | A* | i) Primary immunosuppression in liver and kidney allograft recipients.<br>ii) Liver and kidney allograft rejection resistant to conventional immunosuppressive agents. It is recommended to be used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis. | 0.1-0.2 mg/kg/day for liver transplantation and at 0.15-0.3 mg/kg/day for kidney transplantation administered as 2 divided doses. | |
| Tacrolimus 1mg Prolonged-Release Hard Capsule | NEFROLOGI | A* | i) Prophylaxis of transplant rejection in adult kidney or liver allograft recipients.<br>ii) Treatment of kidney or liver allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult. | i) Prophylaxis of transplant rejection:<br>a) Kidney Transplant:<br>Tacrolimus PR therapy should commence at dose of 0.20-0.30 mg/kg/day administered once daily in the morning. Administration should commence within 24 hours after completion of surgery.<br>b) Liver Transplant<br>Tacrolimus PR therapy should commence at a dose of 0.10-0.20 mg/kg/day administered once daily in the morning. Administration should commence within 12-18 hours after completion of surgery.<br><br>ii) Treatment of allograft rejection:<br>For conversion:<br>a) From other immunosuppressants to once daily Tacrolimus PR:<br>Treatment should begin with the initial oral dose recommended in | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | kidney and liver transplantation respectively for prophylaxis of transplant rejection.<br>b) From Tacrolimus to Tacrolimus PR:<br>Allograft transplant patients maintained on twice daily Tacrolimus capsules dosing requiring conversion to once daily<br>Tacrolimus PR should be converted on a 1:1 (mg:mg) total daily dose basis. Tacrolimus PR should be administered in the morning. | |
| Tacrolimus 5 mg Capsule | NEFROLOGI | A* | i) Primary immunosuppression in liver and kidney allograft recipients.<br>ii) Liver and kidney allograft rejection resistant to conventional immunosuppressive agents. It is recommended to be used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis. | 0.1-0.2 mg/kg/day for liver transplantation and at 0.15-0.3 mg/kg/day for kidney transplantation administered as 2 divided doses. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Tacrolimus 5mg Prolonged-Release Hard Capsule | NEFROLOGI | | i) Prophylaxis of transplant rejection in adult kidney or liver allograft recipients. ii) Treatment of kidney or liver allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult. | i) Prophylaxis of transplant rejection: a) Kidney Transplant: Tacrolimus PR therapy should commence at dose of 0.20-0.30 mg/kg/day administered once daily in the morning. Administration should commence within 24 hours after completion of surgery. b) Liver Transplant Tacrolimus PR therapy should commence at a dose of 0.10-0.20 mg/kg/day administered once daily in the morning. Administration should commence within 12-18 hours after completion of surgery. ii) Treatment of allograft rejection: For conversion: a) From other immunosuppressants to once daily Tacrolimus PR: Treatment should begin with the initial oral dose recommended in kidney and liver transplantation respectively for prophylaxis of transplant rejection. b) From Tacrolimus to Tacrolimus PR: Allograft transplant patients maintained on twice daily Tacrolimus capsules dosing requiring conversion to once daily Tacrolimus PR should be converted on a 1:1 (mg:mg) total daily dose basis. Tacrolimus PR should be administered in the morning. | |
| Tamoxifen Citrate 20 mg Tablet | | A | Breast cancer. | 20 mg in 1-2 divided doses. Max: 40 mg/day. | |
| Tamsulosin HCl 400 mcg Extended Release Tablet | | A* | Second line treatment of functional symptoms of benign prostatic hyperplasia (BPH) in patients who do not tolerate first line drugs or when first line drugs are | 400 mcg once daily. | C/S |

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| | | | inappropriate or contraindicated. | | |
| Telbivudine 600 mg Tablet | | A* | Treatment of chronic hepatitis B in patients with evidence of viral replication and active liver inflammation. | ADULT and CHILD over 16 years: 600 mg once daily. Renal Dose Adjustment: 600mg every 48hours (30-49ml/min), 600 mg every 72hours. (<30ml/min; not requiring dialysis); 600mg every 96 days (ESRD). | |
| Telmisartan 40 mg Tablet | | A/KK | Patients intolerant to ACE inhibitors in:<br>i) Hypertension.<br>ii) Reduction of the risk of myocardial infarction, stroke, or death from cardiovascular causes in patients 55 years or older at high risk of developing major cardiovascular events who are unable to take ACE inhibitors. | i) 40mg - 80mg once daily. Max: 160mg daily.<br>ii) 80mg once daily Dosing is individualised and according to product insert / protocol. | |
| Telmisartan 80 mg & Hydrochlorothiazide 12.5 mg Tablet | | A/KK | Hypertension in patients intolerant to ACE inhibitors. | Initial: Telmisartan/Hydrochlorothiazide 80mg/12.5mg once daily. Max: Telmisartan/Hydrochlorothiazide 160/25mg once daily Dosing is individualised and according to product insert / protocol. | |
| Telmisartan 80 mg Tablet | | A/KK | Patients intolerant to ACE inhibitors in:<br>i) Hypertension.<br>ii) Reduction of the risk of myocardial infarction, stroke, or death from cardiovascular causes in patients 55 years or older at high risk of developing major cardiovascular events who are unable to take ACE inhibitors. | i) 40mg - 80mg once daily. Max: 160mg daily.<br>ii) 80mg once daily Dosing is individualised and according to product insert / protocol. | |
| Tenecteplase 10,000 unit (50 mg) Injection | | A* | Acute myocardial reinfarction where streptokinase is contraindicated due to previous streptokinase | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | induced antibodies. [Indicated when antibodies was given more than 5 days and less than 12 months]. | | |
| Tenofovir Disoproxil Fumarate 300 mg & Emtricitabine 200 mg Tablet | | A/KK | 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. | |
| Tenofovir Disoproxil Fumarate 300 mg Tablet | GASTROENTEROLOGI | A* | i) Treatment of HIV-1 infected adults in combination with other antiretroviral agents.<br>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). | C/S |
| Terazosin HCl 1 mg Tablet | | A/KK | i) Treatment of Benign Prostatic Hyperplasia.<br>ii)Hypertension. | i) Initial dose: 1mg at bedtime. Miantenance dose: 5-10mg once daily.<br>ii) Initial dose: 1mg at bedtime. Maintenance dose: 5-10mg once daily. Max: 20-40mg/day. | |
| Terazosin HCl 2 mg Tablet | | A/KK | i) Treatment of Benign Prostatic Hyperplasia.<br>ii)Hypertension. | i) Initial dose: 1mg at bedtime. Miantenance dose: 5-10mg once daily.<br>ii) Initial dose: 1mg at bedtime. Maintenance dose: 5-10mg once daily. Max: 20-40mg/day. | |
| Terazosin HCl 5 mg Tablet | | A/KK | i) Treatment of Benign Prostatic Hyperplasia.<br>ii)Hypertension. | i) Initial dose: 1mg at bedtime. Miantenance dose: 5-10mg once daily.<br>ii) Initial dose: 1mg at bedtime. Maintenance dose: 5-10mg once daily. Max: 20-40mg/day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Terbinafine HCl 250 mg Tablet | | A/KK | Fungal infections especially onchomycosis caused by dermatophytes. | 250 mg once daily for 6 weeks for fingernails: 12 weeks for toenails. | |
| Terbutaline Sulphate 0.5 mg/ml Injection | | B | Bronchial asthma, chronic bronchitis, emphysema and other lung diseases where broncoconstriction 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. | |
| Terbutaline Sulphate 10 mg/ml Nebulizer Solution | | 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. | |
| Terlipressin 1mg/5mg Injection | PEMBEDAHAN AM, GASTROENTEROLOGI | A* | i. Acute oesophageal variceal bleeding<br>ii. Treatment of type 1 hepatorenal syndrome, characterised by spontaneous acute renal insufficiency, in patients suffering from severe cirrhosis with ascites. | indikasi i:<br>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.<br><br>indikasi ii:<br>Terlipressin is usually started at a dose of 1 mg of terlipressin acetate every 4-6 hours. The dose can be increased to a maximum of 12 mg daily, or 2 mg every 4-6 hours, if serum creatinine levels has not decreased by at least 25% after 3 days of treatment.<br><br>As an alternative to bolus injection, terlipressin can be administered as a continuous intravenous (IV) infusion with a starting dose of 2 mg of terlipressin acetate/24 hours and increased to a maximum of 12 | |

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| | | | | mg of terlipressin acetate/24 hours. | |
| Testosterone 250 mg/ml Injection | | A* | i) In male: Testosterone replacement therapy for male hypogonadism, when testosterone deficiency has been confirmed by clinical features and biochemical test.<br>ii) In female: Additive therapy in cases of advanced breast cancer in postmenopausal women. | By IM only. Hypogonadism 250 mg every 2-3 weeks. To maintain an adequate androgenic effect 250 mg every 3-6 weeks. Potency disorders 250 mg every 4 weeks. Male climateric disorders: 250 mg every 3-4 weeks. Repeated 6-8 weeks courses at 2-3 months interval. | UKK |
| Tetanus Toxoid Vaccine Injection | | C+ | Immunization against tetanus infection. | 0.5 mL by IM. Dosing is according to product insert. | |
| Tetracosactrin Acetate 250 mcg/ml Injection | ENDOKRINOLOGI | A | Diagnostic test to differentiate primary adrenal from secondary (pituitary) adrenocortical insufficiency. | Diagnostic test for investigation of adrenocortical insufficiency Adult: As plain preparation: Measure plasma cortisol concentration immediately before and exactly 30 min after IM/IV inj of 250 mcg. Post-inj rise in plasma cortisol concentration ≥200 nmol/l (70 mcg/l) if normal adrenocortical function. As depot preparation (if inconclusive results with plain preparation): Measure plasma cortisol concentration before and exactly 30 min, 1, 2, 3, 4 and 5 hr after an IM inj of 1 mg tetracosactide acetate depot. Adrenocortical function normal if the post-inj rise in plasma cortisol concentration increases 2-fold in 1st hr, and continues to rise steadily. Expected levels in 1st hr: 600-1,250 nmol/l, increasing slowly up to 1000-1800 nmol/l by 5th hr. Child: IV 250 mcg/1.73 m2 BSA. Intramuscular. | UKK - Import Permit |

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| Thalidomide 50 mg Capsule | HEMATOLOGI DERMATOLOGI (UKK-off label use) | A* | Treatment of Multiple Myeloma. | 50 mg to 200 mg daily. | |
| Theophylline 125 mg Tablet | | B | Reversible airways obstruction, 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. | |
| Theophylline 250 mg Long Acting Tablet | | B | Reversible airways obstruction and acute severe asthma. | ADULT: 250 mg 2 times daily. CHILD under 12 years : Up to 10 mg/kg body weight 2 times daily. | |
| Thiamine HCl 100 mg/ml Injection | | B | i) For the prevention or treatment of Vitamin B1 deficiency syndromes including beri-beri and peripheral neuritis associated with pellagra.<br>ii) Wernicke-Korsakoff Syndrome. | i) Mild to chronic deficiency: 10-25 mg daily. Severe deficiency: 200- 300 mg daily.<br>ii) 500 mg every 8 hours for 2 days, followed by 100 mg 2 times daily until patient can take oral dose. | UKK |
| Thiamine Mononitrate 10 mg Tablet | | C | Prevention and treatment of thiamine deficiency state. | Mild chronic deficiency: 5mg to 30mg daily Severe deficiency: up to 300mg daily. | |
| Thioguanine 40 mg Tablet | | A | For acute leukaemia and chronic granulocytic leukaemia. | Refer to specific protocols. Usually 100 mg/m2 for 5 - 7 days (acute myeloid leukaemia) or up to 2 weeks (chronic myeloid leukaemia for accelerated/ advanced disease). CHILD: 40 - 60 g/m2 daily according to protocol. | |
| Thiopental Sodium 500 mg Injection | | B | i) General anaesthesia, induction.<br>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.<br>ii) 75 - 125 mg IV single dose; for local-anaesthetic induced convulsion: 125 - 250 mg IV over 10 minutes. | |
| Thymol Compound Gargle | | C | For sore throat and minor mouth inflammation. | To be gargled 3-4 times daily. | |

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| Tibolone 2.5 mg Tablet | | A* | i) Treatment of complaints resulting from the natural or surgical menopause & in cases at high risk for breast carcinomas where general hormone replacement therapy is contraindicated.<br>ii) Prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or contraindicated for, other medicinal products approved for the prevention of osteoporosis. | 2.5mg daily. | |
| Ticagrelor 90 mg Tablet | KARDIOLOGI, KARDIO-SURGERI | A* | Co-administration with aspirin, for the prevention of atherothrombotic events:<br>a) Second line treatment for patients readmitted to hospital with recurrent atherothrombotic event failing treatment with clopidogrel.<br>b) STEMI patients going for invasive PCI.<br>c) NSTEMI/UA patients with intermediate to high risk TIMI score d) Other complicated ACS cases treated either medically or invasively via PCI or CABG (risk of Stent thrombosis, 3VD etc.). | Initially, 180mg as single dose followed by 90mg bd with maintenance dose of ASA 75-150 mg daily. | |

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| Ticlopidine HCl 250 mg Tablet | | A/KK | i) Prevention of thrombotic stroke for patients who are sensitive /intolerant to Acetysalicylic Acid.<br>ii) Maintenance of coronary bypass surgery or angioplasty.<br>iii) Maintenance of patency of access in patients on chronic haemodialysis. | 250 mg twice daily taken with food. | |
| Timolol 0.5% Ophthalmic Gel Forming Solution | | A | Elevated intraocular pressure, chronic open angle glaucoma. | One drop in the affected eye(s) once a day. | |
| Timolol Maleate 0.5% Eye Drops | | A | Elevated intraocular pressure, chronic open angle glaucoma. | One drop in the affected eye(s) twice daily or as directed by physician. | |
| Tiotropium 2.5mcg and Olodaterol 2.5mcg per actuation, inhalation | RESPIRATORI, PERUBATAN AM | A/KK | As a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). | 2 puffs once daily, at the same time of the day. | |
| Tiotropium 2.5mcg/puff solution for inhalation | RESPIRATORI, PEDIATRIK | A/KK | i) Maintenance bronchodilator treatment to relieve symptoms of patients with chronic obstructive pulmonary disease (COPD) in which the diagnosis of COPD is confirmed by spirometry.<br>ii) As add-on maintenance bronchodilator treatment in adult patients with asthma who are currently treated with the maintenance combination of inhaled corticosteroids (≥800µg budesonide/day or | 5 mcg (2 puff) once daily, at the same time of the day. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | equivalent) and long-acting β2-agonist and who experienced one or more severe exacerbations in the previous year. | | |
| Tirofiban HCl 0.25 mg/ml Injection | KARDIOLOGI | A* | Unstable angina or non-ST segment elevation myocardial infarction with the following: elevated cardiac markers, refractory chest pain, ST-segment changes and thrombolysis in myocardial infarction (TIMI) risk score 4. | By IV infusion, 0.4 mcg/kg/min for 30 minutes, then 0.1 mcg/kg/min for at least 48 hours, maximum 108 hours. | C/S |
| Tocilizumab 162mg/0.9ml solution for Injection in prefilled syringe | RHEUMATOLOGI | A* | Indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients:<br>i) with inadequate respond or intolerance to conventional disease-modifying antirheumatic drugs (DMARDS).<br>ii) who has failed antitumour necrosis factors (antiTNFs).<br>iii) where TNF is contraindicated (patients with history of pulmonary tuberculosis [PTB].) It also can be used as monotherapy or with combination with methotrexate (MTX) and/ or other DMARDS. | Adult patients: 162mg given once every week as a subcutaneous injection. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Tocilizumab 20 mg/ml Injection | RHEUMATOLOGI | A* | Indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients:<br>i) with inadequate respond or intolerance to conventional disease-modifying antirheumatic drugs (DMARDS).<br>ii) who has failed antitumour necrosis factors (antiTNFs).<br>iii) where TNF is contraindicated (patients with history of pulmonary tuberculosis [PTB].) It also can be used as monotherapy or with combination with methotrexate (MTX) and/ or other DMARDS. | Recommended dose for rheumatoid arthritis of tocilizumab for adult patients is 8mg/kg given once every 4 weeks as a single-drip IV infusion over 1 hour. It should be diluted to 100 ml by a healthcare professional with sterile 0.9% w/v sodium chloride solution over 1 hour. For patients whose body weight is more than 100kg, doses exceeding 800mg per infusion are not recommended. | |
| Tofacitinib citrate 5mg film coated Tablet | RHEUMATOLOGI | A* | Indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate. It may be used as monotherapy or in combination with methotrexate or other non-biologic disease-modifying anti-rheumatic drugs (DMARDs). | One tablet twice daily. | |
| Tolterodine Tartrate ER 4 mg Capsule | O&G, PEDIATRIK, UROLOGI | A* | Treatment of overactive bladder with symptoms of urinary, frequency or urge incontinence. | 4 mg once daily. May decrease to 2 mg once daily depending on response and tolerability. | |
| Topiramate 100 mg Tablet | | A* | As adjunctive therapy for adults and children (2 years and above) with: | ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert. | C/S |

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| | | | i) partial onset seizures and generalized tonic-clonic seizures.<br>ii) seizures associated with Lennox Gastaut syndrome. | | |
| Topiramate 25 mg Tablet | | A* | As adjunctive therapy for adults and children (2 years and above) with:<br>i) partial onset seizures and generalized tonic-clonic seizures.<br>ii) seizures associated with Lennox Gastaut syndrome. | ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert. | C/S |
| Topiramate 50 mg Tablet | | A* | As adjunctive therapy for adults and children (2 years and above) with:<br>i) partial onset seizures and generalized tonic-clonic seizures.<br>ii) seizures associated with Lennox Gastaut syndrome. | ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert. | C/S |
| Trace Elements and Electrolytes (Adult) Solution | | A* | Only to be used to cover daily loss of electrolyte and trace elements for patient on parenteral nutrition. | 10 ml added to 500-1000 ml solution, given by IV infusion. | |
| Trace Elements and Electrolytes (Paediatric) Solution | | A* | Only to be used to cover daily loss of electrolyte and trace elements for patient on parenteral nutrition. | According to the needs of the patient. INFANT and CHILD weighing 15 kg or less: Basal requirements of the included trace elements are covered by 1 ml/kg/day to a maximum dose of 15 ml. CHILD weighing 15 kg or more, a daily dose of 15 ml, should meet basic trace element requirements. However, for patients weighing more than 40 kg the adult preparation trace element should be used. | |
| Tramadol HCl 50 mg Capsule | | A/KK | Moderate to severe acute or chronic pain (eg. Post-operative pain, | ADULT: 50mg initially, can take another 50mg after 30 - 60 min if pain not relieved. Max 400 mg | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | chronic cancer pain and analgesia/pain relief for patients with impaired renal function). | daily. CHILD: 1mg/kg/dose repeated every 6 hours (Max: 2mg/kg/dose and 100mg/dose). | |
| Tramadol HCl 50 mg/ml Injection | | 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. | |
| Tranexamic Acid 100 mg/ml Injection | | B | Haemorrhage associated with excessive fibrinolysis. | ADULT: Slow IV 0.5-1 g (10 - 15 mg/kg) 3 times daily. Continuous infusion at a rate of 25 - 50 mg/kg daily. CHILD: slow IV 10 mg/kg/day 2-3 times daily. | |
| Tranexamic Acid 250 mg Capsule | | B | Haemorrhage associated with excessive fibrinolysis. | ADULT: 1-1.5 g (15-25 mg/kg) 2-4 times daily. CHILD: 25 mg/kg/day 2-3 times daily. Menorrhagia (initiated when menstruation has started), 1 g 3 times daily for up to 4 days; maximum 4 g daily. | |
| Trastuzumab 440mg Injection | PEMBEDAHAN AM | A* | i) Used only in adjuvant setting for patients with HER2 over-expressed breast cancer, that is HER2 3+ by immunohistochemistry and over-expressed by FISH (Fluorescence in situ hybridization) and high risk group<br><br>ii) Treatment of HER2-positive non-metastatic breast cancer in combination with neoadjuvant chemotherapy followed by adjuvant trastuzumab, for locally advanced (including inflammatory) breast cancer or tumours >2cm in diameter. | i) Initial loading dose is 4 mg/kg administered as a 90 minutes IV infusion. Subsequent doses is 2 mg/kg administered as 30 minutes IV infusion weekly for 51 weeks<br><br>ii) Initial loading dose of 8 mg/kg body weight, followed by 6 mg/kg body weight 3 weeks later and then 6 mg/kg repeated at 3-weekly intervals administered as infusions over approximately 90 minutes. If the prior dose was well tolerated, the dose can be administered as a 30-minute infusion. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Trastuzumab 600mg/5ml Solution for Injection (for subcutaneous) | PEMBEDAHAN AM | A* | Used only in adjuvant setting for patients with HER2 over-expressed breast cancer, that is HER2 3+ by immunohistochemistry and over-expressed by FISH (Fluorescence in situ hybridization) and high risk group. | The recommended fixed dose of trastuzumab 600mg is 600mg irrespective of the patient's body weight. No loading dose is required. This dose should be administered over 2-5 minutes every three weeks. | |
| Travoprost 0.004% & Timolol 0.5% Eye Drops | OFTALMOLOGI | A* | To decrease intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to other topical anti glaucomas. | 1 drop in the affected eye(s) once daily. | |
| Tretinoin 0.05% Cream | DERMATOLOGI | A/KK | Acne vulgaris and recalcitrant cases of acne (comedonal type). | Apply once daily to the affected area, at bedtime, after cleansing with soap and water. | |
| Triamcinolone Acetonide 0.1% Oral Paste | | B | As an adjunctive treatment and for the temporary relief of symptoms associated with inflammatory or ulcerative lesions of oral mucosa resulting from trauma. | Apply thin film to affected areas 2 to 3 times daily. | |
| Triamcinolone Acetonide 10 mg/ml Injection | | A | Inflammation of joints, bursae and tendon sheaths. | Smaller joints: 2.5 - 5 mg and larger joints: 5 - 15 mg. Treatment should be limited to 1 mg/injection site to prevent cutaneous atrophy. | |
| Triamcinolone Acetonide 40 mg/ml Injection | | A/KK | Allergies, dermatoses, rheumatoid arthritis and inflammatory opthalmic diseases. | 40-80 mg deep into the gluteal muscle. | |
| Trifluoperazine HCl 5 mg Tablet | | B | i) Schizophrenia, other psychotic disorder.<br>ii) Treatment of behavioural disorders in adults and in children. | ADULT: Initially 5 mg twice daily, increase by 5 mg after 1 week, then at 3-day intervals. Maximum 40 mg/day. CHILD up to 12 years: Initially up to 5 mg daily in divided doses adjusted to response, age and body weight. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| | | | | Elderly reduce initial dose by at least half. | |
| Trimetazidine 20 mg Tablet | | B | Prophylactic treatment of episodes of angina pectoris. | 20 mg 3 times daily. | |
| Trimetazidine 35 mg MR Tablet | | B | Prophylactic treatment of episodes of angina pectoris. | 35 mg twice daily in the morning and evening with meals. | |
| Triprolidine HCl 1.25 mg and Pseudoephedrine HCl 30 mg per 5 ml Syrup | | B | Decongestion of the upper respiratory tract in common cold, hay fever, allergic and vasomotor rhinitis and sinusitis. Doses to be taken twice daily or three times daily. | Adult and children over 12 years: 10ml 3 times a day (max 4 times a day).<br>CHILD:<br>6 - 12 years: 5 ml (6-8 hourly).<br>2 - 5 years: 2.5 ml (6-8 hourly). | |
| Triprolidine HCl 2.5 mg and Pseudoephedrine HCl 60 mg Tablet | | 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 (syrup) 6 - 12 years : 1.25 mg every 4 - 6 hours; maximum dose 5 mg/day 4 - 6 years : 0.938 mg every 4 - 6 hours; maximum dose 3.744 mg/day 2 - 4 years : 0.625 mg every 4 - 6 hours; maximum dose 2.5 mg/day. | |
| Triptoreline 11.25mg Powder and Solvent for Suspension for Injection | PEDIATRIK | A | i) Treatment of confirmed central precocious puberty (preterm sexual development) (before 8 years in girls and 10 years in boys)<br>ii) Genital and extragenital endometriosis (stage I to stage IV). Treatment should not be administered for more than 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue. | 1 intramuscular injection every 4 weeks. The treatment must be started in the first 5 days of the menstrual cycle. The duration of treatment depends on the initial severity of the endometriosis and the changes observed in the clinical features. In principle, the treatment should be administered for at least 4 months and for at most 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Triptorelin 3.75 mg Injection | PEDIATRIK | A | i) Treatment of confirmed central precocious puberty (preterm sexual development) (before 8 years in girls and 10 years in boys)<br>ii) Genital and extragenital endometriosis (stage I to stage IV). Treatment should not be administered for more than 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue. | 1 intramuscular injection every 4 weeks. The treatment must be started in the first 5 days of the menstrual cycle. The duration of treatment depends on the initial severity of the endometriosis and the changes observed in the clinical features. In principle, the treatment should be administered for at least 4 months and for at most 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue. | |
| Tropicamide 1% Eye Drops | | A/KK | Topical use to produce cycloplegic refraction for diagnostic purposes. | 1 - 2 drops several times a day. | |
| Trospium Chloride 20mg Coated Tablet | O&G, UROLOGI | A* | Symptomatic treatment for urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder (eg. Idiopathic or neurologic detrusor overactivity) Place in therapy: As first line treatment for overactive bladder in patients with Parkinsonism, Alzheimer's or other cognitive disease. | 1 tablet twice daily. Tablet should be swallowed whole with a glass of water before meals on empty stomach. Severe renal impairment (CrCl between 10 & 30 mL/min/1.73 m2): 1 tab daily or every other day. | |
| Tuberculine PPD Injection | | B | For routine Mantoux (tuberculin sensitivity) test. | 10 units is injected intradermally. | |
| Typhoid Vaccine Injection | | B | Active immunization against typhoid fever in adult and child more than 2 years. | 0.5 ml single IM injection into the deltoid or vastus lateralis, may reimmunize with 0.5 ml IM every 3 years if needed. | |

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| Umeclidinium 62.5 mcg and vilanterol 25mcg inhalation | RESPIRATORI | A* | Indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). | One inhalation daily. | |
| Upadacitinib 15mg Extended-Release Film Coated Tablet | RHEUMATOLOGI | A* | 1. Indicated for the treatment of severe atopic dermatitis in adults and adolescents 12 years and older who are candidates for systemic therapy. 2. Indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs. May be used as monotherapy or in combination with methotrexate. 3. Indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Upadacitinib may be used as monotherapy or in combination with methotrexate. | Indication 1 (severe atopic dermatitis): Adults: The recommended dose of upadacitinib is 15 mg or 30 mg once daily based on individual patient presentation (Refer to package insert). The lowest effective dose for maintenance should be considered. Adolescents (from 12 to 17 years of age): The recommended dose of upadacitinib is 15 mg once daily for adolescents weighing at least 40 kg. Upadacitinib can be used with or without concomitant topical therapies (Refer package insert) Indication 2 & 3 (active psoriatic arthritis & moderate to severe active rheumatoid arthritis): 15 mg once daily | |

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| Urofollitropin (FSH) 75 IU Injection | O&G | A* | For stimulation of follicular growth in the treatment of infertility | To be individualised. Initial: 75 IU-150 IU daily for 7 days and then may be increased or decreased by 75 IU/day according to follicular response. Max : 450 IU/day. In-vitro fertilisation: Initial: 150 IU daily from Cycle Day 2 or Day 3 until sufficient follicular development is attained | |
| Ursodeoxycholic Acid 250 mg Capsule | | A | Cholestatic liver diseases (eg. primary biliary cholangitis, primary cholangitis etc.). | 10-15 mg/kg daily in 2 to 3 divided doses. Dosing is individualised based on body weight and according to product insert/protocol. | |
| Valganciclovir 450 mg Tablet | NEFROLOGI | A* | For the prevention of cytomegalovirus (CMV) disease in CMV-negative patients who have received a solid organ transplant from a CMV-positive donor. | For adult patients who have received other than kidney transplant, the recommended dose is 900 mg (two 450 mg tablets) once a day starting within 10 days of transplantation until 100 days post-transplantation. For adult patients who have received a kidney transplant, the recommended dose is 900 mg (two 450 mg tablets) once a day starting within 10 days of transplantation until 200 days post-transplantation. | |
| Valproic Acid and Sodium Valproate (ER) 500mg Tablet | | B | i) In the treatment of generalized or partial epilepsy, particularly with the following patterns of seizures:absence, myoclonic, tonic-clonic, atonic-mixed as well as, for partial epilepsy:simple or complex seizures, secondary generalized seizures, specific syndrome (West, Lennox-Gastatut). | 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.<br>Children: >20KG: 500mg/day (irrespective of weight) with spaced increases until control is achieved.<br><br>ii) Initial dose of 1000mg/day, to be increase rapidly as possible to achieve lowest therapeutic dose, | |

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| | | | ii) Treatment and prevention of mania associated with bipolar disorders. | which produce desired clinical effects. Recommend initial dose is 1000mg & 2000mg daily. Max dose 3000mg daily. | |
| Valsartan 160 mg Tablet | | A/KK | Patients intolerant to ACE inhibitors in:<br>i) Heart failure.<br>ii) Post myocardial infarction.<br>iii) Hypertension. | i) Initial: 40mg twice daily. Titrate up to highest tolerated dose. Max: 320mg daily in divided doses.<br>ii) Initial: 20mg twice daily Titrate up to 160mg over next few weeks. Max: 160mg twice daily.<br>iii) 80mg or 160mg once daily Max: 320mg daily Dosing is individualised and according to package insert / protocol. | |
| Valsartan 80 mg and Hydrochlorothiazide 12.5 mg Tablet | | A/KK | Hypertension in patients intolerant to ACE inhibitors. | Initial: Valsartan/Hydrochlorothiazide 80/12.5mg once daily. Max: Valsartan/Hydrochlorothiazide 320/25mg once daily Dosing is individualised and according to product insert / protocol. | |
| Valsartan 80 mg Tablet | | A/KK | Patients intolerant to ACE inhibitors in:<br>i) Heart failure.<br>ii) Post myocardial infarction.<br>iii) Hypertension. | i) Initial: 40mg twice daily. Titrate up to highest tolerated dose. Max: 320mg daily in divided doses.<br>ii) Initial: 20mg twice daily Titrate up to 160mg over next few weeks. Max: 160mg twice daily.<br>iii) 80mg or 160mg once daily Max: 320mg daily Dosing is individualised and according to package insert / protocol. | |
| Vancomycin HCl 500 mg Injection | | A* | i) Treatment of infections due to susceptible gram-positive organisms which cannot be treated with other agents (eg. MRSA and Enterococcus sp.).<br>ii) Treatment of severe staphylococcal infections in patients who cannot receive or who have failed to respond to the | Slow IV infusion. ADULT: 15-20mg/kg q 8-12 hours, not to exceed 2gm per dose. NEONATE up to 1 week, 15 mg/kg initially, then 10 mg/kg every 12 hours. INFANT 1 - 4 weeks, 15 mg/kg initially then 10 mg/kg every 8 hours. CHILD over 1 month, 10 mg/kg every 6 hours. | |

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| | | | penicillins and cephalosporins. | | |
| Vasopressin 20 units/ml Injection | | A | i) Pituitary diabetes insipidus.<br>ii) Oesophageal variceal bleeding. | i) 5 - 20 units SC or IM every 4 hours.<br>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. | |
| Vedolizumab 300mg powder for concentrate for solution for infusion | GASTROENTEROLOGI | A* | i) Indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to tumour necrosis factor-alpha (TNF-α) antagonist.<br>ii) Indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to tumour necrosis factor-alpha (TNFα) antagonist. | 300 mg administered by intravenous infusion at zero, two and six weeks and then every eight weeks thereafter. | |
| Venetoclax 100mg Film Coated Tablet | HEMATOLOGI | A* | Indicated in combination with azacitidine, or decitabine, or low dose cytarabine for the treatment of newly diagnosed acute myeloid leukaemia (AML) in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy. | The recommended dosage and ramp-up of venetoclax depends on the combination agent. Follow the dosing schedule, including the 3-day or 4-day dose ramp-up, as following: Day 1: 100mg, Day 2: 200mg, Day 3: 400mg, Day 4 and beyond: 400mg orally once daily of each 28-day cycle in combination with azacitidine or decitabine OR 600mg orally once daily of each 28-day cycle in combination with low-dose cytarabine. Continue | |

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| | | | | venetoclax, in combination with azacitidine or decitabine or low-dose cytarabine until disease progression or unacceptable toxicity. | |
| Venlafaxine HCl 75 mg Extended Release Capsule | | A* | i) Depression.<br>ii) Generalized anxiety disorder.<br>iii) Social anxiety disorder (social phobia).<br>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).<br>iv) 37.5 mg/day for the first 4-7 days after which the dose should be increased to 75 mg once daily.<br>CHILD and ADOLESCENT under 18 years not recommended. | |
| Verapamil HCl 2.5 mg/ml Injection | KECEMASAN | 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. | UKK |
| Verapamil HCl 40 mg Tablet | | B | i) Supraventricular tachyarrhythmias (SVT) prophylaxis.<br>ii) Angina.<br>iii) Hypertension. | i) SVT:120-480mg in 2-3 divided doses.<br>ii) Angina:80mg-120mg 3 times daily.<br>iii) Hypertension: Initially, 240mg daily in 2-3 divided doses, max: 480 mg daily. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Vildagliptin 50 mg Tablet | | A/KK | FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea.<br>i) As second line therapy in type 2 diabetes patients inadequately controlled on maximal tolerated dose of metformin monotherapy and high risk of hypoglycaemia.<br>ii) As second line therapy in type 2 diabetes patients inadequately controlled on maximal tolerated dose of sulphonylurea and intolerant/contraindicated for metformin therapy.<br>iii) As third line therapy in type 2 diabetes patients inadequately controlled with dual OAD combination therapy with sulphonylurea and metformin.<br>iv) As a monotherapy in type 2 diabetes mellitus patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to contraindications or intolerance.<br>v) An adjunct to diet and exercise to improve glycaemic control in patients with type 2 diabetes mellitus: As a dual therapy in | ADULT over 18 years: 50mg bd when combine with metformin, 50 mg od when combine with sulphonylurea. | |

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| | | | combination with insulin in patients with insufficient glycaemic control. Insulin dose and regimen should be optimized before addition of vildagliptin. | | |
| Vinblastine Sulphate 10 mg Injection | | A | Hodgkin's disease, choriocarcinoma resistant to other chemotherapeutic agents, non-small cell lung cancer, Langerhans cell histiocytosis. | Adult: Initially, 3.7 mg/m2, increase dose weekly based on WBC counts in increments of about 1.8 mg/m2 until leukocyte count decreases to about 3000/mm3, or maximum weekly dose of 18.5 mg/m2 reached. Usual dose: 5.5-7.4 mg/m2 per week. Do not administer next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm3. Child: Initial 2.5 mg/m2 of BSA, increased dose at weekly intervals in increments of about 1.25 mg/m2 until leukocyte count decreases to about 3000/ mm3, or maximum weekly dose of 12.5 mg/m2 reached. Do not increase dose once leukocyte count reaches approximately 3000 cells/mm3, instead, a dose of 1 increment smaller to be admin at wkly intervals for maintenance. Do not administer next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm3. | |
| Vincristine Sulphate 1 mg/ml Injection | | A | i) Solid tumours.<br>ii) Gestational trophoblastic disease.<br>iii) Lymphoma.<br>iv) Multiple myeloma.<br>v) Acute lymphoblastic leukemia. | i) ADULT: 1.4 mg/m2 injection.<br>CHILD: 1 mg/m2 to 2 mg/m2 weekly (0.05 mg/kg for infants less than 10kg).<br>Dosing is according to product insert/protocol. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Vinorelbine 10mg/mL Injection | | A* | i) First line treatment in non-small cell lung cancer in combination with cisplatin/ifosfomide.<br>ii) Metastatic breast cancer. | i) Single agent: Adult 30mg/m2 IV administered over 6-10 minutes once weekly<br>Combination with cisplatin : 30mg/m2 IV administered over 6-10mintes once weekly combination with cisplatin IV on days and 29 and then every 6 weeks or Vinolrebine administered at a dose of 25mg/m2 IV weekly in combination with cisplatin given every 4 weeks at a dose of 100mg/m2.<br>ii) 25 - 30 mg/m2 diluted in saline solution, infused over 6 - 10 minutes, administered weekly or vinolrebine maybe given as an 8mg/m2 IV BOLUS followed by 8mg/m2 as a 96-hour intravenous infusion. | |
| Vitamin B Complex Tablet | | C+ | Prophylaxis and treatment of vitamin B deficiency. | 1-2 tablets daily. | |
| Vitamin B1, B6, B12 Tablet | | B | For deficiency or raised requirement of Vitamin B1, B6, B12. | 1 - 3 tablets 3 times daily swallowed unchewed. | |
| Vitamin K1 1 mg/ml Injection | | C+ | Vitamin K deficiency in neonates. | Prophylaxis of vitamin K deficiency bleeding in neonates Child: Neonate: 0.5-1 mg, given as a single dose via IM inj. Alternatively, 2 mg may be given orally, followed by a 2nd dose of 2 mg after 4-7 days. Intravenous Vitamin K deficiency bleeding in neonates Child: Infant: 1 mg by IV/IM/SC inj, further doses may be given if necessary. | |
| Vitamin K1 10 mg/ml Injection | | 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. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Voriconazole 200 mg Tablet | HEMATOLOGI PERUBATAN (ID-ABX) | A* | i) Treatment of immunocompromised patients with progressive, possibly life-threatening infections such as invasive aspergillosis, fluconazole-resistant serious invasive candidiasis, candidiasis of the oesophagus, serious fungal infections caused by Scedosporium species and Fusarium species.<br>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. | |
| Vortioxetine 10 mg tablet | PSIKIATRI GERIATRIK | A* | 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. | |
| Warfarin Sodium 1 mg Tablet | | B | Treatment and prophylaxis of thromboembolic disorders. | Initially 2 to 5mg per day. Maintenance dose 2-10mg daily according to the INR Dosing is individualised based on patient's INR and according product insert/protocol/ guideline. | |
| Warfarin Sodium 2 mg Tablet | | B | Treatment and prophylaxis of thromboembolic disorders. | Initially 2 to 5mg per day. Maintenance dose 2-10mg daily according to the INR Dosing is individualised based on patient's INR and according product insert/protocol/ guideline. | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Warfarin Sodium 5 mg Tablet | | B | Treatment and prophylaxis of thromboembolic disorders. | Initially 2 to 5mg per day. Maintenance dose 2-10mg daily according to the INR Dosing is individualised based on patient's INR and according product insert/protocol/ guideline. | |
| Water for Injection | | C+ | As a diluent and vehicle for the administration of medications. | According to the needs of the patient. | |
| Zidovudine 1% Injection | | A | To reduce the rate of maternal-foetal transmission of HIV in:<br>i) HIV-positive pregnant women over 14 weeks of gestation.<br>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/m2/hr. Alternatively, as intermittent infusion: 120 mg/m2 every 6 hr. Renal impairment: Haemodialysis or peritoneal dialysis: 1 mg/kg every 6-8 hr.<br>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. | C/S |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| Zidovudine 10 mg/ml Syrup | | A* | i) Management of patients with asymptomatic and symptomatic (early or advanced) HIV infections with CD4 cell counts less than 500 cu. mm.<br>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/m2 every 8 hr. Max: 200 mg every 8 hr. May be used in combination with other anti-retrovirals. Renal and Hepatic impairment: Dose reduction may be needed.<br>ii) Prophylaxis of HIV infection in neonates Child: Neonates: 2 mg/kg every 6 hr for 1st 6 wk of life, starting within 12 hr after birth. Renal and hepatic impairment: Dose adjustment may be needed. | |
| Zidovudine 100 mg Capsule | | A/KK | i) Management of patients with asymptomatic and symptomatic (early or advanced) HIV infections with CD4 cell counts less than 500 cu. Mm.<br>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/m2 every 8 hr. Max: 200 mg every 8 hr. May be used in combination with other anti-retrovirals. Renal and Hepatic impairment: Dose reduction may be needed.<br>ii) Prophylaxis of HIV infection in neonates Child: Neonates: 2 mg/kg every 6 hr for 1st 6 wk of life, starting within 12 hr after birth. Renal and hepatic impairment: Dose adjustment may be needed. | |
| Zidovudine 300 mg & Lamivudine 150 mg Tablet | | A/KK | HIV infection in combination with at least one other antiretroviral drug. | ADULT and CHILD over 12 years: 1 tablet twice daily. | |
| Zinc Oxide Cream | | C+ | Skin protective in various skin conditions such as nappy rash, eczema and problem skin. | Apply 3 times daily or as required. | |
| Zinc oxide, benzyl benzoate | | C | For relief of pruritus, burning and soreness in patients with | Insert 1 suppository night and morning after bowel movements; do not use for | |

| Nama Ubat | Jabatan/ Klinik/ Unit (jika berkaitan) | Kategori Preskriber | Indikasi | Dos | Catatan |
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| and balsam peru Suppository | | | haemorrhoids and perianal conditions. | longer than 7 days OR please refer to the product insert. | |
| Zoledronic Acid 4 mg Injection | | A* | i) Treatment of hypercalcaemia of malignancy.<br>ii) Prevention of skeletal related events (SREs) in patients with multiple myeloma involving multiple bone lesions.<br>iii) Prevention of skeletal related events (SREs) for metastatic cancers of solid tumours. | i) 4mg single dose.<br>ii) 4mg every 3-4 weeks.<br>iii) 4mg reconstituted and should be given as a 15- minute IV infusion every 12 weeks (as advised in MaHTAS 2018 Report). | |
| Zolpidem Tartrate 10 mg Tablet | | A | For treatment of insomnia. | ADULT: 10mg daily at bedtime<br>ELDERLY OR DEBILITATED SUBJECTS: 5mg daily at bed time<br>Max. dose: 10mg daily. | |
| Zonisamide 100mg Tablet | NEUROLOGI | A* | As adjunctive therapy in the treatment of partial seizures in adults with epilepsy. Restrictions: As adjunctive therapy in the treatment of partial seizures in adults with epilepsy when 1st line and 2nd line therapy failed. | For adults, usually 100 to 200mg of zonisomide is to be administered orally 1 to 3 times a day initially. The dose is gradually increased at every one to two weeks up to 200-400mg daily, in 1 to 3 divided dose. The maximum daily dose should not exceed 600mg per day. | |
| Zuclopenthixol 20 mg/ml Drops | | A* | i) Acute schizophrenia and other acute psychoses, including agitation.<br>ii) Chronic schizophrenia and other chronic psychoses.<br>iii) Mania. | i) & iii) 10-50mg daily Max. dose: 100-150mg daily in 2-3 divided doses.<br>ii) 20-40mg daily. | |
| Zuclopenthixol Acetate 50mg/ml Injection | | A* | Initial treatment of acute psychoses, including mania, and exacerbations of chronic psychoses in patients not responding to available standard drugs. | 50-150mg IM repeated if necessary, preferably within a time interval of 2-3 days. Additional injection may be needed 24-48 hours following the first injection. | |

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| Zuclopenthixol Decanoate 200 mg/ml Injection | | B | Maintenance treatment of schizophrenia and other psychoses, especially with symptoms such as hallucinations, delusions and thought disturbances along with agitation, restlessness, hostility and aggressiveness in patients not responding to available standard drugs. | | |