



FORMULARI UBAT

HOSPITAL TENGKU AMPUAN
AFZAN EDISI 1/2026

PUSAT SUMBER DAN MAKLUMAT FARMASI
JABATAN FARMASI HTAA
TARIKH KEMASKINI 1 JUN 2026

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 / Jururawat 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 Masyarakat)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1	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. Children: i. Weighing 14 to <20kg: one-half of a scored abacavir tablet twice daily. ii. Weighing $\geq$ 20kg to <25kg: one-half of a scored abacavir tablet in the morning and one whole tablet in the evening. iii. Weighing at least 25kg: according to adult dose.	
2	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: i)Patients unsuitable or failed other HAART treatment. ii)Patients who are at high risk of renal impairment. iii)Patients with osteoporosis or at high risk of bone loss.	ADULTS & ADOLESCENT (> 12 years of age): Recommended dose is one tablet once daily. Not to be used in adults or adolescents weigh less than 40kg. CHILDREN : Not recommended.	
3	Abiraterone acetate 250mg tablet	UROLOG I	A*	With prednisone or prednisolone, for the treatment of metastatic castration-resistant prostate cancer (mCRPC) in adult men.	1,000mg once daily.	
4	Acalabrutinib 100mg Film Coated Tablet	HEMATO LOGI	A*	Indicated as monotherapy for the treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy.	100 mg twice daily	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
5	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.	
6	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.	
7	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.	
8	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. Dose to be individualised. Use in children under 16 years old is not recommended.	
9	Acitretin 10 mg Capsule		A*	i) Severe form of psoriasis including erythrodermic psoriasis and local or generalized pustular psoriasis. ii) Severe disorders of keratinization, such as -congenital ichthyosis	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				-pityriasis rubra pilaris -Darier's disease -other disorders of keratinization which may be resistant to other therapies.	and should not exceed 50mg/day CHILD: 0.5mg/kg daily occasionally up to 1 mg/kg daily to a max. 35 mg daily for limited periods.	
10	Acitretin 25 mg Capsule		A*	i) Severe form of psoriasis including erythrodermic psoriasis and local or generalized pustular psoriasis. ii) Severe disorders of keratinization, such as -congenital ichthyosis -pityriasis rubra pilaris -Darier's disease -other disorders of keratinization which may be resistant to other therapies.	ADULT: initially 25-30 mg daily for 2-4 weeks, then adjusted according to response, usually within range 25-50 mg daily for further 6-8 weeks (max: 75 mg daily). In disorders of keratinization, maintenance therapy of less than 20mg/day and should not exceed 50mg/day CHILD: 0.5mg/kg daily occasionally up to 1 mg/kg daily to a max. 35 mg daily for limited periods.	
11	Acriflavine 0.1% Lotion		C+	Infected skin, lesions, cuts, abrasions, wounds and burns.	Apply undiluted three times daily to the affected part.	
12	Actinomycin D (Dactinomycin) 500 mcg/ml Injection	ONKOLO GI O&G	A	i) For solid tumours. 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). 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)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
13	Acyclovir 200 mg Tablet		A/KK	i) Treatment of Herpes simplex & Varicella zoster infections. 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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
14	Acyclovir 200 mg/5 ml Suspension		A*	i) Mucocutaneous Herpes Simplex infection in immunocompromised and AIDS patients. ii) Primary and recurrent Varicella Zoster infection in immunocompromised and AIDS patients. iii) Severe Kaposi Varicella Eruption (Eczema herpeticum). iv) Severe primary HSV infections (eg. Neonatal herpes, encephalitis, eczema herpeticum,	i) ADULT: initially 400 mg 5 times daily for 7 - 14 days. CHILD less than 2 years: 200 mg 4 times daily, CHILD more than 2 years: 400 mg 4 times daily. ii), iii) and iv) ADULT: 200 - 400 mg 4 times daily. CHILD : less than 2 years, half adult dose; more than 2 years, adult dose. v) ADULT: 800 mg 5 times daily for 7 days vi) ADULT: 20 mg/kg (maximum: 800 mg) four times daily for 5 days, CHILD 6 years: 800 mg four times daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				genital herpes, gingival stomatitis, vaginal delivery with maternal vulva herpes.) v) Severe and complicated varicella infection (eg. Encephalitis, purpura fulminans). vi) Severe zoster infection in paediatrics (eg. Encephalitis, purpura fulminans, immunocompromised patients and facial, sacral and motor zoster).	CHILD: less than 2 years; 400mg 4 times daily, more than 2 years; 800 mg 4 times daily	
15	Acyclovir 250 mg Injection		A*	i) Treatment of Herpes simplex & Varicella zoster infections. 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 every 8 hourly usually for 7 days. CHILD, 3 months - 12 years: Herpes simplex or Varicella Zoster: 250 mg/m ² 8 hourly for 5 days, doubled to 500 mg/m ² 8 hourly for varicella-zoster in the immunocompromised and	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					in simplex encephalitis (usually given for 10 days in encephalitis).	
16	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.	UKK (IMPORT PERMIT)
17	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
18	Acyclovir 800 mg Tablet		A/KK	i) Treatment of Herpes simplex & Varicella zoster infections. 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. 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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19	Adalimumab 40 mg Injection	GASTRO ENTEROL OGI, RHEUMA TOLOGI OFTALM OLOGI (UKK)	A*	i) Third line treatment of: - Severe rheumatoid arthritis - Psoriatic arthritis - For reducing signs and symptoms in patients with active ankylosing spondylitis, after failure of conventional DMARDs or other biologics. ii) Treatment of adults with moderate to severe chronic plaque psoriasis who have not responded to, have contraindication or are unable to tolerate phototherapy and/or systemic therapies including acitretin, methotrexate and cyclosporine iii) Crohn's Disease a) For treatment of moderately to severely active Crohn's Disease in adult patients who have inadequate response to conventional therapy b) For treatment of moderately to severely active Crohn's Disease in adult patients who have lost response to or are intolerant to infliximab iv) Ulcerative Colitis	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				- 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		
20	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.	
21	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 supraventricular tachycardia with in 1-2 minutes, 12 mg should be given also as a rapid IV bolus.	
22	Adrenaline Acid (Epinephrine) Tartrate 1 mg/ml Injection		B	Cardiopulmonary resuscitation.	1 mg by intravenous injection repeated every 3-5 minutes according to response.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
23	Afatinib Dimaleate 40mg Film-Coated Tablet	RESPIRA TORI	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.	
24	Aflibercept 40mg/ml solution vial for Injection	OFTALM OLOGI	A*	i) Treatment of neovascular (wet) age-related macular degeneration (wet AMD). ii) Visual impairment due to diabetic macular edema (DME). iii) Macular Oedema secondary to Retinal Vein Occlusion (branch RVO or central RVO). For indication (ii): a) Treatment of naïve patients with visual acuity equal or worse than 20/50; or b) Patients with poor response to treatment with ranibizumab. For indication (iii): a) First line for patient not able to comply with monthly ranibizumab injection after initial loading doses.	i) The recommended dose is 2mg aflibercept, equivalent to 0.05mL (50 µL) given as intra-vitreous injection. Aflibercept treatment is initiated with one injection per month for three consecutive doses, followed by one injection every two months. ii) 2 mg aflibercept (equivalent to 50 microliters) administered by intravitreal injection monthly for the first 5 consecutive doses, followed by one injection every 2 months. There is no requirement for monitoring between injections. iii) 2 mg aflibercept (equivalent to 50 microliters) administered by intravitreal injection monthly. The interval between two doses should not be shorter than one month.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				b) Second line for patient who are refractory to ranibizumab injection. c) To be prescribed by Ophthalmologist only.		
25	Agomelatine 25 mg Tablet		A*	Major depression.	The recommended dose is 25mg once daily at bedtime, maybe increased to 50mg once daily at bedtime.	
26	Albendazole 200 mg Tablet		C+	i) Single or mixed infestations of intestinal parasites. ii) Strongyloides infection.	i) Child 12-24months: 200mg as a single dose. ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24months: 200mg as a single dose for 3 consecutive days.	
27	Albendazole 200 mg/5 ml Suspension		C+	i) Single or mixed infestations of intestinal parasites. ii) Strongyloides infection.	i) Child 12-24months: 200mg as a single dose. ii) Adult & Child above 2 years: 400mg as a single dose for 3 consecutive days; Child 12 - 24months: 200mg as a single dose for 3 consecutive days.	
28	Alendronate Sodium 70 mg and Cholecalciferol 5600 IU Tablet		A*	i) Osteoporosis in postmenopausal women with a history of vertebral fracture and whom oestrogen replacement therapy is contraindicated. ii) Male Osteoporosis.	1 tablet once weekly [70mg/5600 IU]. The tablet should be taken at least half an hour before the first food, beverage, or medication of the day with plain water only. To facilitate delivery to stomach and thus reduce the potential for esophageal irritation, it should only be swallowed upon arising for the day with a full glass of water and patient should not lie down for at least 30 minutes and until after their first food of the day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
29	Alendronate Sodium 70 mg Tablet		A* A/KK	Kategori preskriber A*: Osteoporosis (Male) 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.	
30	Alfacalcidol 0.25 mcg Capsule		A/KK	i) Chronic kidney disease mineral bone disorder. ii) Osteoporosis. iii) Hypoparathyroidism and pseudohypoparathyroidism. 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.	
31	Alfacalcidol 1 mcg Capsule		A/KK	i) Chronic kidney disease mineral bone disorder. ii) Osteoporosis. iii) Hypoparathyroidism and pseudohypoparathyroidism. 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.	
32	Alfacalcidol 2 mcg/ml Drops		A*	i) Neonatal hypocalcemia. ii) Osteoporosis. iii) Hypoparathyroidism and pseudohypoparathyroidism. iv) Rickets and osteomalacia.	NEONATES : 0.1 mcg/kg/day. Dosing is individualised based on serum calcium level and according to product insert/protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
33	Alfacalcidol 2 mcg/ml Injection		A*	i) Neonatal hypocalcemia. ii) Osteoporosis. iii) Hypoparathyroidism and pseudohypoparathyroidism. 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.	
34	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.	
35	Alfuzosin HCl 10 mg Tablet		A*	Treatment of functional symptoms related with benign prostatic hypertrophy (BPH).	10 mg once a day pre bed.	
36	Allopurinol 100 mg Tablet		A/KK	i) Frequent and disabling attacks of gouty arthritis (2 or more attacks/year). ii) Clinical or radiographic signs of erosive gouty arthritis. iii) The presence of tophaceous deposits. iv) Urate nephropathy. v) Urate nephrolithiasis. vi) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia.	Initial dose: 50-100 mg daily. Maintenance: 300-900mg daily (depending on renal function).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
37	Allopurinol 300 mg Tablet		A/KK	i) Frequent and disabling attacks of gouty arthritis (2 or more attacks/year). ii) Clinical or radiographic signs of erosive gouty arthritis. iii) The presence of tophaceous deposits. iv) Urate nephropathy. v) Urate nephrolithiasis. vi) Impending cytotoxic chemotherapy or radiotherapy for lymphoma or leukaemia.	Initial dose : 100-300 mg daily. Maintenance : 300-600 mg daily. Maximum: 900 mg daily.	
38	All-Trans Retinoic Acid (Tretinoin) 10 mg Capsule		A*	Acute promyelocytic leukaemia.	Induction: 45 mg/m ² daily for 30 - 90 days. Maintenance: 45 mg/m ² daily for 2 weeks every 3 months. Renal/or hepatic insufficiency: 25mg/m ² daily for 30-90 days. Refer to protocols.	
39	Alprazolam 0.25 mg Tablet		A/KK	Anxiety disorders.	0.25 - 0.5 mg 3 times daily (elderly or debilitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children.	
40	Alprazolam 0.5 mg Tablet		A	Anxiety disorders.	0.25 - 0.5 mg 3 times daily (elderly or debilitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3 mg/day. Not recommended for children.	
41	Alprazolam 1 mg Tablet		A	Anxiety disorders.	0.25 - 0.5 mg 3 times daily (elderly or debilitated 0.25 mg 2-3 times daily), increased if necessary to a total dose of 3	

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					mg/day. Not recommended for children.	
42	Alprostadi 500 mcg/ml Injection		A*	For treatment of congenital heart diseases which are ductus arteriosus dependent.	0.05 - 0.1 mcg/kg/min by continuous IV infusion, then decreased to lowest effective dose.	C/S
43	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.	
44	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.	
45	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.	
46	Amiloride HCl 5 mg & Hydrochlorothiazide 50 mg Tablet		B	i) Diuretic as an adjunct to the management of oedematous states. ii) Hypertension.	i) Initially 1 - 2 tab daily adjusted according to response. Max : 4 tabs daily. ii) 1 - 2 tabs daily as a single or divided dose.	

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47	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.	
48	Aminophylline 25 mg/ml Injection		B	Reversible airways obstruction, acute severe bronchospasm.	Adult: Loading dose: 6 mg/kg (ideal body weight) or 250-500 mg (25 mg/ml) by slow inj or infusion over 20-30 min. Maintenance infusion dose: 0.5 mg/kg/hr. Max rate: 25 mg/min. Children: 6 months and over (if not previously on theophylline): Loading dose: 6mg/kg. Maintenance dose: 6 mth-9 yr: 1 mg/kg/hr and 10-16 yr: 0.8 mg/kg/hr. Dosing is individualised and according to product insert/protocol.	
49	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.	
50	Amiodarone 50mg/ml Injection		A*, A/KK	Category A*: i) Arrhythmias ii) Cardiopulmonary resuscitation of shock-resistant ventricular fibrillation in cardiac arrest	i) Initial: 5mg/kg over 20-120minutes Maintenance: 10-20mg/kg/24hr Max. dose: 1.2g/24hr. ii) Initial: 300mg or 5mg/kg rapid Additional 150mg if condition persists. Dosing is	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				Category A/KK: Ventricular arrhythmia (ventricular tachycardia and ventricular fibrillation)	according to product insert / protocol.	
51	Amisulpride 100 mg Tablet		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).	
52	Amisulpride 400 mg Tablet		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).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
53	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.	UKK (IMPORT PERMIT)
54	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.	
55	Amlodipine 10 mg Tablet		B	Hypertension.	5 mg once daily. Max: 10 mg once daily.	
56	Amlodipine 5 mg Tablet		B	Hypertension.	6 mg once daily. Max: 10 mg once daily.	
57	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.	
58	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	
59	Amoxicillin 1 g & Clavulanate 200 mg Injection		A	Infections caused by susceptible organisms. Respiratory tract, skin,	CHILD less than 3 months: 30mg/kg 12 hourly. 3 months - 12 years: 30mg/kg 6 - 8 hourly.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				soft tissue, GUT infection, septicaemia, peritonitis, post-operative infection & osteomyelitis.	ADULT: 1.2 g by IV or intermittent infusion 6 - 8 hourly.	
60	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.	
61	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.	
62	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	
63	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 mg/kg daily or on alternate days. For neonates, lower doses are recommended.	
64	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.	
65	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					weighing 30kg and more, follow usual adult dose.	
66	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.	
67	Ampicillin Sodium 500 mg Injection		B	Treatment of susceptible bacterial infections (non beta-lactamase-producin g 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.	
68	Ampicillin Trihydrate 125 mg/5 ml Suspension		B	Treatment of susceptible bacterial infections (non beta-lactamase-producin g 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.	
69	Anastrozole 1 mg Tablet		A*	Hormonal therapy in breast cancer in post-menopausal women if failed /contraindicated with Tamoxifen.	1 mg daily.	
70	Anidulafungin 100mg Injection		A*	Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to Amphotericin B or Fluconazole.	Loading dose of 200 mg on day 1, then 100 mg once daily thereafter for at least 14 days after the last positive culture.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
71	Anifrolumab 300mg/2ml Concentrate for Solution for Infusion	RHEUMA TOLOGI	A*	Indicated as an add-on therapy for the treatment of adult patients with moderate to severe, active autoantibody-positive systemic lupus erythematosus (SLE), despite standard therapy.	The recommended dose is 300 mg, administered as an intravenous infusion over a 30-minute period, every 4 weeks. In patients with a history of infusion-related reactions, premedication (e.g., an antihistamine) may be administered before the infusion of anifrolumab.	
72	Anti RhD Gamma Globulin 250 mcg/2 ml Injection		B	Prevention of Rh(D) sensitisation to Rh(D)-negative woman: i) Pregnancy/delivery of Rh(D)-positive infant ii) Abortion/threatened abortion, ectopic pregnancy or hydatidiform mole. iii) Transplacental haemorrhage resulting from antepartum haemorrhage, amniocentesis, chorionic biopsy or obstetric manipulative procedures e.g. external version or abdominal trauma.	i) Antenatal prophylaxis: According to general recommendations, currently administered doses range from 50 – 330 micrograms or 250 - 1650 IU. For specific details, please refer to product's package insert. ii) Postnatal prophylaxis: According to general recommendations, currently administered doses range from 100 – 300 micrograms or 500 – 1500 IU. For specific details, please refer to product's package insert.	
73	Antilymphocyte/ Antithymocyte Immunoglobulin (from Horse) Injection	HEMATO LOGI	A*	i) To be used when conventional anti-rejection therapy is not successful. ii) Treatment of aplastic anaemia not responding to oxymethalone after 3 months, in which there is persistent pancytopenia with repeated attacks of	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				septicaemia and bleeding. iii) Severe aplastic anaemia with the following parameters: a) Granulocyte less than $0.5 \times 10^9/L$ b) Platelet less than $20 \times 10^9/L$ c) Reticulocyte less than $20 \times 10^9/L$ iv) As a conditioning regime prior to transplant. v) Graft-versus-host disease treatment.		
74	Antithymocyte Immunoglobulin (from rabbit) Injection		A*	i) Prophylaxis of acute graft rejection. ii) Treatment of acute graft rejection. iii) Prophylaxis of acute and chronic graft versus host disease. iv) Treatment of steroid-resistant, acute graft versus host disease. v) Treatment of aplastic anemia.	i) 1.0 - 1.5 mg/kg/day for 2 - 9 days after transplantation of a kidney, pancreas or liver, for 2 - 5 days after heart transplantation. ii) 1.5 mg/kg/day for 3 - 14 days. iii) 2.5 - 5.0 mg/kg/day for 4 days. iv) 2.5 - 5.0 mg/kg/day for 5 days v) 2.5 - 3.5 mg/kg/day for 5 days.	
75	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
76	Antivenene Pit Viper Injection		B	Treatment of patients who exhibit manifestations of systemic envenoming following a bite by Malayan Pit Viper (<i>Calloselasma rhodostoma</i>).	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.	
77	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.	
78	Apixaban 5mg film coated Tablet		A*	Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAf), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age $\geq$ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class $\geq$ II).	5 mg taken orally twice daily. Dose reduction: 2.5mg taken orally twice daily in NVAf patients with at least two of the following characteristics: age $\geq$ 80 years old, body weight $\leq$ 60kg, or serum creatinine $\geq$ 1.5mg/dL (133micromole/L).	
79	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	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				emetogenic chemotherapy		
80	Aprepitant 80 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.	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.	
81	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.	
82	Aripiprazole 10mg Tablet		A*	i) Treatment of acute episodes of schizophrenia and for maintenance of clinical improvement during continuation therapy. ii) Treatment of acute manic episodes associated with bipolar I disorder.	Schizophrenia: 10 or 15 mg/day. Maintenance dose: 15 mg/day. Bipolar mania: Starting dose: 15 or 30 mg/day. Dose adjustment should occur at intervals of not less than 24 hour.	C/S
83	Aripiprazole 400 mg powder and solvent for prolonged-release suspension for Injection	PSIKIATR I	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 be continued for 14 consecutive days to maintain therapeutic aripiprazole concentrations during initiation of therapy.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
84	Arsenic Trioxide 1 mg/ml Injection	HEMATO LOGI	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 $\leq$ 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).	
85	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.	
86	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					day for 5-7 days is the recommended treatment.	
87	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.	
88	Artificial tears/eye lubricant ophthalmic Solution (ATPF, Hylo-Comod, Eye Glow)		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.	
89	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.	
90	Asenapine 10mg Sublingual Tablet		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
91	Asenapine 5mg Sublingual Tablet		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.	
92	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.	
93	Atenolol 100 mg Tablet		B	Hypertension, angina pectoris, myocardial infarction and arrhythmias.	Hypertension and arrhythmias; 50 - 100 mg daily, Angina; 100 mg daily, Myocardial infarction; individualised.	
94	Atomoxetine HCl 10 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	UKK (IMPORT PERMIT)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				have intolerable effects or have tics. Diagnosis should be made according to DSM IV criteria or the guidelines in ICD-10.	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.	
95	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)
96	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 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)
97	Atorvastatin 20 mg Tablet		B	i) Hypercholesterolaemia. ii) Prevention of cardiovascular disease.	10 mg once daily. Maximum: 80 mg daily.	
98	Atorvastatin 40 mg Tablet		B	i) Hypercholesterolaemia. ii) Prevention of cardiovascular disease.	10 mg once daily. Maximum: 80 mg daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
99	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.	
100	Atropine Sulphate 1% Eye Drops		B	Determination of refraction, strabismus, iritis and iridocyclitis, after extra or intracapsular extraction of lens.	Use in adults - For uveitis: 1 drop in the eye(s), 3 times daily. - For refraction: 1 drop in the eye(s), repeated 1 hour before the examination.	
101	Atropine Sulphate 1mg/ml Injection		B	i) Reduce vagal inhibition, salivary and bronchiol secretion in anaesthesia. ii) Reversal of excessive bradycardia. iii) Reversal of effect of competitive muscle relaxants. iv) Overdosage with other compounds having muscarinic action. v) Organophosphate poisoning.	i) Adult: 300-600 mcg IM/SC 30-60 minutes before anaesthesia. Alternatively, 300-600 mcg IV immediately before induction of anaesthesia. Child: >20 kg: 300-600 mcg; 12-16 kg: 300 mcg; 7-9 kg: 200 mcg; >3 kg: 100 mcg. Doses to be given via IM/SC admin 30-60 minutes before anaesthesia. ii) Adult: 500 mcg every 3-5 minutes. Total: 3 mg. Max Dosage: 0.04 mg/kg body weight. iii) Adult 0.6-1.2 mg before or with anticholinesterase. iv) Adult: 0.6-1 mg IV/IM/SC, repeated every 2 hr. v) Adult: 2 mg IV/IM, every 10-30 minutes until muscarinic effects disappear or atropine toxicity appears. In severe	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					cases, dose can be given as often as every 5 minutes. In moderate to severe poisoning, a state of atropinisation is maintained for at least 2 days and continued for as long as symptoms are present. Child: 20 mcg/kg given every 5-10 minutes.	
102	Azacitidine Powder for suspension for Injection 100mg/vial		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/m ² of body surface area. Injected subcutaneously. Daily for 7 days, followed by a rest period of 21 days (28 day treatment cycle).	
103	Azathioprine 50 mg Tablet		A	i) Prophylaxis of rejection in organ and tissue transplant. ii) Auto-immune diseases. iii) Rheumatoid arthritis.	i) Adult: 1-5 mg/kg/day. Adjust dose according to clinical response and haematological tolerance. Dose may also be given via IV administration. ii) Adult: 1-3 mg/kg/day. Discontinue treatment if there is no improvement after 12 week. iii) Adult: Initially, 1 mg/kg/day given in 1-2 divided doses for 6-8 week, may increase by 0.5 mg/kg every 4 week until response or up to 2.5 mg/kg/day. Maintenance: Reduce dose gradually to achieve the lowest effective dose.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
104	Azelaic Acid 20% Cream		A*	Acne vulgaris.	Apply twice daily (sensitive skin, once daily for 1st week). Treatment should not exceed 6 months.	
105	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	
106	Azithromycin 200 mg/5 ml Granules		A*	PRESCRIBER CATEGORY A*: Treatment of complicated respiratory tract infections. PRESCRIBER CATEGORY A/KK: 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.	
107	Azithromycin 250 mg Tablet		A*	PRESCRIBER CATEGORY A*: (i) Treatment of complicated respiratory tract infections; (ii) Prophylaxis against Mycobacterium avium complex in patients with advanced HIV PRESCRIBER CATEGORY A/KK: (iii) Adult treatment of uncomplicated genital infections due to Chlamydia trichomatis or	i) 500 mg daily for 3 days; ii) 1 g weekly iii) 1 g as a single dose; iv) 500mg in a single dose on day 1 then 250mg per day on days 2-5	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				susceptible Neisseria gonorrhoea. (iv) Treatment of pertussis (v) Outpatient treatment of community associated pneumonia (CAP) with comorbidities (vi) Acute bacterial rhinosinusitis in pregnant patients with antibiotic allergy (vii) Yaws (treatment & prophylaxis)		
108	Azithromycin 500 mg Injection		A*	i) Severe atypical pneumonia. ii) Treatment of pelvic inflammatory diseases (PID) caused by susceptible organisms in patients who require initial IV therapy.	i) 500 mg IV as a single daily dose for a minimum of two days followed by 500 mg oral dose as a single daily dose to complete a 7 - 10 days course. ii) 500 mg as 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.	
109	Baclofen 10 mg Tablet		B	Spasticity of the skeletal muscle.	ADULT: 5 mg 3 times daily. Max: 80 mg daily (20mg 4 times a day). CHILD: starting dose: 0.3mg/kg/day in divided dose, titrate up cautiously in 1 -2 weeks interval. Usual maintenance dose: 0.75 - 2 mg/kg daily (age more than 10 years, maximum: 2.5 mg/kg daily). The dose should not exceed 40 mg/day in children below 8 years of age, but a	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					maximum dose of 60 mg/day may be given in children over 8 years of age. Dosing is individualised and according to product insert/protocol.	
110	Balanced Salt Solution		A	For irrigation during ocular surgery.	Irrigate as directed.	
111	Baricitinib 4mg film-coated tablets	RHEUMA TOLOGI	A*	1. Treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs. May be used as monotherapy or in combination with methotrexate. 2. Indicated for the treatment of severe atopic dermatitis in adult patients who are candidates for systemic therapy.	1. Severe active rheumatoid arthritis: 4mg once daily 2. Severe atopic dermatitis: The recommended dose of baricitinib is 4 mg once daily with or without food and may be taken at any time of the day. A dose of 2 mg once daily is appropriate for patients such as those aged ≥ 75 years and may be appropriate for patients with a history of chronic or recurrent infections. A dose of 2 mg once daily should be considered for patients who have achieved sustained control of disease activity with 4 mg once daily and are eligible for dose tapering. Baricitinib can be used with or without concomitant topical therapies (Refer package insert)	
112	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
113	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.	
114	Beclomethasone Dipropionate 100mcg and Formoterol Fumarate Dihydrate 6mcg pressurized inhalation Solution (Foster)		A/KK	i) Regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta2 agonist) is appropriate in: a) Patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting beta2 agonist, or b) Patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists. The following indication (COPD) is categorised as A* - To be initiated by Consultant/ Specialists from disciplines related to the listed indication only: ii) Symptomatic	For asthma, the dosage is based on treatment approach: i) Maintenance therapy (taken as regular maintenance treatment with a separate as needed rapid-acting bronchodilator): Dose recommendations for adults 18 years and above: One or two inhalations twice daily. The maximum daily dose is 4 inhalations. ii) Maintenance and reliever therapy (taken as regular maintenance treatment and as needed in response to asthma symptoms): Dose recommendations for adults 18 years and above: The recommended maintenance dose is 1 inhalation twice daily (one inhalation in the morning and one inhalation in the evening). Patients should take 1 additional inhalation as needed in response to	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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.	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.	
115	Bedaquiline 100mg Tablet	PERUBAT AN AM	A*	Indicated for use as part of an appropriate combination regimen for pulmonary multidrug-resistant tuberculosis (MDR-TB) in adult patients when an effective treatment regimen cannot otherwise be composed for reasons of resistance or tolerability. Consideration should be given to official guidance on the appropriate use of antibacterial agents.	Week 1 to 2: 400mg once daily, Week 3 to 24: 200mg three times per week	
116	Bendamustine Hydrochloride 100mg/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/m ² body surface area bendamustine hydrochloride on days 1 and 2; every 3 weeks.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
117	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/m ² body surface area bendamustine hydrochloride on days 1 and 2; every 3 weeks.	
118	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/ μ L).	30 mg of benralizumab every 4 weeks for the first 3 doses, and then every 8 weeks thereafter administered as subcutaneous injection	
119	Benzathine Penicillin 2.4 MIU (1.8 g) Injection		B	i) Treatment of mild to moderately severe infections due to Penicillin G-sensitive organisms. ii) Treatment of syphilis.	i) ADULT: 1.2 mega units IM. ii) For syphilis: 2.4 mega units weekly for 1 - 3 weeks.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
120	Benzhexol 2 mg Tablet		B	i) Symptomatic treatment of paralysis agitans and of parkinsonism, arteriosclerotic, idiopathic, or post-encephalitic origin. ii) Alleviate extrapyramidal syndrome induced by phenothiazine derivatives or reserpine. iii) Spasmodic torticollis, facial spasms and other dyskinesia.	i) & iii) Initial: 1-2mg daily Maintenance: Gradual increment to 6-10mg daily according to response. ii) 5-15mg daily Dosing is individualised and according to product insert / protocol.	
121	Benzoic Acid Compound Ointment		C	Tinea infections of thickened skin of palms and soles.	Apply sparingly to affected area once or twice daily.	
122	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.	
123	Benzoyl Peroxide 5% Gel		B	Mild to moderate acne vulgaris.	Apply 1-2 times daily preferably after washing with soap and water.	
124	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.	
125	Benzydamine Hydrochloride 3.0 mg/ml throat Spray		A*	Temporary relief of painful conditions of the mouth and throat including tonsillitis, sore throat, radiation mucositis, aphthous ulcers, pharyngitis, swelling, redness,	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				inflammatory conditions, post-oro-surgical and periodontal procedures. (For pediatric and otorhinolaryngology use. Restrict to patients who are not able to gargle).	sore/ inflamed area and swallow gently. Repeat every 11/2 to 3 hours as necessary. CHILDREN UNDER 6 YEARS: Not recommended. Uninterrupted treatment should not exceed seven days, unless under medical supervision.	
126	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.	
127	Benzylpenicillin 1 mega unit (600 mg) Injection		B	i) Infections caused by susceptible organisms. ii) Infective endocarditis.	i) Adult: 600mg - 3600mg (1 - 6 mega units) daily, divided into 4 to 6 doses. Higher doses (24 mega units) in divided doses may be given in serious infections such as meningitis. Child 1 month to 12 years old: 100mg/kg/day in 4 divided doses, not exceeding 4g/day; Infants 1 -4 weeks: 75mg/kg/day in 3 divided doses; Newborn Infants: 50mg/kg/day in 2 divided doses. ii) 7.2 to 12g (12 - 20 mega units) maybe given daily in divided doses.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
128	Benzylpenicillin 5 mega units (3 g) Injection		B	i) Infections caused by susceptible organisms. ii) Infective endocarditis.	i) ADULT: 600 - 1200 mg IM 4 times daily, increased if necessary in more serious infections. CHILD: 50 - 100 mg/kg body weight daily IV in 2 - 4 divided doses. ii) ADULT: 7.2 g daily by slow IV infusion in 6 divided doses.	
129	Beractant Intratracheal Suspension (200 mg phospholipids in 8 ml vial)		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.	
130	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.	
131	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.	
132	Betamethasone 17-Valerate 0.1% Ointment		A/KK	Potent topical corticosteroid indicated for adults, elderly and	Apply sparingly to affected area 2 times daily then	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				child over 1 year for relief of inflammatory and pruritic manifestation of steroid responsive dermatoses.	reduced to once daily when improvement occurs.	
133	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.	
134	Bimatoprost 0.01% ophthalmic solution		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 beta blockers). (for 2nd line).	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
135	Bisacodyl 10 mg Suppository		C	i) Constipation. 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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
136	Bisacodyl 5 mg Tablet		C	i) Constipation. ii) Bowel preparation for radiological procedures and surgery.	i) ADULT and CHILD (over 10 years): 5 to 10 mg; CHILD (4 to 10 years): 5 mg. To be taken at night for effect on the following morning. ii) ADULT and CHILD (over 10 years): 10 mg in the morning and 10 mg in the evening the day before procedures; CHILD (4 to 10 years): 5 mg the night before procedures.	
137	Bisoprolol Fumarate 2.5 mg Tablet		B	i) Hypertension. ii) Coronary heart disease (angina pectoris). 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. (iii): Max 10mg/ day.	
138	Bisoprolol Fumarate 5 mg Tablet		B	i) Hypertension. ii) Coronary heart disease (angina pectoris). 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. (iii): Max 10mg/ day.	
139	Bleomycin 15 mg Injection		A	Solid tumours; Lymphomas.	15 - 30 mg weekly in divided doses or 10 - 20 mg/m ² once or twice weekly or 10 mg/m ² slow bolus in 15 minutes D1 and D15. Total dosage: should not exceed 300 mg. CHILD: 10 - 15 mg/m ² over 6 hours every 3 - 4 weeks (Routes: SC, IM, IV (either as bolus or as infusion over 24 hours), intra-arterial, intra-pleural).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
140	Bortezomib 3.5mg Injection		A*	Treatment of multiple myeloma.	1.3 mg/m ² 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.	
141	Bosentan 125 mg Tablet	KARDIOL OGI, KARDIOL OGI PEDIATRI K	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.	
142	Brentuximab Vedotin 50mg Powder for Concentrate for Solution for Infusion	HEMATO LOGI	A*	i. Treatment of adult patients with CD30+ Hodgkin Lymphoma (HL) at increased risk of relapse or progression following autologous stem cell transplant (ASCT). ii. Treatment of adult patients with relapsed or refractory CD30+ HL: a. following autologous stem cell transplant (ASCT) or b. following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option. iii. Treatment of adult patients with relapsed or refractory systemic anaplastic large cell lymphoma (sALCL)	Indication i: The recommended dose is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks. Brentuximab treatment should start following recovery from ASCT based on clinical judgment. These patients should receive up to 16 cycles. Indication ii & iii: The recommended dose is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks. The recommended starting dose for the retreatment of patients who have previously responded to treatment with brentuximab is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks. Alternatively, treatment may be started at the last tolerated	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					dose. Treatment should be continued until disease progression or unacceptable toxicity. Patients who achieve stable disease or better should receive a minimum of 8 cycles and up to a maximum of 16 cycles (approximately 1 year).	
143	Brexiprazole 2mg Film Coated Tablet	PSIKIATR IK	A*	Use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD)	The recommended starting dose as adjunctive treatment is 0.5 mg or 1 mg once daily. Dose titration to 1 mg/day and up to the target dose of 2 mg/day should occur at intervals of up to 1 week based on the patient's clinical response and tolerability. Doses up to 3 mg/day have been studied in clinical trials.	
144	Brimonidine Tartrate 0.15% Ophthalmic		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
145	Brinzolamide 1% and Brimonidine tartrate 0.2% ophthalmic Suspension		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
146	Brinzolamide 1% ophthalmic Suspension		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

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
147	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 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.	
148	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.	
149	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).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
150	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.	
151	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.	
152	Bromocriptine Mesilate 2.5 mg Tablet		A/KK	i) Hypogonadism, galactorrhoea, infertility in men and women, cyclical benign breast and menstrual disorders. ii) Acromegaly. iii) Hyperprolactinaemia, prolactinomas. iv) Parkinson's disease.	i) Initial dose of 1.25-2.5mg once daily at bedtime. Dose may be increased by 2.5mg/day every 3 to 7 days as tolerated to a total of 5 to 7.5mg daily in divided doses. ii) 1.25 - 2.5 mg at bedtime for 3 days and may be increased by 1.25 - 2.5 mg every 3 to 7 days up to 30 mg a day in divided doses. iii) Initial dose of 1.25mg, two or three times a day. Increase dosage gradually over several weeks to 10 - 20mg a day in	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					divided doses. Higher doses may be required. iv) Initial dose of 1.25 mg one or two times a day. Dose may be increased by 2.5mg/day increments in 2 -to 4-week intervals as needed. Maintenance dose ranges from 10 to 30mg daily in divided doses. Dosing is individualised and according to product insert/protocol.	
153	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 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	Asthma Maintenance therapy Adult ≥18 yr 160 mcg to 320 mcg bd. Some patients may require up to a max of 640 mcg bd. Adolescent 12-17 yr 160 mcg to 320 mcg bd. Childn 6-11 yr 160 mcg bd, <6 yr Not recommended. Maintenance & relief Adult ≥18 yr 320 mcg/day either as 160 mcg bd or 320 mcg either morning or evening. For some patients a maintenance dose of 320 mcg bd may be appropriate. Patients should take 160 mcg additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation should be taken. Not more than 960 mcg should be taken on any single occasion. A total daily dose of more than 1280 mcg is not normally needed, however a total daily dose of up to	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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.	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.	
154	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.	
155	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.	
156	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.	
157	Bumetanide 1 mg Tablet		A*	Oedema used in furosemide allergic patient.	1 mg in the early evening. Max: 10mg daily	
158	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
159	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					period, equivalent to 25 - 30 ml in adults of average weight.	
160	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.	UKK (IMPORT PERMIT)
161	Busulfan 2 mg Tablet		A	i) Chronic myeloid leukaemia (CML) and other myeloproliferative diseases. 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 $20 \times 10^9/L$. CHILD: 60 mcg/kg body weight daily. ii) CHILD: Induction 60 mcg/kg body weight daily (maximum 4 mg) if leucocytes more than 20,000/mm ³ and platelets more than 100,000/mm ³ . Maintenance 10 - 30mcg/kg (maximum 2 mg daily).	
162	Cabergoline 0.5 mg Tablet		A*	i) Inhibition of physiological lactation soon after parturition. ii) Suppression of established lactation. iii) Treatment of hyperprolactinaemic disorders.	i) 1 mg as a single dose during the first post-partum day. ii) 0.25 mg every 12 hours for 2 days. iii) Initial: 0.5 mg/week given in one or two divided weekly doses. May gradually increase dose by 0.5 mg/week no sooner than every 4 weeks until an optimal therapeutic response is achieved. Usual dose range: 0.25 mg to 2 mg/week (higher doses >1 mg /week may be divided in as many as 3 to 4 divided doses).	
163	Calamine Cream		C+	Soothes and relieves nappy rashes, prickly heat, minor skin irritations, insect bites	Apply to the affected area as required, 1-3 times daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				and sunburn, Pruritic skin conditions.		
164	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.	
165	Calcipotriol 50 mcg/g & Betamethasone Dipropionate 0.5 mg/g Gel	DERMAT OLOGI	A*	Topical treatment of scalp and non-scalp plaque psoriasis vulgaris in adults	Should be applied to affected areas once daily. The recommended treatment period is 4 weeks for scalp areas and 8 weeks for non-scalp areas. The body surface area treated with calcipotriol containing products should not exceed 30% and maximum dose should not exceed 15g or 100g/ week	
166	Calcipotriol 50 mcg/g & Betamethasone Dipropionate 0.5 mg/g Ointment	DERMAT OLOGI	A*	Resistant plaque psoriasis	Apply once daily up to 4 weeks with maximum weekly dose of 100g and maximum treatment area 30% of body surface	
167	Calcitriol 0.25 mcg Capsule		A/KK	i) Osteoporosis. ii) Chronic kidney disease-mineral bone disorder. iii) Hypoparathyroidism and pseudohypoparathyroidism. iv) Rickets and osteomalacia.	i) 0.25 mcg 2 times daily. ii) ADULT and CHILD 3 years and older: Initial dose: 0.25 mcg. In patients with normal or only slightly reduced serum calcium levels, doses of 0.25 mcg every other day is sufficient. Dosage may be increased if necessary to 0.5 mcg/day. Maintenance dose: 0.5-1mcg daily CHILD less than 3 years: 10 to 15 ng/kg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					iii) and iv) 0.25 mcg/day given in the morning.	
168	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.	
169	Calcium Carbonate 500 mg Capsule	NEFROL OGI	B	To be used only for: i) Hyperphosphatemia (phosphate binder) in chronic renal failure patients. 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. 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.	
170	Calcium Carbonate 500 mg Tablet		B	To be used only for: i) Hyperphosphatemia (phosphate binder) in chronic renal failure patients. 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. 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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					calcium level and according to product insert/protocol.	
171	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.	
172	Calcium Gluconate 10% Injection		B	i) Acute hypocalcaemia. ii) Hypocalcaemic tetany. iii) Cardiac resuscitation.	i) ADULT: 1 to 2 g (2.2 to 4.4 mmol). CHILD: 50mg/kg/dose (0.5ml/kg/dose) IV short infusion over at least 10 to 20 minutes, per dose. Max: 20ml per dose; ii) ADULT: 1g (2.2 mmol) by slow IV injection followed by continuous infusion of 4 g (8.8 mmol) daily; iii) IV or intracardiac injection, 1g (2.2mmol). Dosing is individualised and according to product insert/protocol.	
173	Calcium Lactate 300 mg Tablet		C	For prophylaxis of calcium deficiency and treatment of chronic hypocalcaemia.	ADULT: 300mg - 600mg (as elemental Ca) daily in divided doses. Dosing is individualised and according to product insert/protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
174	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. CHILD: 0.125-0.25g/kg orally or rectally 4 times per day (max: 10g/dose). NEONATE: 0.125-0.25g/kg rectally 4 times/day. Evacuate the resin 8-12 hours after the last dose with glycerine enema. (Oral route is CONTRAINDICATED in neonates). Dosing is individualised and according to product insert/protocol.	
175	Calcitonin (synthetic Salmon) 100 IU Injection	ENDOKRI N	A*	Acute hypercalcaemia	5-10 IU per kg body weight in 500mL physiological saline daily by i.v. infusion over at least 6 hours or by slow i.v. injection in 2-4 divided doses spread over the day. Renal impairment: Dosage adjustment needed.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
176	Calfactant 35mg/ml intratracheal suspension		A*	For the prevention of Respiratory Distress Syndrome (RDS) in premature infants at high risk for RDS and for the treatment ("rescue") of premature infants who develop RDS. Prophylaxis: Indicated for premature infants <29 weeks of gestational age at significant risk for RDS. Should be administered as soon as possible, preferably within 30 minutes after birth. Treatment: Indicated for infants ≤72 hours of age with RDS (confirmed by clinical and radiologic findings) and requiring endotracheal intubation.	3mL/kg body weight at birth to be administered every 12 hours for total up to 3 doses. Should only be administered intratracheally through 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.	
177	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/m ² twice daily for 2 weeks followed by a 7-day rest period. ii. As monotherapy: 1250 mg/m ² twice daily (morning and evening) for 2 weeks, followed by a 7-day rest period. As combination: 1000 mg/m ² twice daily for 2 weeks followed by a 7-day rest period. iii. In combination with a platinum: 1000 mg/m ² twice daily for 14 days followed by a	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					7 day rest period. Dosing is individualised and according to product insert/ treatment protocol.	
178	Captopril 25 mg Tablet		B	i) Hypertension. ii) Congestive heart failure. iii) Post-myocardial infarction. iv) Diabetic kidney disease.	i) Initial: 25-75mg in 2-3 divided doses Maintenance: 100-150mg in 2-3 divided doses. ii) Initial: 6.25-12.5mg 2-3 times daily Maintenance: 75-150mg daily in divided doses. iii) Initial: 6.25mg followed by 12.5mg and then 25mg Maintenance: 75-150mg daily in 2-3 divided doses. iv) 75-100 mg in divided doses Dosing is individualised and according to product insert / protocol.	
179	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.	
180	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. CHILD: 10-15 years: 0.6-1 g daily; 5-10 years: 400-600 mg daily; 1-5 years: 200-400 mg daily; less than or equal to 1 year: 100-200 mg daily. Alternatively, 10-20 mg/kg body weight daily in divided doses. Max: Adult: 1.6 g daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
181	Carbamazepine 200 mg CR Tablet		A	i) Epilepsy. ii) Trigeminal Neuralgia. iii) Idiopathic glossopharyngeal neuralgia. 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.	
182	Carbamazepine 200 mg Tablet		B	i) Epilepsy. ii) Trigeminal neuralgia.	i) ADULT: 100 - 200 mg 1 - 3 times daily increased gradually to usual dose of 0.8 - 1.2 g daily in divided doses. CHILD: Up to 1 year: 100 - 200 mg daily; 1 - 5 yrs: 200 - 400 mg daily; 5 - 10 years: 400 - 600 mg daily; 10 - 15 years: 0.6 - 1 g daily ii) The initial dosage of 200 to 400mg should be slowly raised daily until freedom from pain is achieved (normally at 200mg 3 to 4 times daily). The dosage should then be gradually reduced to the lowest possible maintenance level. In elderly patients, an initial dose of 100mg twice daily is recommended.	
183	Carbamazepine 400 mg CR Tablet		A	i) Epilepsy. ii) Trigeminal Neuralgia. iii) Idiopathic glossopharyngeal neuralgia. iv) Acute mania and maintenance of bipolar	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				affective disorder to prevent or attenuate recurrence.	1000 mg/day in children 12-15 years of age, 1200 mg/day in patients above 15 years of age.	
184	Carbamide (Urea) 10 % Cream		B	Contact irritant dermatitis, infantile eczemas, acute and chronic allergic eczemas, ichthyosis, hyperkeratotic.	Apply sparingly and rub into affected area 2 - 3 times daily and when required after cleansing skin.	
185	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 administered 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.	
186	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.	
187	Carboplatin 150 mg Injection		A*	i) Solid tumours. ii) Salvage therapy for lymphoma.	360 - 400 mg/m ² BSA, by IV infusion over 15 mins to 1 hour on Day 1 every 4 weeks. Alternatively, prescription may be based on Area Under Curve (AUC) calculations. CHILD: 500-600 mg/m ² over 1 hour once every 3 weeks. Salvage regimes in lymphomas - refer to specific protocols. Starting dose in renal impairment, please refer to product insert.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
188	Carboplatin 450 mg Injection		A*	i) Solid tumours. ii) Salvage therapy for lymphoma.	361 - 400 mg/m ² BSA, by IV infusion over 15 mins to 1 hour on Day 1 every 4 weeks. Alternatively, prescription may be based on Area Under Curve (AUC) calculations. CHILD: 500-600 mg/m ² over 1 hour once every 3 weeks. Salvage regimes in lymphomas - refer to specific protocols. Starting dose in renal impairment, please refer to product insert.	
189	Carboprost Tromethamine 250 mcg Injection		A*	Treatment of refractory postpartum haemorrhage unresponsive to conventional methods of management.	Initially 250 mcg deep IM inj. The dose may be repeated at intervals of 15-90 min if necessary. Max total dose: 2000 mcg (8 doses).	
190	Cardioplegia solution containing Potassium Chloride, Magnesium chloride & Procaine HCl Injection		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 ² body surface area/min for 3 minutes. Should myocardial activity persist or recur instill at 300ml/m ² body surface area/min for 2 minutes.	
191	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. ii) Hypertension. 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. ii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 50mg daily in 1 or 2 divided doses. iii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 100mg daily in 1 or 2	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					divided doses Dosing is individualised and according to product insert / protocol.	
192	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. ii) Hypertension. 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. ii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 50mg daily in 1 or 2 divided doses. iii) Initial: 12.5mg once daily Maintenance: 25mg once daily Max. 100mg daily in 1 or 2 divided doses Dosing is individualised and according to product insert / protocol.	
193	Caspofungin Acetate 50 mg Injection		A*	i) Confirmed systemic fungal infection in patients who are refractory or intolerant to other fungal therapies. ii) For pediatric patient (12 month and older) for the following indications : a) Empirical therapy for presumed fungal infections in febrile, neutropenic patients. b) Treatment of invasive candidiasis, including candidemia and the following Candida infections ; intra-abdominal abscesses, peritonitis and pleural space infections.	i) Invasive aspergillosis & invasive candidiasis: ADULT: Initially, 70 mg infused over 1 hour followed by subsequent doses of 50 mg/day. Oesophageal candidiasis: ADULT: 50 mg by slow IV infusion over approximately 1 hour. ii) For all indications, a loading dose of 70mg/m2 on D1 followed by maintenance dose of 50mg/m2 od.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				c) Treatment of esophageal candidiasis. d) Treatment of invasive Aspergillosis in patients who are refractory to or intolerant of others therapy (eg : Amphotericin B).		
194	Caspofungin Acetate 70 mg Injection		A*	i) Confirmed systemic fungal infection in patients who are refractory or intolerant to other fungal therapies. ii) For pediatric patient (12 month and older) for the following indications : a) Empirical therapy for presumed fungal infections in febrile, neutropenic patients. b) Treatment of invasive candidiasis, including candidemia and the following Candida infections ; intra-abdominal abscesses, peritonitis and pleural space infections. c) Treatment of esophageal candidiasis. d) Treatment of invasive Aspergillosis in patients who are refractory to or intolerant of others therapy (eg : Amphotericin B).	i) Invasive aspergillosis & invasive candidiasis: ADULT: Initially, 70 mg infused over 1 hour followed by subsequent doses of 50 mg/day. Oesophageal candidiasis: ADULT: 50 mg by slow IV infusion over approximately 1 hour daily. ii) Child (12months to 17 years) : For all indication) A single 70mg/m ² loading dose (not to exceed an actual dose of 70mg) by slow IV infusion over 1hour; followed by 50mg/m ² (not to exceed an actual dose of 70mg).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
195	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.	
196	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.	
197	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.	
198	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					160mg/kg/d in 2 - 4 equally divided doses.	
199	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.	
200	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.	
201	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.	
202	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.	
203	Ceftazidime 2g & Avibactam 0.5g Injection		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	
204	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					up to 2 weeks: 20 - 50 mg/kg body weight daily, not to exceed 50 mg/kg.	
205	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.	
206	Cefuroxime Axetil 250 mg Tablet		A/KK	Upper and lower respiratory tract, genito-urinary tract, skin & soft tissue and urinary tract infections (UTI).	ADULT: Most infections: 250 mg twice daily Severe infections: 500mg twice daily CHILD: Most infections: 125mg twice daily or 30 mg/kg/day in 2 divided doses, up to 500 mg daily Severe infections: 250mg twice daily Dosing is individualised and according to package insert	
207	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.	
208	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
209	Celecoxib 200 mg Capsule		A/KK	i) Osteoarthritis. ii) Rheumatoid Arthritis. iii) Acute pain. iv) Ankylosing Spondylitis.	i) ADULTS: 200 mg once daily. May increase to 200 mg bid, if necessary. CHILD not recommended. ii) 100mg twice daily, increased if necessary to 200 mg 2 times daily; CHILD not recommended. iii) 400mg as a single dose on first day followed by 200mg once daily on subsequent days. iv) Initial, 200 mg once daily or 100 mg twice daily; if no effect after 6 weeks, may increase to max. 400 mg daily in 1-2 divided doses. If no response following 2 weeks of treatment with 400 mg/day, consider discontinuation and alternative treatment.	
210	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.	
211	Cephalexin Monohydrate 250 mg Capsule		B	i) Respiratory tract infection, urinary tract infection. ii) Complicated, recurrent or chronic infections, bronchitis. iii) Pneumonia.	i) 250 mg 6 hourly. ii) 250 - 500 mg 6 hourly. iii) 1 - 1.5 g 3 times daily or 4 times daily. Maximum: 6 g/day Child: 25-100 mg/kg daily in divided doses. Max: 4 g daily.	
212	Ceritinib 150mg Hard Capsules	RESPIRA TORI	A*	Monoherapy, first-line treatment of adult patients with anaplastic lymphoma kinase	450mg orally once daily with food until disease progression or unacceptable toxicity.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				(ALK)-positive advanced non-small cell lung cancer (NSCLC).		
213	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. Child 2-6 years: 5 mg once daily or 2.5 mg twice daily.	
214	Cetrimide 1% Lotion		C+	As shampoo and cleansing agent.	Apply to affected area.	
215	Charcoal, Activated 250 mg Tablet		C	i) Diarrhoea and food poisoning. ii) Reduce absorption of drugs, plant, inorganic poison and chemicals in poisoning cases.	i) ADULT: 500mg -1000mg given 3-4 times daily. CHILD (up to 12 years): 250-500mg 3-4 times daily. ii) ADULT and CHILD over 12 years: initial 25-100 g or 1-2g/kg; repeat initial dose as soon as possible or 25-50 g every 4-6 hours. CHILD (up to 12 years): 0.5 to 1 g/kg/dose (Maximum: 50 g/dose). Dose may be repeated every 2-6 hours as needed.	
216	Charcoal, Activated 50 g Granules		A	Emergency treatment of acute oral poisoning and drug overdose.	ADULT and CHILD 12 years and above: Acute poisoning: 50 to 100g in suspension. Severe poisoning: 50 to 100g as an initial dose followed by 20g every 4 to 6 hours. CHILD up to 12 years: 1 g/kg/dose (Maximum: 50 g/dose). Dose may be repeated every 4 to 6 hours as needed.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					Dosing is individualised and according to product insert/protocol.	
217	Chlorambucil 2 mg Tablet		A	Low grade lymphoma, chronic lymphocytic leukaemia. Ovarian cancer.	General : Initial :0.1 -0.2 mg/kg body weight daily for 4 - 8 weeks maintainance : given either by reduced daily dosage or intermittent course of treatment. Chronic Lymphocytic Leukaemia: initial : 0.15mg/kg/day untill total leukocyte count has fallen to 10,000peruL, then resumed treatment untill 4 weeks after the end of the first course then continued at a dosage 0.1mg/kg/day.	
218	Chloramphenicol 0.5% Eye Drops		C	Ophthalmic infections.	Instill 1 drop of a 0.5% solution every 2 hr. Increase dosage interval upon improvement.	
219	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.	
220	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.	
221	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
222	Chlorhexidine Gluconate 0.2 % Mouthwash		C	As a gargle.	Rinse mouth with 10 ml for about 1 minute twice daily.	
223	Chlorhexidine gluconate 1% cream		C+	For disinfection or lubricating during gynaecological and obstetric procedures or childbirth.	Apply as required on affected area after cleaning.	
224	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.	
225	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.	
226	Chlorhexidine Gluconate 5% Solution		C+	Use as antiseptic and disinfectant in: i) Preoperative skin disinfection. ii) Emergency disinfection of instruments.	To be used as diluted solution: (i) 0.5 % w/v Aqueous solution : Dilute 10 ml of solution with 70% alcohol up to 100ml. (ii) 0.5 % w/v Aqueous solution : Dilute 10 ml of	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				iii) Wounds or burns.	solution with 70% alcohol up to 100ml. Immerse for 2 minutes (iii) 0.05 % w/v aqueous solution : Dilute 1 ml of solution with 100 ml of sterile water.	
227	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.	
228	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.	
229	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).	
230	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).	
231	Chlorpromazine HCl 100 mg Tablet		B	i) Psychotic conditions. 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.	
232	Chlorpromazine HCl 25 mg Tablet		B	i) Psychotic conditions. ii) Anti-emetic.	ADULT: Initial: 25-50mg two-three times daily Maintenance: 25-100mg two-	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					three times daily CHILD: Not recommended. Dosing is according to product insert / protocol.	
233	Cholestyramine Resin 4 Gram	ENDOKRI NOLOGI	A	i) Hypercholesterolemia. ii) Familial hypercholesterolemia - heterozygous. iii) Generalized atherosclerosis. iv) Diarrhoea due to bile acid malabsorption. v) Pruritus of skin associated with partial biliary obstruction.	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 (IMPORT PERMIT)
234	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.	
235	Chorionic Gonadotrophin Human (HCG) 5000 IU Injection		A*	In the female: i) Ovulation induction in subfertility due to anovulation or impaired follicle-ripening. ii) Preparation of follicles for puncture in controlled ovarian hyperstimulation (for assisted reproductive technologies). iii) Luteal phase support. In the male: iv) Hypogonadotropic hypogonadism (also cases of idiopathic dysspermias have shown a positive response to gonadotropins),	i & ii) 5,000-10,000 IU stat once optimal stimulation of follicular growth is achieved. iii) Up to three repeat injections of 1000 to 3000 IU may be given within 9 days following ovulation or embryo transfer (E.g.: on day 3, 6 and 9 after ovulation induction). iv) 1000 - 2000 IU, two to three times per week. v) 1500 IU two to three times weekly for at least six months. vi) < 2 years of age: 250 IU twice weekly for six weeks < 6 years of age: 500 - 1000 IU twice weekly for six weeks > 6	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				v) Delayed puberty associated with insufficient gonadotropic pituitary function vi) cryptorchidism not due to an anatomic obstruction.	years of age: 1500 IU twice weekly for six weeks.	
236	Ciclesonide 160mcg Inhaler		A*	Prophylactic treatment of asthma in adults, adolescents and children over 6 years. 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.	
237	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. ii) Follow-up cases of bone marrow transplant. iii) Patients with severe rheumatoid arthritis not responding to other second line drugs. iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide. v) Severe aplastic anemia, pure red cell aplasia. vi) Cases of recalcitrant psoriasis and atopic eczema.	i & ii) Initially 12.5 - 15 mg/kg/day, beginning on the day before transplant. Maintenance approx 12.5 mg/kg/day for 3 - 6 months before being tapered off to zero by 1 year of transplantation. iii) 3 mg/kg/day in 2 divided doses for first 6 weeks. May increased gradually to maximum 5 mg/kg. Treatment withdrawn if no response after 3 months. iv) ADULT: 5 mg/kg/day in 2 divided doses. CHILD: 6 mg/kg/day in 2 divided doses. Patients with permitted levels of kidney failure, the starting dose must not more than 2.5 mg/kg/day. v) 12 mg/kg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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. 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.	
238	Ciclosporin 100 mg/ml Oral Solution		A*	Only for : i) Patients in whom donor specific transplantation cannot be carried out and in young children to minimise side-effects of steroids. ii) Follow-up cases of bone marrow transplant. iii) Patients with severe Rheumatoid arthritis not responding to other second line drugs. iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide. v) Severe aplastic anaemia, pure red cell aplasia. vi) Cases of recalcitrant psoriasis and atopic eczema.	i & ii) Initially 12.5 - 15 mg/kg/day, beginning on the day before transplant. Maintenance approx 12.5 mg/kg/day for 3 - 6 months before being tapered off to zero by 1 year of transplantation. iii) 3 mg/kg/day in 2 divided doses for first 6 weeks. May increased gradually to maximum 5 mg/kg. Treatment withdrawn if no response after 3 months. iv) ADULT: 5 mg/kg/day in 2 divided doses. CHILD: 6 mg/kg/day in 2 divided doses. Patients with permitted levels of kidney failure, the starting dose must not more than 2.5 mg/kg/day. v) 12 mg/kg/day. vi) 2.5 mg/kg/day in 2 divided doses increasing if there is no improvement after 4 weeks by 0.5 -1 mg/kg/month up to maximum 5 mg/kg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
239	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. ii) Follow-up cases of bone marrow transplant. iii) Patients with severe rheumatoid arthritis not responding to other second line drugs. iv) Patients with idiopathic nephrotic syndrome who are steroid toxic or poor response to cyclophosphamide. v) Severe aplastic anemia, pure red cell aplasia. vi) Cases of recalcitrant psoriasis and atopic eczema. vii) Treatment of chronic ocular inflammatory disorders/uveitis.	i & ii) Initially 12.5 - 15 mg/kg/day, beginning on the day before transplant. Maintenance approx 12.5 mg/kg/day for 3 - 6 months before being tapered off to zero by 1 year of transplantation. iii) 3 mg/kg/day in 2 divided doses for first 6 weeks. May increased gradually to maximum 5 mg/kg. Treatment withdrawn if no response after 3 months. iv) ADULT: 5 mg/kg/day in 2 divided doses. CHILD: 6 mg/kg/day in 2 divided doses. Patients with permitted levels of kidney failure, the starting dose must not more than 2.5 mg/kg/day. v) 12 mg/kg/day. vi) 2.5 mg/kg/day in 2 divided doses increasing if there is no improvement after 4 weeks by 0.5 -1 mg/kg/month up to maximum 5 mg/kg/day. vii) 5 mg/kg/day in 2 divided doses, may increase to 7 mg/kg/day in resistant cases. Maintenance: Less than 5 mg/kg/day especially during remission.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
240	Cinacalcet Hydrochloride 25mg tablet	NEFROL OGI	A*	Secondary hyperparathyroidism in patients undergoing maintenance dialysis with hypercalcaemia. Restriction(s): For treatment of refractory secondary hyperparathyroidism in patients with end-stage renal disease (including those with calciphylaxis) only in those: i) who have 'very uncontrolled' plasma levels of intact parathyroid hormone (defined as greater than 85pmol/L [800 pg/mL] that are refractory to standard therapy, and an adjusted serum calcium level at upper limit of normal or high, despite appropriate adjustment of phosphate binders including non-calcium based phosphate binders. ii) in whom surgical parathyroidectomy is contraindicated in that the risks of surgery are considered to outweigh the benefits, or if there is likely to be a significant delay for surgery.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
241	Cinnarizine 25 mg Tablet		B	i) Vestibular disorders. 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.	
242	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.	
243	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.	
244	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.	
245	Ciprofloxacin HCl 0.3% Ophthalmic Solution		A*	Treatment of bacterial infections caused by susceptible strains in: i) corneal ulcers. ii) bacterial conjunctivitis.	i) 2 drops every 15 minutes for the first 6 hours, then 2 drops every 30 minutes for the rest of the first day. Second day : 2 drops every hour. Subsequent days (3rd - 14th day) : 2 drops every 4 hours. Treatment may be continued after 14 days if corneal re-epithelialization has not occurred.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					ii) 1 - 2 drops every 2 hours into the conjunctival sac while awake for 2 days and 1-2 drops every 4 hours while awake for the next 5 days.	
246	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.	
247	Cisplatin 1 mg/ml Injection		A	i) Solid tumour. ii) Lymphomas.	Germ cell tumours: 20 mg/m ² daily for 5 days every 3 weeks for 3 - 4 courses. Ovarian tumours: 75 mg/m ² once every 3 weeks as part of combination therapy or 100 mg/m ² IV once every 3 weeks as a single agent. Baseline creatinine clearance, pretreatment hydration and forced diuresis are mandatory. CHILD: 100mg/m ² over 6 hours once every 3 weeks. Lymphomas: Refer to protocols CHILD: 100mg/m ² over 6 hours once every 3 weeks. Lymphomas: Refer to protocols.	
248	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					mL, less than 8 kg: 7.5 mg/kg. To be given twice daily. Maximum dose: 1g/day.	
249	Clarithromycin 250 mg Tablet		A*	Only for: i) treatment of complicated respiratory tract infection not responding to standard macrolides. ii) eradication of Helicobacter pylori infection.	i) 250 - 500 mg twice daily. Up to 6 - 14 days. ii) 500 mg twice daily with omeprazole & amoxicillin. Up to 2 weeks.	
250	Clindamycin HCl 300 mg Capsule		A*	i) Skin and soft tissue infections, bone & joint infections. ii) Cerebral toxoplasmosis. iii) Children less than 8 years old: Treatment and prophylaxis of malaria in combination with quinine, as an alternative to doxycycline.	i) ADULT: 150 - 300 mg every 6 hours; up to 450 mg every 6 hours in severe infections; Max: 1.8g/day CHILD: 3 - 6 mg/kg every 6 hours. Children weighing <10 kg should receive at least 37.5 mg every 8 hr. ii) 600 mg 6 hourly for 6 weeks. iii) 10mg/kg twice a day, in combination with quinine. The combination to be given for 7 days.	
251	Clindamycin Phosphate 150 mg/ml Injection		A*	i) Skin and soft tissue infections, bone & joint infections. 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/m ² /day in 3 - 4 divided doses. ii) 1200 mg every 6 hours for 3 weeks followed by 300 mg orally every 6 hours for another 3 weeks.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
252	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 to 15mg daily), if necessary, increased gradually to a maximum daily dose of about 80mg. Doses of up to 30mg may be taken as a single dose in the evening. The initial dose in children from 3 to 15 yr is normally 5mg. A maintenance dose of 0.3 to 1.0mg/kg body weight daily is usually sufficient.	
253	Clobetasone Butyrate 0.05% Cream	DERMAT OLOGI	A/KK	For the relief of the inflammatory and pruritic manifestations of steroid responsive dermatoses.	Apply to 1-2 times a day.	
254	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.	
255	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
256	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.	
257	Clofazimine 50 mg Capsule		B	i) Previously untreated leprosy patients. ii) Leprosy patients resistant to sulphones. 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. ii) 100 mg daily. iii) 200-300mg usually effective. Treatment with minimum suppression dose continued for at least 6 months.	
258	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).	
259	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
260	Clonazepam 2 mg Tablet		B	i) Epilepsy. ii) Non-epileptic myoclonus.	i) & ii) ADULT: Initial dose should not exceed 1.5mg/day divided into 3 doses, may be increased in increments of 0.5mg every 3 days until seizures are controlled. Maintenance dose: 3-6mg/day. Maximum: 20mg/day. CHILD up to 10 years: initial dose 0.01-0.03 mg/kg/day in 2-3 divided doses, increased by no more than 0.25-0.5mg every third day, maximum 0.2mg/kg/day. CHILD 10-16 years: initial dose 1-1.5mg/day in 2-3 divided dose, may be increased by 0.25-0.5mg every third day until individual maintenance dose of 3-6mg/day is reached.	
261	Clonidine HCl 0.025 mg Tablet	PEDIATRIK	A	Rapid opioid 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)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
262	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
263	Clostridium Botulinum Toxin Type A 100 units		A*	i) Focal dystonias. ii) Hemifacial spasm. iii) Spasticity including cerebral palsy. iv) Neurogenic bladder.	20 - 200 units 3 months once.	
264	Clostridium botulinum Type A toxin haemagglutinin complex 500U/vial powder for injection		A*	i) Focal dystonias. ii) Hemifacial spasm. iii) Spasticity including cerebral palsy.	Initially 20 U/kg divided between both calf muscles. May be titrated 10-30 U/kg up to max of not >1000 U/patient. Should only be used in children > 2 years of age. Repeat injections given not less than 3 months from previous injection.	
265	Clotrimazole 1% Ear Drop		B	Otomycosis; concomitant therapy with antibiotics and corticosteroid ear drops.	4 to 5 drops 3 to 4 times daily.	
266	Clotrimazole 500 mg Vaginal Tablet		B	Vaginal candidiasis.	500 mg as a single one-time dose.	
267	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.	
268	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.	
269	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
270	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.	
271	Clozapine 100 mg Tablet		A	Treatment of resistant schizophrenia.	Initial dose : 12.5 mg (once or twice) daily, increase slowly in steps of 25 - 50 mg up to 300 mg daily within 2 - 3 weeks. Maximum 900 mg/day.	
272	Clozapine 25 mg Tablet		A	Treatment of resistant schizophrenia.	Initial dose : 12.5 mg (once or twice) daily, increase slowly in steps of 25 - 50 mg up to 300 mg daily within 2 - 3 weeks. Maximum 900 mg/day.	
273	Colchicine 0.5 mg Tablet		B	i) Acute gout and prophylaxis of recurrent gout. ii) Leucocytoclastic Vasculitis either cutaneous or systemic involvement, Behcet's syndrome, Urticarial vasculitis, Systemic sclerosis, Sweet's syndrome and severe recalcitrant aphthous stomatitis.	i) Acute gout: Initial dose, 1 mg, then 0.5 mg after 1 hour. No further tablets should be taken for 12 hours. After 12 hours, treatment can resume if necessary with a maximum dose of 500 micrograms (1 tablet) every 8 hours until symptoms are relieved. The course of treatment should end when symptoms are relieved or when a total of 6 mg (12 tablets) has been taken. No more than 6 mg (12 tablets) should be taken as a course of treatment. After completion of a course, another course should not be started for at least 3 days (72 hours). Prophylaxis of recurrent gout: 0.5 mg bd.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					ii) 0.5 mg 1-3 times daily depends on disease and severity, up to a maximum of 3 mg/day.	
274	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
275	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.	
276	Conjugated Oestrogens 0.3 mg Tablet		A	i. Prevention and management of osteoporosis associated with estrogen deficiency. ii. Female hypoestrogenism. iii. Moderate to severe vasomotor symptoms associated with estrogen deficiency. iv. Atrophic vaginitis and atrophic urethritis.	i) 0.3 - 0.625 mg daily. ii) 0.3- 1.25mg daily for 3weeks, then off for 1 week. iii) & iv) 0.3mg-1.25mg daily.	
277	Conjugated Oestrogens 0.625 mg Tablet		A	i. Prevention and management of osteoporosis associated with estrogen deficiency. ii. Female hypoestrogenism. iii. Moderate to severe vasomotor symptoms associated with estrogen deficiency. iv. Atrophic vaginitis and atrophic urethritis.	i) 0.3 - 0.625 mg daily. ii) 0.3- 1.25mg daily for 3weeks, then off for 1 week. iii) & iv) 0.3mg-1.25mg daily.	
278	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. ii) Dyspareunia: 0.5g intravaginally twice weekly continuous regimen or in a	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					cyclic regimen of 21 days of therapy followed by 7 days off of therapy.	
279	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.	
280	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.	
281	Copper 375 mm2 Intrauterine Device		B	Intrauterine contraception.	Intrauterine insertion: 1 unit to be replaced within 5 years from the date of insertion.	
282	Copper Sulphate Crystal		C	Wounds.	The tip of the crystal should be moistened by dipping in water and applied carefully to the lesion.	
283	Crotamiton 10 % Cream		B	i) Pruritus. ii) Scabies. iii) Insect bite reactions.	i) and iii) Massage into affected area until the medication is completely absorbed. Repeat as needed. Apply 2 or 3 times daily. ii) Apply to the whole body from below the chin. 2nd application is applied 24 hr later. May need to use once daily for up to 5 days.	
284	Cyanocobalamin 1 mg Injection		B	i) Prophylaxis of anaemia associated with Vitamin B12 deficiency. ii) Uncomplicated pernicious anaemia or	i) Prophylaxis of anaemia: 250-1000 mcg IM every month. ii) Uncomplicated pernicious anaemia or Vitamin B12 malabsorption: Initial 100 mcg	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				Vitamin B12 malabsorption.	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.	
285	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.	
286	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.	
287	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.	UKK (IMPORT PERMIT)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
288	Cyclophosphamide 1 g Injection		A	i) Solid tumours; ii) Leukaemia, non-Hodgkin's lymphoma, multiple myeloma; iii) Severe lupus nephritis (Class III and IV); iv) Other systemic vasculitis; v) Systemic lupus erythematosus, rheumatoid arthritis, polyarteritis nodosa, Wegener granulomatosis; vi) Pemphigus vulgaris.	i)& ii) ADULT: 600 - 750 mg/m ² IV once every 3 weeks as part of combination regime. CHILD: Dose variable depending on disease and protocol. Range 600 mg/m ² to 2 g/m ² infusion over 1 hour to 6 hours (lower doses can be given as bolus). Care with pre and post-hydration. Mesna to be given with doses more than 1 g/m ² . Higher doses are used in haematopoietic stem cell transplant-refer to specific protocols. iii) 750 mg/m ² BSA monthly for 18 months. iv) 750 mg/m ² BSA monthly for 6 months. Dose can be adjusted up to 1,000 mg/m ² BSA to achieve adequate leucocyte suppression. v) 500 - 1000 mg intravenously (Regime varies according to indication). Starting dose may be given fortnightly then at monthly intervals followed by 3 monthly intervals. vi) 500 mg infusion on the 2nd day of the dexamethasone-cyclophosphamide pulsed regime, the cycle is repeated every 4 weeks up to 6 cycles or till remission followed by oral cyclophosphamide.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
289	Cyclophosphamide 50 mg Tablet		A	i) Solid tumours, leukaemia, lymphoma, autoimmune disorders, autoimmune bullous diseases, connective tissue disease, pyoderma gangrenosum. ii) For severe lupus nephritis (Class III & IV), systemic vasculitis and steroid resistant/dependent nephrotic syndrome. iii) SL), rheumatoid arthritis, polyarteritis nodosa, Wegener granulomatosis.	i) ADULT: 50 - 100 mg/day. Monitor full blood count (FBC), liver function, urine microscopy and renal function. CHILD, up to 1 year: 10 - 20 mg daily, 1 - 5 years: 30 - 50 mg daily, 6 - 12 years: 50 - 100 mg daily. ii) 2 mg/kg/day for 3 - 4 months. iii) 1 - 1.5 mg/kg/day orally in divided doses.	UKK (IMPORT PERMIT)
290	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). CHILD: 2-12 yr: 5 mg/kg bid; 12-18 yr: 250 mg bid for 2 wk then adjusted to a max dose of 1 g daily.	
291	Cyproterone Acetate 2 mg & Ethinylestradiol 0.035 mg Tablet		A*	i. Treatment androgen dependent diseases (including PCOS) in women. ii. Treatment of acne as second line treatment following failure of topical therapy or systemic antibiotic treatment. iii. Hormonal contraceptive.	1 tablet daily for 21 consecutive days, followed by a 7-day tablet free interval before the next pack is started.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
292	Cytarabine 100mg/ml Injection		A	i) Central nervous system lymphoma. ii) Meningeal leukemia. iii) Non Hodgkin's Lymphoma. iv) High dose cytarabine as conditioning to cytoreduce the disease before stem cell transplant for relapsed or refractory leukemia. v) As salvage for acute lymphocytic leukemia. vi) As salvage for acute myeloid leukemia. vii) As palliative chemotherapy in elderly acute myeloid leukemia/ myelodysplastic syndrome.	Standard doses 100 - 200 mg/m ² daily over 5 - 10 days. Higher doses for intensification/consolidation: 1000 - 3000 mg/m ² daily over 3 - 5 days depending on specific protocols. CHILD: Dose variable depending on disease and protocol. Range from 100 mg/m ² to 3 g/m ² twice daily. May be given as SC, IV bolus or infusion. Intrathecal dose: Less than 1 year: 15 mg, 1 - 2 years: 20 mg, 2 - 3 years: 25 mg, more than 3 years: 30 mg. (ENSURE THAT PREPARATION IS SUITABLE FOR INTRATHECAL USE).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
293	Dabigatran Etexilate 110 mg Capsule		A*	i) Prevention of venous thromboembolic events in patients who have undergone total knee replacement or total hip replacement surgery. ii) Reduction of the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF). iii) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and prevention of recurrent DVT and PE in adults.	i) Following total knee replacement: Initially ADULT 110mg (ELDERLY, 75 mg) within 1 - 4 hours after surgery, then 220 mg (ELDERLY, 150 mg) once daily thereafter for 6-10 days. Following total hip replacement: Initially ADULT 110 mg (ELDERLY, 75 mg) within 1- 4 hours after surgery, then 220 mg (ELDERLY, 150 mg) once daily thereafter for 28-35 days. ii) Recommended daily dose is 300mg taken orally as 150mg hard capsule twice daily. Therapy should be continued lifelong. iii) Recommended daily dose is 300mg taken as one 150mg capsule BD following treatment with a parenteral anticoagulant for at least 5 days. The duration of therapy should be individualized after careful assessment of the treatment benefit against the risk for bleeding. ii) & iii) For the following groups, the recommended daily dose is 220 mg taken as one 110mg capsule twice daily: - Patients aged 80 years or above -Patients who receive concomitant verapamil.	

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

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					renal impairment (i.e. CrCl < 30 ml/min).	
295	Dacarbazine 100 mg Injection		A*	i) Malignant melanoma, sarcomas, neuroblastomas and other childhood solid tumours. ii) Hodgkin's Disease.	i) 250 mg/m ² for 5 days, may be repeated every 3 weeks. ii) 375 mg/m ² IV every 2 weeks.	
296	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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
297	Daclatasvir 60mg 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. 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.	
298	Danazol 100 mg Capsule		A/KK	i) Endometriosis. ii) Benign breast disorders including gynaecomastia fibrocystic breast disease and pubertal breast hypertrophy. iii) Menorrhagia.	i) 400mg daily in 2 to 4 divided doses, starting on the 1st day of the menstrual cycle; daily doses of 800mg are also employed. ii) 100mg to 400mg daily in divided dose. iii) 200 mg BD.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				iv) Prophylaxis of hereditary angioedema.	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.	
299	Danazol 200 mg Capsule		A/KK	i) Endometriosis. ii) Benign breast disorders including gynaecomastia fibrocystic breast disease and pubertal breast hypertrophy. iii) Menorrhagia. 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. ii) 100mg to 400mg daily in divided dose. iii) 200 mg BD. iv) 400 mg daily. Reduce to 200 mg daily after 2 months attack free period. General dosing range: 200-800mg daily in 2 or 4 divided doses. Dosing is individualised and according to product insert/protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
300	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. 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). 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. iv) For cardiorenal protection in adult patients with chronic kidney disease, with or without Type 2 Diabetes	10 mg once daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				Mellitus, with eGFR $\geq$ 25mL/min/1.73m ² and urine albumin creatinine ratio (UACR) $\geq$ 200-5,000mg/m ² (or the equivalent in uPRC/u-dipstick) receiving stable treatment with ACEi or ARB (unless they are contraindicated or not tolerated).		
301	Dapsone 100 mg Tablet	DERMAT OLOGI, PERUBAT AN ID (RVD)	B	i) Leprosy. ii) Dermatitis herpetiformis.	i) ADULT: 6 - 10 mg/kg weekly/ 1.4mg/kg daily (around 50 - 100 mg daily). CHILD: 1 - 2 mg/kg/day. Maximum: 100 mg/day. ii) ADULT: 50 - 300 mg daily.	UKK (IMPORT PERMIT)
302	Darbepoetin alfa 20mcg/0.5ml injection	NEFROL OGI, HEMATO LOGI	A*	i) Treatment of anaemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
303	Darbepoetin alfa 40mcg/0.5ml injection	NEFROL OGI, HEMATO LOGI	A*	i) Treatment of anaemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis. 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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
304	Daunorubicin HCl 20 mg Injection		A*	i) Acute myeloblastic leukaemia (AML). ii) Acute lymphoblastic leukemia (ALL).	i) 45 - 60 mg/m ² IV daily for 3 - 5 days. ii) 25 - 45 mg/m ² once a week for first 4 weeks during induction phase. Caution: Total cumulative dose of daunorubicin and doxorubicin must not exceed 500 mg/m ² due to risk of cardiotoxicity. CHILD: 30-45 mg/m ² /dose infusion over 6 hours. Schedule depends on protocol. Need to check cardiac function closely by echocardiography every cumulative dose of 100mg/m ² to max. 360 mg/m ² .	
305	Decitabine 50 mg Injection		A*	Myelodysplastic syndromes (MDS) .	3-day Regimen: 15 mg/m ² by continuous IV infusion over 3 hours repeated every 8 hours for 3 days. Repeat this treatment cycle every 6 weeks for a minimum of 4 cycles. 5-day Regimen: Dose of 20mg/m ² by continuous infusion over 1 hour repeated daily for 5 days. This cycle should be repeated every 4 weeks. Dosing is according to product insert/protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
306	Deferasirox 180mg Film Coated Tablets	HEMATO LOGI, PEDIATRI K	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 mg/kg are not recommended because there is only limited experience with doses above this level.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
307	Deferasirox 360mg film coated Tablet		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
308	Deferasirox 90mg film coated Tablet		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
309	Deferiprone 500 mg Tablet		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.	
310	Degarelix 120mg Injection	UROLOG I	A*	Treatment of adult male patients with advanced hormone- dependent prostate cancer Prescribing restriction: Patients who are contraindicated to Gonadotrophin Releasing Hormone (GnRH) agonist.	240 mg administered as two consecutive subcutaneous injections of 120 mg each. Maintenance dose* – monthly administration: 80 mg administered as one subcutaneous injection *The first maintenance dose should be given one month after the starting dose.	
311	Degarelix 80mg Injection	UROLOG I	A*	Treatment of adult male patients with advanced hormone- dependent prostate cancer Prescribing restriction: Patients who are contraindicated to Gonadotrophin Releasing Hormone (GnRH) agonist.	240 mg administered as two consecutive subcutaneous injections of 120 mg each. Maintenance dose* – monthly administration: 80 mg administered as one subcutaneous injection *The first maintenance dose should be given one month after the starting dose.	
312	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
313	Desferrioxamine 0.5 g Injection		A	i) Acute iron poisoning in children. ii) Investigation and treatment of haemochromatosis. iii) Diagnosis and treatment of aluminium toxicity in patients with renal failure and dialysis. iv) Chronic iron toxicity or overload.	i) 2 g by IM immediately and 5 g by mouth after gastric lavage. ii) 0.5 - 1.5 g by IM injection daily. iii) Diagnosis: 5 mg per kg by slow intravenous infusion during the last hour of haemodialysis. Treatment: 5 mg per kg once a week by slow intravenous infusion during the last hour of dialysis. iv) 30 - 50 mg/kg.	
314	Desflurane Liquid		A	i) Induction and maintenance of anaesthesia in adult. ii) Maintenance of anaesthesia in infants & children.	ADULT: Induction , initially 3% in oxygen or nitrous oxide/oxygen and increased by 0.5%-1% every 2-3 breaths or as tolerated (up to 11%), until loss of consciousness. Maintenance: 2.5%-8.5% with or without concomitant nitrous oxide CHILD: maintenance, inhaled in concentrations of 5.2%-10% with or without concomitant nitrous oxide.	
315	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).	
316	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
317	Desmopressin 120mcg Sublingual Tablet		A	i) Central diabetes insipidus. ii) Primary nocturnal enuresis. iii) Treatment of nocturia associated with nocturnal polyuria in adult.	i) 60mcg 3 times daily sublingually (daily dose range from 120mcg to 720mcg). ii) 120mcg once daily at bedtime, sublingually (maximum dose 240mcg). iii) 60mcg once daily at bedtime (dose range from 120mcg to 240mcg).	
318	Desmopressin 60mcg Sublingual Tablet		A	i) Central diabetes insipidus. ii) Primary nocturnal enuresis. iii) Treatment of nocturia associated with nocturnal polyuria in adult.	i) 60mcg 3 times daily sublingually (daily dose range from 120mcg to 720mcg). ii) 120mcg once daily at bedtime, sublingually (maximum dose 240mcg). iii) 60mcg once daily at bedtime (dose range from 120mcg to 240mcg).	
319	Desmopressin Acetate 4 mcg/ml Injection		A	Central Diabetes Insipidus.	Adults 1-4 mcg 1-2 times daily. Children above the age of 1 year 0.4-1 mcg 1-2 times daily. Children below the age of 1 year 0.2-0.4 mcg 1-2 times daily.	
320	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.	
321	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).	
322	Dexamethasone 0.5 mg Tablet		A	i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy,	0.5mg to 10mg daily is given for oral administration. Dose can be titrated up to 20mg daily in severe disease	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				post-operation and palliative care. ii) Treatment of adrenocortical function abnormalities. iii) Any other treatment requiring corticosteroid therapy.	depending on the condition being treated. The dosing is individualized according to product insert / protocol.	
323	Dexamethasone 4mg Tablet		A	i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy, post-operation and palliative care. ii) Treatment of adrenocortical function abnormalities. iii) Any other treatment requiring corticosteroid therapy.	0.5mg to 10mg daily is given for oral administration. Dose can be titrated up to 20mg daily in severe disease depending on the condition being treated. The dosing is individualized according to product insert / protocol.	
324	Dexamethasone 700mcg Intravitreal Implant		A*	i) Treatment of adult patients with visual impairment due to diabetic macular oedema (DME) who are pseudophakic. ii) Treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO). For indication (ii): a) First line therapy for patient with	Indication (i): The recommended dose is one dexamethasone intravitreal implant to be administered to the affected eye. Administration to both eyes concurrently is not recommended. Patients treated with dexamethasone intravitreal implant who have experienced an initial response and in the physician's opinion may benefit from retreatment without being exposed to significant risk should be considered for retreatment. Retreatment may be	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				contraindication to anti-VEGF treatment. b) Second line therapy for patient refractory to anti-VEGF treatment. c) To be prescribed by Ophthalmologist only.	performed after approximately 6 months if the patient experiences decreased vision and/or an increase in retinal thickness, secondary to recurrent or worsening diabetic macular oedema. There is currently no experience of the efficacy or safety of repeat administrations in DME beyond 7 implants. Indication (ii): 700 mcg injected intravitreally into one affected eye. Administration to both eyes concurrently is not recommended. Repeat doses at 6 months interval should be considered when a patient experiences a response to treatment followed subsequently by a loss in visual acuity.	
325	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.	
326	Dexamethasone Sodium Phosphate 0.1% Eye Drops		A	Acute steroid responsive inflammatory and allergic conditions.	1 - 2 drops 4 - 6 times a day. Severe conditions: Instil 1 drop hourly, then reduced to 1 drop 4 hourly as the inflammation subsides.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
327	Dexamethasone Sodium Phosphate 4 mg/ml Injection		B	i) Prophylaxis and management of nausea and vomiting in cancer chemotherapy, post-operation and palliative care. ii) Treatment of adrenocortical function abnormalities. iii) Any other treatment requiring corticosteroid therapy.	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.	
328	Dexlansoprazole 30 mg delayed release capsule		A*	i) Treatment of erosive esophagitis (EE); ii) Maintenance of healed erosive esophagitis (EE); iii) Symptomatic treatment of non-erosive gastroesophageal reflux disease. Prescribing Restriction(s): As a second-line therapy for: i) Patients with refractory EE; ii) Geriatrics; iii) Patients with polypharmacy.	i) Treatment of EE – 60 mg once daily for 8 weeks. ii) Maintenance of healed EE – 30 mg once daily for 6 months. iii) Symptomatic non-erosive gastroesophageal reflux disease – 30 mg once daily for 4 weeks.	
329	Dexmedetomidine HCl 100 mcg/ml Injection		A*	i) Sedation of intubated and mechanically ventilated ICU patients. For use only by specialist anaesthetist. ii) For sedation of non-intubated patients prior to and/or during	i) Not to be infused for more than 24 hours, 1 mcg/kg over 10 minutes as loading dose. Maintenance dose: 0.2 - 0.7 mcg/kg/hr. ii) Not to be infused for more than 24 hours, 1 mcg/kg over 10 minutes as loading dose.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				surgical and other procedures.	Maintenance dose: 0.2 - 0.7 mcg/kg/hr.	
330	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.	
331	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.	
332	Dextrose 5% 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.	
333	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.	
334	Dextrose Powder		B	Use as a diagnostic agent for diabetes.	75 g stat.	
335	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
336	Diazepam 5 mg Tablet		B	i) Muscle spasm of varied aetiology, including tetanus. ii) Anxiety disorders.	i) ADULT: 2-10 mg 3-4 times daily. CHILD 6 months and older: 0.12 - 0.8 mg/kg daily in divided doses, every 6-8 hours. ii) ADULT : 2 mg 3 times daily, increased in severe anxiety to 15 - 30 mg daily in divided doses. ELDERLY (or debilitated) half adult dose. CHILD (night terrors), 1 - 5 mg at bedtime.	
337	Diazepam 5 mg/ml Injection		B	i) Status epilepticus. ii) Skeletal muscle spasm. 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. ii) ADULT: 10mg once or twice IV. CHILD 2 to 5 years of age: IM or IV, 1 to 2mg the dosage being repeated every three to four hours as needed. CHILD 5 years and older: IM or IV, 5 to 10mg, the the dosage being repeated every three to four hours as needed. iii) ADULT: 10-20mg three times daily IM or IV until acute symptoms subside.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
338	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).	
339	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. 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.	
340	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. 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.	
341	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. CHILD ABOVE 1 YEAR AND ADOLESCENT: 0.5-2mg/kg daily divided to 2-3 doses. Maximum dose for juvenile RA	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					is 3mg/kg/day in divided doses.	
342	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 150mg/day. Not suitable for children.	
343	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 continuously without regard to vaginal bleeding.	
344	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).	
345	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.	
346	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;	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
347	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.	
348	Diltiazem HCl 30 mg Tablet		B	i) Treatment of angina. ii) Hypertension.	Initially 30mg tds, may increase to 60mg tds (elderly initially twice daily; increased if necessary to 360 mg daily.	
349	Dinoprostone (Prostaglandin E2) 3 mg Vaginal Tablet		A	Induction of labour.	3 mg vaginal tablet to be inserted high into the posterior fornix. A second 3 mg tablet may be inserted after 6-8 hours if labour is not established. Max 6 mg.	
350	Diosmin 450 mg and Hesperidin 50 mg Tablet		B	i) Haemorrhoids. 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. ii) 2 tab daily with meals.	
351	Diphenhydramine Hydrochloride 14mg/5ml Expectorant		C	Cough.	ADULT : 5 - 10 ml 2 - 3 times daily.	
352	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).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
353	Diphtheria, tetanus and pertussis (acellular, component) vaccine (adsorbed, reduced antigen(s) content) Suspension for injection (Tdap)		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. For deep intramuscular injection, preferably in the deltoid region	
354	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.	
355	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
356	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.	
357	Docetaxel 40mg/ml Injection		A*	i) Breast Cancer; ii) Non-small cell lung cancer; iii) Prostate cancer; iv) Gastric adenocarcinoma; v) Head and neck cancer; vi) Ovarian cancer.	Two dosing regimens: a. 50 mg/m ² every 2 weeks, intravenous b. 75 to 100 mg/m ² every 3 weeks, intravenous. Dosing is according to product insert/protocol.	
358	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 to the first line therapy (efavirenz and nevirapine).	i) HIV-1 patients without documented or clinically suspected resistance to the integrase class: 50 mg (one tablet), once daily, orally. ii) HIV-1 patients with resistance to the integrase class: 50 mg (one tablet), twice daily, orally.	C/S
359	Dolutegravir 50mg, Lamivudine 300mg, Tenofovir Disoproxil		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	One tablet once daily	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
	Fumarate 300mg Film-Coated Tablets (TELDY)			above 12 years of age weighing 40 kg or greater.		
360	Domperidone 1 mg/ml Suspension		B	Nausea, vomiting, dyspepsia, gastro-esophageal reflux.	Adults and adolescents ≥ 12 years of age and weighing $\geq$ 35kg & children < 12 years of age and weighing ≥ 35 kg: 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.	
361	Domperidone 10 mg Tablet		B	Nausea, vomiting, dyspepsia, gastro-esophageal reflux.	Adults and adolescents ≥ 12 years of age and weighing $\geq$ 35kg & children < 12 years of age and weighing ≥ 35 kg: 10mg three to four times per day. Maximum dose: 40mg/day.	
362	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.	
363	Donepezil Hydrochloride 10mg Orodispersible Tablet		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
364	Donepezil Hydrochloride 5mg Orodispersible Tablet		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.	
365	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.	
366	Dorzolamide HCl 2% Ophthalmic Solution		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.	
367	Dothiepin HCl 25 mg Capsule		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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					(ELDERLY 75 mg may be sufficient), up to 225 mg daily in some circumstances. CHILD is not recommended.	
368	Doxazosin Mesilate 4 mg CR Tablet		A*	Benign Prostatic Hyperplasia.	4 mg once daily to maximum 8mg/day.	
369	Doxorubicin HCl 2mg/ml Injection		A	i) Solid tumours, leukaemia, non-Hodgkin's lymphoma. ii) Leukaemia (ALL induction). iii) Multiple myeloma.	i) 30 - 75 mg/m ² IV as a single dose at 21 day intervals. ii) 25 - 45 mg/m ² once a week for the first 4 weeks during induction or re-induction phase (refer to specific protocol. Caution: Total cumulative dose of doxorubicin must not exceed 550 mg/m ² due to risk of cardiotoxicity. CHILD: 30 mg/m ² /dose over 6 - 24 hours for 1 - 2 days. Need to check cardiac function closely by echocardiography every cumulative dose of 100 mg/m ² to maximum 360 mg/m ² . iii) 9 mg/m ² over 24 hours infusion for 4 days at monthly intervals.	
370	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
371	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. ii) Wilson's Disease: to aid in elimination of copper ions.	i) Heavy metal poisoning: 900mg-1800mg daily. Duration of treatment is dictated by the urinary heavy metal excretion. Simultaneous oral vitamin B6 replacement with at least 40mg daily is essential. ii) Wilson's disease: 0.25g - 1.5g daily on an incremental basis. Maximal daily dose: 2g. Maintenance dose: 0.75g - 1g daily.	UKK (IMPORT PERMIT)
372	Dulaglutide 0.75mg Solution for Injection in Pre-Filled Pen	ENDOKRI N	A*	Treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: • in addition to other glucose lowering medicinal products for the treatment of diabetes.	Monotherapy: The recommended dose is 0.75 mg once weekly. Add-on therapy: The recommended dose is 1.5 mg once weekly. For potentially vulnerable populations 0.75 mg once weekly can be considered as a starting dose.	
373	Dulaglutide 1.5mg Solution for Injection in Pre-Filled Pen	ENDOKRI N	A*	Treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: • in addition to other glucose lowering medicinal products for the treatment of diabetes.	Monotherapy: The recommended dose is 0.75 mg once weekly. Add-on therapy: The recommended dose is 1.5 mg once weekly. For potentially vulnerable populations 0.75 mg once weekly can be considered as a starting dose.	
374	Duloxetine 30 mg Capsule		A*	i) Major depressive disorder. ii) Diabetic peripheral neuropathic pain. iii) Generalised Anxiety Disorder.	i) & ii) ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					iii) Generalised Anxiety: Initial dose: 30 mg OD with or without food Maintenance dose: 60 mg OD.	
375	Duloxetine 60 mg Capsule		A*	i) Major depressive disorder. ii) Diabetic peripheral neuropathic pain. iii) Generalised Anxiety Disorder.	i) & ii) ADULT: 60 mg once daily up to a maximum dose of 120mg/day (in divided doses) CHILD and ADOLESCENT under 18 years not recommended. iii) Generalised Anxiety: Initial dose: 30 mg OD with or without food Maintenance dose: 60 mg OD.	
376	Dupilumab 300mg Solution for Injection in Pre-filled Syringe	RESPIRA TORI	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).	Indication (i): The recommended dose is an initial dose of 600 mg (two 300 mg injections), followed by 300 mg given every other week. Indication (ii): • An initial dose of 400 mg (two 200 mg injections) followed by 200 mg given every other week as subcutaneous injection • For patients with severe asthma and who are on oral corticosteroids or for patients with severe asthma and co-morbid moderate-to-severe atopic dermatitis or adults with 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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				Dupilumab is indicated as maintenance therapy for oral corticosteroid-dependent asthma.		
377	Dutasteride 0.5 mg Capsule		A*	Benign prostatic hyperplasia in men with an enlarged prostate gland.	0.5 mg daily.	
378	Dutasteride 0.5mg and Tamsulosin 0.4mg Capsule		A*	Combination therapy for the treatment of moderate to severe symptoms of BPH with: i) Large prostate (>30g). ii) Poor risk or not fit for surgery. iii) Those who are awaiting their turn for surgery.	One capsule daily.	
379	Dydrogesterone 10 mg Tablet		A/KK	i) Dysmenorrhoea. ii) Endometriosis. iii) Dysfunctional uterine bleeding (to arrest and to prevent bleeding). iv) Threatened abortion. v) Habitual abortion. vi) Post menopausal complaints (hormone replacement therapy in combination with oestrogen).	i) 10 mg bd from day 5 - 25 of cycle. ii) 10 mg bd - tds from day 5 - 25 of the cycle or continuously. iii) To arrest bleeding :10 mg bd with an oestrogen once daily for 5 - 7 days, To prevent bleeding : 10 mg bd with an oestrogen once daily from day 11 - 25 of the cycle. iv) 40 mg at once, then 10mg 8hrly until symptoms remit. v) 10 mg bd until 20th week of pregnancy. vi) 10-20 mg daily during last 12-14 days of each cycle.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
380	Edoxaban 30mg Film Coated Tablets		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 $\geq$ 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: • Moderate or severe renal impairment (creatinine clearance (CrCL) 15 - 50 mL/min) • Low body weight $\leq$ 60 kg • Concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole.	
381	Edoxaban 60mgFilm Coated Tablets		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 $\geq$ 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: • Moderate or severe renal impairment (creatinine clearance (CrCL) 15 - 50 mL/min) • Low body weight $\leq$ 60 kg • Concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
382	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.	
383	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.	
384	Eltrombopag Olamine 25 mg Film-coated Tablet	HEMATO LOGI (UKK), PEDIATRI K, O&G ONKOLO GI (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 $\geq 50,000$ /microliter. Max: 75 mg daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
385	Emicizumab 30mg/ml solution for injection	HEMATO LOGI	A*	i. For routine prophylaxis of bleeding episodes in patients with hemophilia A (congenital factor VIII deficiency) with factor VIII inhibitors ii. For routine prophylaxis of bleeding episodes in patients with haemophilia A (congenital factor VIII deficiency), without factor VIII inhibitors who have, severe disease (FVIII < 1%)	3 mg/kg once weekly for the first 4 weeks (loading dose), followed by maintenance dose of either 1.5 mg/kg once weekly, 3 mg/kg every two weeks, or 6 mg/kg every four weeks	
386	Empagliflozin 10mg Tablet		A/KK	Indication 1: Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as: Add-on combination therapy: In combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Indication 2: Indicated in patients with type 2 diabetes mellitus (T2DM) and established cardiovascular disease (CVD) to reduce the risk	Indication 1 & 2: - Starting dose is 10 mg empagliflozin once daily for monotherapy and add-on combination therapy with other glucose-lowering medicinal products including insulin. - In patients tolerating empagliflozin 10 mg once daily and need tighter glycaemic control, the dose can be increased to 25 mg once daily. - The maximum daily dose is 25 mg. Indication 3 & 4: 10mg once daily	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				of cardiovascular (CV) death: As an adjunct to diet, exercise and standard of care, to reduce the risk of cardiovascular (CV) death. Indication 3: Indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure (NYHA class II-IV). Indication 4: For cardiorenal protection in adult patients with chronic kidney disease, with or without type 2 diabetes mellitus, with eGFR $\geq 20 \text{ mL/min/1.73m}^2$, or eGFR at least $45 \text{ mL/min/1.73m}^2$ with a urinary albumin-to-creatinine ratio of $\geq 200 \text{ mg/g}$ receiving maximal tolerated treatment with ACEi or ARB.		

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
387	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. 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.	
388	Enalapril 20 mg Tablet		B	i) Hypertension. ii) Heart failure. 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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
389	Enalapril 5 mg Tablet		B	i) Hypertension. ii) Heart failure. 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. 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.	
390	Enoxaparin Sodium 20 mg Injection		A*, A/KK	KATEGORI PRESKRIBER A*: i) Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE ii) Treatment of venous thromboembolic diseases (DVT and PE). iii) Acute coronary syndrome: a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid. b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with	KATEGORI PRESKRIBER A* i) Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily. High risk: 40mg SC 12 hours before surgery then 40mg SC once daily. Medical patients: 40mg once daily. ii) 1.5mg/kg once daily or 1mg/kg twice daily. iii) 1 mg/kg every 12 hours. KATEGORI PRESKRIBER A/KK: <50 kg: 20mg OD 50-90 kg: 40mg OD 91-130 kg: 60mg OD 131-170 kg: 80mg OD >170 kg: 0.6mg/kg/day	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
				subsequent Percutaneous Coronary Intervention (PCI). KATEGORI PRESKRIBER A/KK: Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is necessary prior treatment initiation. Healthcare facilities are advised to refer to "Panduan Penggunaan Ubat-Ubatan yang Mengandungi Unsur Tidak Halal".		
391	Enoxaparin Sodium 40 mg Injection		A*, A/KK	KATEGORI PRESKRIBER A*: i) Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE ii) Treatment of venous thromboembolic diseases (DVT and PE). iii) Acute coronary syndrome: a. Treatment of unstable angina and Non-ST-segment	KATEGORI PRESKRIBER A* i) Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily. High risk: 40mg SC 12 hours before surgery then 40mg SC once daily. Medical patients: 40mg once daily. ii) 1.5mg/kg once daily or 1mg/kg twice daily. iii) 1 mg/kg every 12 hours. KATEGORI PRESKRIBER A/KK: <50 kg: 20mg OD 50-90 kg: 40mg OD	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid. b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI). KATEGORI PRESKRIBER A/KK: Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or more. A written consent form by the patient is necessary prior treatment initiation. Healthcare facilities are advised to refer to "Panduan Penggunaan Ubat-Ubatan yang Mengandungi Unsur Tidak Halal".	91-130 kg: 60mg OD 131-170 kg: 80mg OD >170 kg: 0.6mg/kg/day	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
392	Enoxaparin Sodium 60 mg Injection		A*, A/KK	KATEGORI PRESKRIBER A*: i) Prophylaxis of venous thromboembolic diseases (DVT and PE) especially in perioperative, high risk surgical cases and medical patients with acute illness at increased risk of VTE ii) Treatment of venous thromboembolic diseases (DVT and PE). iii) Acute coronary syndrome: a. Treatment of unstable angina and Non-ST-segment elevation myocardial infarction (NSTEMI), in combination with oral acetylsalicylic acid. b. Treatment of acute ST-segment elevation myocardial infarction (STEMI) including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI). KATEGORI PRESKRIBER A/KK: Prevention of DVT in antenatal and/or postnatal women with VTE risk scoring of 3 or	KATEGORI PRESKRIBER A* i) Moderate risk: 20mg SC 2 hours before surgery then 20mg SC once daily. High risk: 40mg SC 12 hours before surgery then 40mg SC once daily. Medical patients: 40mg once daily. ii) 1.5mg/kg once daily or 1mg/kg twice daily. iii) 1 mg/kg every 12 hours. KATEGORI PRESKRIBER A/KK: <50 kg: 20mg OD 50-90 kg: 40mg OD 91-130 kg: 60mg OD 131-170 kg: 80mg OD >170 kg: 0.6mg/kg/day	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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”.		
393	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.	
394	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).	
395	Eperisone HCl 50 mg Tablet		A	Myotonic symptoms associated with cervical syndrome, periarthrits of shoulder and lumbago spastic paralysis.	50 mg 3 times daily.	
396	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					mg SC/IM. If necessary, a second IM dose of 50 mg or an IV dose of 25 mg may be given. Direct IV injection, 10 - 25 mg may be given slowly. Maximum parenteral ADULT dose : 150 mg in 24 hours. CHILD : 3 mg/kg or 100 mg/m ² SC or IV daily, in 4 - 6 divided doses.	
397	Epirubicin 10 mg Injection		A*	i. Solid tumour. ii. Non-Hodgkin's lymphoma. iii. Leukaemia (ALL induction). iv. Lymphoma.	75 - 90mg/m ² body area injected IV in 3 - 5 min, repeated at 21 day intervals. Higher doses up to 135mg/m ² as single agent and 120mg/m ² as combination (effective in treatment of breast cancer) CHILD: 50 mg/m ² over 6 hours. Schedule depends on protocol. Refer to specific product for dosing information.	
398	Epirubicin 50 mg Injection		A*	i. Solid tumour. ii. Non-Hodgkin's lymphoma. iii. Leukaemia (ALL induction). iv. Lymphoma.	76 - 90mg/m ² body area injected IV in 3 - 5 min, repeated at 21 day intervals. Higher doses up to 135mg/m ² as single agent and 120mg/m ² as combination (effective in treatment of breast cancer) CHILD: 50 mg/m ² over 6 hours. Schedule depends on protocol. Refer to specific product for dosing information.	
399	Ertapenem 1 g Injection		A*	i) Patient with confirm ESBL producing gram-negative infection.	ADULT: 1 g once daily. CHILD 3 month to 12 years: 15 mg/kg twice daily. Not to exceed 1 g/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) Empiric treatment for severe community acquired pneumonia or other infections when <i>Pseudomonas aeruginosa</i> is not suspected.		
400	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.	
401	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.	
402	Erythromycin Lactobionate 500 mg Injection		A*	Only for treatment of: i) certain forms of meningitis. ii) septicaemia not responding to usual antibiotics. iii) mycoplasma pneumonia. iv) infection with gram-positive organisms (e.g. tetanus, streptococcal infection) associated with Penicillin allergy, only when oral erythromycin cannot be given.	Adult & Child: 25 - 50mg/kg /day infusion every 6 hours. Maximum: 4 g/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
403	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. ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy.	a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly. b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly Dosing is according to product insert.	
404	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 more than 10 g/dL and pre-transplant cases. ii) Anaemia in cancer (non-myeloid malignancies) with concomitant chemotherapy.	a) EPO Alfa: 150IU/kg three times weekly or 40,000IU once weekly. b) EPO Beta: 450IU/kg once weekly or 30,000 IU once weekly Dosing is according to product insert.	
405	Escitalopram 10 mg Tablet		B	i) Major depression. ii) Treatment of panic disorder with or without agoraphobia.	i) 10 mg once daily; may be increased to max 20 mg daily. ii) Panic disorder with or without agoraphobia :Initially 5 mg for the first week, thereafter increased to 10 mg daily. Max 20 mg daily, ELDERLY initially half the adult	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					dose, lower maintenance dose may be sufficient. CHILD and ADOLESCENT under 18 years not recommended.	
406	Esmolol HCl 10 mg/ml Injection		A*	i) Supraventricular tachycardia ii) Intraoperative and postoperative tachycardia and/or hypertension (including in pregnancy).	i) & ii) 50-200 mcg/kg/min. Dosing is individualised and according to product insert/protocol.	
407	Esomeprazole 40 mg Injection		A*	i) Acute erosive/ulcerative oesophagitis. ii) Non-variceal upper gastrointestinal bleed.	i) 20- 40 mg once daily for 2-5 days. ii) 80 mg by IV bolus followed by 8mg/hour infusion for 72 hours.	
408	Esomeprazole 40 mg Tablet		A	i) Gastro-oesophageal reflux disease. ii) H. pylori eradication.	i) 20mg daily for 4-8 weeks. ii) 40mg daily for 10 days in combination with amoxicillin 1g twice daily or clarithromycin 500mg twice daily.	
409	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.	
410	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
411	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. ii) Prevention of postmenopausal osteoporosis in women with a uterus.	One tablet is to be taken daily for a 28-day cycle.	
412	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. ii) Prevention of postmenopausal osteoporosis.	1-2 mg daily continuously. Titrate to the minimum effective dose necessary to control symptoms.	
413	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. ii) Prevention of postmenopausal osteoporosis. iii) Control of irregular menstrual cycles. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
414	Etanercept 50 mg Injection	RHEUMA TOLOGI, DERMAT OLOGI (UKK)	A*	i) Moderately to severe rheumatoid arthritis as monotherapy or in combination with methotrexate in patients with inadequate response to methotrexate alone. ii) Active polyarticular-course juvenile idiopathic arthritis in children 2-17 years with inadequate response to, or who have proved intolerant of methotrexate. iii) Psoriatic arthritis as monotherapy or in combination with methotrexate in patients inadequate response to methotrexate alone. iv) Active ankylosing spondylitis in adults.	Adult & geriatric dose: Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis; 50 mg SC once-weekly for once-weekly dosing or 25 mg SC twice weekly (individual doses should be separated by 72 to 96 hours) for twice-weekly dosing. Paediatric dose (2 to 17 years): Juvenile idiopathic arthritis; 0.8 mg/kg (max. 25 mg/dose) SC once weekly for once-weekly dosing or 0.4 mg/kg (max. 25 mg/dose) SC twice weekly (individual doses should be separated by 72 to 96 hours) for twice-weekly dosing.	
415	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.	
416	Ether Solvent		C	To remove adhesive plaster from the skin.	Dose depending on the route and procedure.	
417	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	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				other first-line agents has failed.		
418	Ethyl Chloride 100ml Spray		C	For minor surgical procedures including lancing boils, incision and drainage of small abscesses, pain due to athletic injuries and pain due to injection administration.	Spray to affected area at a distance of about 30cm until a fine white film is produced.	
419	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.	
420	Etonogestrel 68 mg Implant		A/KK	Contraception.	Subdermal insertion: A single implant is effective for 3 years (to be removed 3 years from the date of insertion).	
421	Etoposide 100 mg/5 ml Injection		A*	i) For treatment of children with solid tumours, juvenile myelomonocytic leukemia (JMML) and Langerhan cell histiocytosis. ii) Leukaemia, lymphoma. iii) Solid tumour.	i) CHILD: 60-120 mg/m ² /day by IV for 3 - 5 days every 3 - 6 weeks depending on protocols. ii) Maintenance or palliative chemotherapy for elderly acute myeloid leukemia, consolidation therapy for acute lymphoblastic leukemia, stem cell mobilization (Refer to protocol). iii) 100 mg/m ² by IV every other day for 3 doses repeated every 3-4 weeks.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
422	Etoposide 50mg capsule	HEMATO LOGI	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 (IMPORT PERMIT)
423	Etoricoxib 120 mg Tablet		A/KK	i) Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA). ii) Acute gouty arthritis. iii) Acute pain.	i) OA: 60 mg once daily. RA: 90 mg once daily. ii & iii) Acute gouty arthritis and acute pain: 120 mg once daily (Given the exposure to COX-2 inhibitors, doctors are advised to use the lowest effective dose for the shortest possible duration of treatment).	
424	Etoricoxib 90 mg Tablet		A/KK	i) Acute and chronic treatment of signs and symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA). ii) Acute gouty arthritis. iii) Acute pain.	i) OA: 60 mg once daily. RA: 60mg once daily and may be increased to 90mg once daily if needed. Once the patient is stabilized, down-titration to 60mg once daily may be appropriate. ii & iii) Acute gouty arthritis and acute pain: 120 mg once daily (Given the exposure to COX-2 inhibitors, doctors are advised to use the lowest effective dose for the shortest possible duration of treatment).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
425	Everolimus 0.25mg tablet		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.).	
426	Everolimus 0.75mg tablet	UROLOG I (UKK)	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.).	
427	Evolocumab 140 mg/mL Pre-filled Autoinjector	Kardiolo gi	A*	Evolocumab is indicated as an adjunct to diet and standard of care therapy (including moderate- to high-intensity statin therapy alone or in combination with other lipid-lowering therapy), to reduce the risk of myocardial infarction, stroke, and coronary revascularization in adult patients with atherosclerotic cardiovascular disease.	The recommended subcutaneous dosage of evolocumab is either 140 mg every 2 weeks OR 420 mg once monthly.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
428	Exemestane 25 mg Tablet		A*	Treatment of post-menopausal women with advanced breast cancer whose disease has progressed following tamoxifen and non-steroidal aromatase inhibitors.	25 mg once daily.	
429	Ezetimibe 10 mg & Simvastatin 20 mg Tablet		A*	Primary hypercholesterolemia.	Usual starting dose: 10/20 mg/day.	
430	Ezetimibe 10 mg Tablet		A/KK	i) Co-administration with statins for patients who have chronic heart disease or are chronic heart disease equivalent or familial hypercholesterolaemia with target LDL-C not achieved by maximum dose of statins. ii) Monotherapy in patients with documented biochemical intolerance to statins.	10 mg once daily. Not recommended for children less than 10 years old.	
431	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
432	Factor IX, Factor II, Factor VII and Factor X In Combination Injection	ANESTESIOLOGI, HEMATOLOGI, NEUROURGERI, 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. ii) Treatment and perioperative prophylaxis of bleeding in congenital deficiency of any of the vitamin K dependent coagulation factors only if purified specific coagulation factor product is not available.	Amount and frequency of administration should be calculated on an individual patient basis. Individual dosage requirements can only be identified on the basis of regular determinations of the individual plasma levels of the coagulation factors of interest or on the global tests of the prothrombin complex levels (INR, Quick's test) and a continuous monitoring of the clinical condition of the patient. An approximate calculation is as follows: Required dose (IU) = body weight (kg) x desired factor rise (IU/dl or % of normal) x reciprocal of the estimated recovery, i.e. Factor II = 53 Factor VII = 59 Factor IX = 77 Factor X = 56 As product may differ from one to another, it is strongly advised to refer to the manufacturer (product insert) in regards to dosing calculation.	
433	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					therapy is needed, dose interval can be increased successively to every 4, 6, 8 or 12 hours.	
434	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. ii) The treatment and prophylaxis of bleeding associated with factor VIII deficiency due to haemophilia A.	i) Von Willebrand Disease: Spontaneous Bleeding Episodes: Initially, factor VIII 12.5-25 IU/kg and ristocetin cofactor 25-50 IU/kg followed by factor VIII 12.5 IU/kg and ristocetin cofactor 25 IU/kg subsequently every 12-24 hrs. Minor Surgery: Factor VIII 30 IU/kg and ristocetin cofactor 60 IU/kg daily. Major Surgery: Initially, factor VIII 30-40 IU/kg and ristocetin cofactor 60-80 IU/kg followed by factor VIII 15-30 IU/kg and ristocetin cofactor 30-60 IU/kg subsequently every 12-24 hrs. Prophylaxis: Factor VIII 12.5-20 IU/kg and ristocetin cofactor 25-40 IU/kg 3 times weekly. ii) Hemophilia A therapy: Minor haemorrhage: 10-15 IU/kg every 12-24 hours. Moderate to severe haemorrhage: 15-40 IU/kg every 8 to 24 hours. Minor surgery: Loading dose 20-30 IU/kg, maintenance dose 15-30 IU/kg. Major surgery: Loading dose 40-50 IU/kg, maintenance dose 10-40 IU/kg. Prophylaxis: 25-40 IU/kg three times weekly As product may differ from one	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					to another, it is strongly advised to refer to the manufacturer (product insert) in regards to dosing calculation.	
435	Factor VIII Inhibitor Bypassing Activity Injection		A	i) Treatment and prophylaxis of hemorrhages in hemophilia A and B patients with inhibitors. ii) Treatment and prophylaxis of hemorrhages in non-hemophilic patients who have developed inhibitors to Factors VIII, IX and XI. iii) Treatment of patients with acquired inhibitors to Factors X and XIII. iv) In the combination with Factor VIII concentrate for a long-term therapy to achieve a complete and permanent elimination of the Factor VIII inhibitor so as to allow for regular treatment with Factor VIII concentrate as in patients without inhibitor.	As a general guideline, a dose of 50 to 100IU/kg body weight is recommended, not exceeding an individual dose of 100IU/kg bw and a maximum daily dose of 200IU/kg bw.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
436	Faricimab 6mg/0.05ml Solution for Intravitreal Injection	OFTALM OLOGI	A*	i. Treatment of adult patients with neovascular (wet) age-related macular degeneration (nAMD). ii. Treatment of adult patients with diabetic macular edema (DME)	Indication i: The recommended dose is 6 mg (0.05 mL solution) administered by intravitreal injection every 4 weeks (monthly) for the first 3 doses. Thereafter, an assessment of disease activity based on anatomic and/or visual outcomes is recommended 16 and/or 20 weeks after treatment initiation so that treatment can be individualised. In patients without disease activity, administration of faricimab every 16 weeks (4 months) should be considered. In patients with disease activity, treatment every 8 weeks (2 months) or 12 weeks (3 months) should be considered. There is limited safety data on treatment intervals of 8 weeks or less between injections. Indication ii: The recommended dose is 6 mg (0.05 mL solution) administered by intravitreal injection every 4 weeks (monthly); 3 or more consecutive, monthly injections may be needed. Thereafter, treatment is individualised using a treat-and-extend approach. Based on the physician's judgement of the patient's	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					anatomic and/or visual outcomes, the dosing interval may be extended, in increments of up to 4 weeks. If anatomic and/or visual outcomes change, the treatment interval should be adjusted accordingly, and interval reduction should be implemented if anatomic and/or visual outcomes deteriorate. Treatment intervals shorter than 4 weeks and longer than 4 months between injections have not been studied.	
437	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.	
438	Febuxostat 80 mg tablet		A/KK	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
439	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.	
440	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.	
441	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 dyslipidemias] in patients unresponsive to dietary and other non-pharmacological measures especially when there is evidence of associated risk factors. ii) Treatment of secondary hyperlipoproteinemias if hyperlipoproteinemia persists despite effective treatment of underlying disease. iii) Dyslipidemia in Type 2 Diabetes Mellitus. Category of prescriber A* is approved for the following indication: Diabetic retinopathy Indicated for the reduction in the	145mg once daily, with or without food.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				progression of diabetic retinopathy in patients with type 2 diabetes and existing diabetic retinopathy. Prescribing Restriction: To be initiated by endocrinologists and ophthalmologists only.		
442	Fentanyl 12.5 mcg/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.	
443	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.	
444	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
445	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 additional analgesia is required. Post-operatively (recovery room): IM 50 - 100mcg for pain control, tachypnoea and emergency delirium. May be repeated in 1- 2 hours as needed. CHILD (2 - 12 years): Induction & maintenance: 2 - 3 mcg/kg.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
446	Ferric derisomaltose 100 mg/ml solution for injection /infusion	5ML/VIA L - NEFROL OGI, HEMATO LOGI, KARDIO- ANEST, O&G, RESPIRA TORI, GERIATRI K, KARDIOL OGI 10ML/VI AL - HEMATO LOGI, O&G, GERIATRI K, RESPIRA TORI	A*	Indicated for the treatment of iron deficiency in the following conditions: - when oral iron preparations are ineffective or cannot be used - where there is a clinical need to deliver iron rapidly Pres. Restrictions: The diagnosis must be based on laboratory tests. For cases where less number of administration and fewer medical visits or quick achievement of Hb target are imperative / crucial.	Intravenous bolus injection: Up to 500 mg up to three times a week at an administration rate of up to 250 mg iron/minute. Intravenous drip infusion: Up to 20 mg iron/kg body weight or as weekly infusions until the cumulative iron dose has been administered. If the cumulative iron dose exceeds 20 mg iron/kg body weight, the dose must be split in two administrations with an interval of at least one week.	
447	Ferrous controlled release 500 mg, Vitamin B1, Vitamin B2, Vitamin B6, Vitamin B12, Vitamin C, Niacinamide, Calcium Pantothenate,		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	One tablet daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
	Folic Acid 800 mcg Tablet			deficiency in pregnant women ONLY.		
448	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.	
449	Ferrous iron (elemental iron $\geq$ 100mg), vitamin & mineral Capsule		B	i) Iron deficiency anaemia. ii) Nutritional deficiency anaemia and anaemia associated with pregnancy, worm infestation etc. iii) Prophylaxis against iron deficiency and megaloblastic anaemia of pregnancy during the second and third trimester of pregnancy.	1 capsule daily.	
450	Filgrastim (G-CSF) 30 MU/ml Injection		A*	i) Prevention and treatment of febrile neutropenia due to cancer chemotherapy (except chronic myeloid leukaemia and myelodysplastic syndrome). ii) Haemopoietic stem cell transplantation (HSCT)/stem cell harvesting.	i) Adult: SC or IV 5 mcg/kg/day. Initiation: 24 - 72 hours after chemotherapy. Duration: Until a clinically adequate neutrophil recovery is achieved (absolute neutrophil count of at least $1 \times 10^9/L$ on 2 consecutive days). ii) Refer to protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
451	Filgrastim 30 MU in 0.5 ml Injection		A*	i) Prevention and treatment of febrile neutropenia due to cancer chemotherapy (except chronic myeloid leukaemia and myelodysplastic syndrome) ii) Haemopoietic 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 $1 \times 10^9/L$ on 2 consecutive days) ii) Refer to protocol	
452	Finasteride 5 mg Tablet		A*	Treatment and control of benign prostatic hyperplasia.	5 mg once daily.	
453	Fingolimod 0.5mg Capsule	NEURO MEDIKAL	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.	
454	Flecainide Acetate 100 mg Tablet	O&G (UKK) KARDIOL OGI, PEDIATRIK/ KARDIO-PEADS	A*	i) Sustained monomorphic ventricular tachycardias. ii) Preexcited atrial fibrillation associated with Wolff-Parkinson White Syndrome. iii) Reciprocating Atrio-Ventricular tachycardias (AVT) associated with Wolff-Parkinson White Syndrome iv) Supraventricular tachycardias due to	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
				Intra-Atrio Ventricular Nodul Reentry.		
455	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.	i) a) 400mg on Day1 followed by 200mg to 400mg once daily usually at least 6 to 8 weeks for cryptococcal meningitis. CHILD $\geq$ 4 weeks-11 years: Treatment: 6-12mg/kg once daily. 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 $\geq$ 4 weeks-11 years: 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:- 0-14 days: 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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				iv) Genital candidiasis. a) Vaginal candidiasis (acute or recurrent). b) Prophylaxis of recurrent vaginal candidiasis (three or more episodes a year). c) Candidal balanitis. v) Prevention of fungal infections in patients with malignancy who are predisposed to such infections as a result of cytotoxic chemotherapy or radiotherapy. vi) Dermatomycosis. a) Tinea pedis, tinea corporis, tinea cruris and dermal Candida infections. b) Tinea versicolor.	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. vi) a) 150 mg once weekly or 50 mg once daily for normally 2 to 6 weeks b) 300mg once weekly for 2 weeks; 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
456	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 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	i) a) 400mg on Day 1 followed by 200mg to 400mg once daily usually at least 6 to 8 weeks for cryptococcal meningitis. CHILD $\geq$ 4 weeks-11 years: Treatment: 6-12mg/kg once daily. 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 $\geq$ 4 weeks-11 years: 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:- 0-14 days: 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 usually 4 to 12 months. c) 150 mg as a	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				or recurrent). b) Prophylaxis of recurrent vaginal candidiasis (three or more episodes a year). c) Candidal balanitis. v) Prevention of fungal infections in patients with malignancy who are predisposed to such infections as a result of cytotoxic chemotherapy or radiotherapy. vi) Dermatomycosis. a) Tinea pedis, tinea corporis, tinea cruris and dermal Candida infections. b) Tinea versicolor.	single oral dose. v) 50 mg to 400 mg once daily. vi) a) 150 mg once weekly or 50 mg once daily for normally 2 to 6 weeks. b) 300mg once weekly for 2weeks; a third weekly dose of 300-400mg. An alternate dosing regimen is 50mg once daily for 2 to 4 weeks. Dosing is individualised and according to product insert/protocol.	
457	Flucytosine 500 mg Tablet	PERUBAT AN AM	A*	Only for the treatment of fungal meningitis.	ADULT: 50 - 150 mg/kg/day in 4 divided doses.	UKK (IMPORT PERMIT)
458	Fludarabine Phosphate 50 mg Injection		A*	Treatment of B cell chronic lymphocytic leukaemia (CLL) in patients with sufficient bone marrow reserves. First line treatment with fludarabine should only be initiated in patients with advanced disease, Rai stages III/IV (binet stage C), or Rai stages I/II (Binet stage A/B) where the patient has disease related symptoms or evidence of progressive disease.	25 mg/m ² daily for 5 consecutive days every 28 days. May be administered up to the achievement of a maximal response (usually 6 cycles) and then the drug should be discontinued. Reduce dose by up to 50% in patients with mild to moderate renal impairment (30-70ml/min)	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
459	Fludrocortisone Acetate 0.1 mg Tablet	ENDOKRI N, PEDIATRI K,GERIAT RIK	A	As an adjunct to glucocorticoids in the management of primary adrenocortical insufficiency in Addison's disease and treatment of .salt-losing adrenogenital syndrome.	Adrenocorticoid insufficiency (chronic): ADULT 1 tablet daily. Salt-losing adrenogenital syndrome: ADULT 1 - 2 tablets daily. CHILD and INFANT 0.5 - 1 tablet daily Dosing is individualised and according to product insert/ protocol	UKK (IMPORT PERMIT)
460	Flumazenil 0.1 mg/ml Injection		B	i) Diagnosis and/or management of benzodiazepine overdose due to self-poisoning or accidental overdose. ii) Reversal of sedation following anaesthesia with benzodiazepine.	i) Initial, 0.2 mg IV over 30 seconds; if desired level of consciousness not obtained after an additional 30 seconds, give dose of 0.3 mg IV over 30 seconds; further doses of 0.5 mg IV over 30 seconds may be given at 1-minutes intervals if needed to maximum total dose of 3 mg; patients with only partial response to 3 mg may require additional slow titration to a total dose of 5 mg; if no response 5 minutes after receiving total dose of 5 mg, overdose is unlikely to be benzodiazepine and further treatment with flumazenil will not help. ii) 0.2 mg IV over 15 seconds; if desired level of consciousness is not obtained after waiting 45 seconds, a second dose of 0.2 mg IV may be given and repeated at 60-seconds intervals as needed (up to a maximum of 4 additional times) to a maximum total dose of 1 mg;	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					most patients respond to doses of 0.6 to 1 mg; in the event of resedation, repeated doses may be given at 20-minutes intervals if needed; for repeat treatment, no more than 1 mg (given as 0.5 mg/minute) should be given at any one time and no more than 3 mg should be given in any one hour.	
461	Flunarizine HCl 5 mg Capsule		B	i) Migraine prophylaxis. ii) Maintenance treatment of vestibular disturbances and of cerebral and peripheral disorders.	i) ADULT: 5 - 10 mg daily preferably at night. ELDERLY more than 65 years: 5 mg at night. Maintenance 5-day treatment at the same daily dose. ii) 5 - 10 mg at night. If no improvement after 1 month, discontinue treatment.	
462	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.	
463	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. Dosing is individualised and according to product insert/protocol.	
464	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,	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					dose may be increased to 2 drops 2 hourly.	
465	Fluorouracil 50 mg/ml Injection		A*	Solid tumours. Ophtalmological indication: trabeculectomy.	Intravenous Infusion: 15 mg/kg bodyweight (to a maximum of 1 g daily) diluted in 300-500mL of 5% glucose given over a period of 4 hours. 12 mg/kg bodyweight daily for 3 consecutive days. Providing there are no signs of toxic effects, the patient may then be given 6mg/kg I.V. on the 5th, 7th and 9th days. If after the 9th day there is still no sign of toxicity, the patient may be placed on maintenance therapy. Maintenance Therapy: 5 - 10mg/kg bodyweight by I.V. injection once a week.	
466	Fluoxetine HCl 20 mg Capsule		A/KK	i) Depression. 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). 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
467	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.	
468	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.	
469	Fluticasone Furoate 27.5 mcg/dose Nasal Spray		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.	
470	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. ii) Moderate : 250 - 500 mcg BD. iii) Severe : 500 mcg - 1000 mcg BD. Alternatively, the starting dose of fluticasone may be gauged at half the	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
					total daily dose of beclomethasone dipropionate or equivalent administered by inhalation.	
471	Fluticasone propionate 250mcg and formoterol fumarate dihydrate 10 mcg per actuation pressurized inhalation, suspension		A/KK	Indicated in the regular treatment of asthma where the use of a combination product (an inhaled corticosteroid and a long-acting β_2 agonist) is appropriate: i) For patients not adequately controlled with inhaled corticosteroids and 'as required' inhaled short-acting β_2 agonist. ii) For patients already adequately controlled on both an inhaled corticosteroid and a long-acting β_2 agonist.	Two inhalations (puffs) twice daily normally taken in the morning and in the evening.	
472	Fluvoxamine 100 mg Tablet		B	i) Depression. 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. 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:	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					200 mg) (>50mg divided dose).	
473	Fluvoxamine 50 mg Tablet		B	i) Depression. 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. 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).	
474	Folic Acid 5 mg Tablet		C+	i) For the prevention and treatment of folate deficiency states. ii) For the prevention of neural tube defect in the foetus.	i) ADULT initially 10-20mg mg daily for 14 days or until haematopoietic response obtained. Daily maintenance: 2.5 mg-10mg .CHILD up to 1 year:250 mcg/kg daily; 1 to 5 years:2.5mg/day;6-12 years: 5mg/day. ii) 5 mg daily starting before pregnancy and continued through the first trimester.	
475	Follitropin Alpha (Recombinant Human FSH) 75IU Injection		A*	For the treatment of infertility in the following clinical situations: i) Anovulation, including polycystic ovarian syndrome (PCOS), in women who have been unresponsive to	i) 75 - 150 IU daily, should commence within the first 7 days of the menstrual cycle and increased by 37.5 IU or 75 IU at 7 or 14 days interval. Max daily dose 225 IU ii) 150 - 225 IU daily commencing on days 2 or 3 of	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				treatment with clomiphene citrate. ii) Controlled ovarian hyperstimulation to induce the development of multiple follicles for assisted reproductive technologies (ART).	the cycle. Max daily dose 450 IU. Dosing is individualised and according to product insert/protocol.	
476	Fondaparinux Sodium 12.5 mg/ml Injection in Prefilled Syringe		A*	i) Treatment of acute Deep Vein Thrombosis (DVT). ii) Treatment of acute Pulmonary Embolism (PE).	The recommended dose to be administered by SC injection once daily is: 5mg for body weight less than 50kg, 7.5mg for body weight 50 to 100kg, 10mg for body weight greater than 100kg. Treatment should be continued for at least 5 days and until adequate oral anticoagulation is established (INR 2 to 3). Concomitant treatment with vitamin K antagonists should be initiated as soon as possible, usually within 72 hours. The usual duration of treatment is 5 to 9 days.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
477	Fondaparinux Sodium 2.5 mg/0.5 ml Injection		A*, A	Prescribing Category A*: i) Prevention of venous thromboembolic events (VTE) in orthopedic surgery (e.g. hip fracture, major knee or hip replacement surgery), abdominal surgery in patients at risk of thromboembolic complication. Prescribing Category A: i) Treatment of unstable angina or non-ST segment elevation myocardial infarction [UA/NSTEMI] in patients for whom urgent invasive management (PCI) is not indicated. ii) Treatment of ST segment elevation myocardial infarction (STEMI) in patients managed with thrombolytics or are not receiving other forms of reperfusion therapy	Prescribing Category A*: i) 2.5 mg once daily given by SC, administered 6 hr following surgical closure provided homeostasis has been established. Usual duration of therapy is 5 to 9 days; for hip fracture patients, an extended course of up to 24 days is recommended. Prescribing Category A: i) ADULT more than 18 years: 2.5 mg once daily given by SC, initiated as soon as possible after diagnosis and continued for up to 8 days or until hospital discharge. If patient needs to undergo PCI, unfractionated heparin to be admin as per local practice protocol, taking into account the patient's bleeding risk and time of last dose of fondaparinux. Fondaparinux may be restarted no earlier than 2 hr after sheath removal. ii) ADULT more than 18 years: 2.5 mg once daily; first dose to be given IV (directly through an existing IV line or as infusion in 25 or 50 ml of 0.9% saline over 1-2 min), subsequent doses to be given SC. Treatment to be initiated as soon as diagnosis is made and continued up to a max of	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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	
478	Fosfomycin trometamol 3g granules		A*	i. 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. ii. Perioperative antibiotic prophylaxis for transrectal prostate biopsy in adult man.	Indikasi i: Acute uncomplicated lower UTI: - 1 sachet as single dose. Recurrent or other clinically problematic cystitis - Up to 2 doses every 24 hr. On empty stomach at bedtime. Indikasi ii: 1 sachet of fosfomycin 3g approx. 3 hours before, and 24 hours after the procedure.	
479	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
480	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.	
481	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.	
482	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).	
483	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.	
484	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.	
485	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,	Uncovered lesion- Apply 2 to 3 times daily. Covered lesions- Less frequent applications may be adequate.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				stasis eczema, seborrhoic dermatitis, contact dermatitis, lichen simplex chronicus, psoriasis, discoid lupus erythematosus.		
486	Fusidic Acid 50 mg/ml Suspension	ORTOPE DIK	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 (IMPORT PERMIT)
487	Gabapentin 300 mg Capsule		A*	PRESCRIBER CATEGORY A*: Add-on therapy for intractable partial epilepsy, refractory to standard anti-epileptic drugs. PRESCRIBER CATEGORY A/KK: Treatment of various types of neuropathic pain, both peripheral (which includes diabetic neuropathy, post-herpetic neuralgia, trigeminal neuralgia) in adult more than 18 years.	ADULT & CHILD > 12 yrs: 900-3600mg/day. Therapy may be initiated by administered 300mg TDS on day 1, or by titrating the dose as: 300mg once on day 1, 300mg BD on day 2, 300mg TDS on day 3. Thereafter, may be increased in 3 equally divided doses up to max 3600mg/day. CHILD 3-12 yr: Initially 10-15 mg/kg/day in 3 divided dose. Effective dose: CHILD 3 to less than 5 yrs: 40mg/kg/day in 3 divided doses, CHILD 5-12 yrs: 25-35mg/kg/day in 3 divided doses. ii) ADULT: 900mg/day in 3 equally divided doses. Max 3600mg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
488	Gabapentin 600 mg Tablet		A*	i) Add-on therapy for intractable partial epilepsy, refractory to standard anti-epileptic drugs ii) Treatment of various types of neuropathic pain, both peripheral (which includes diabetic neuropathy, post-herpetic neuralgia, trigeminal neuralgia) in adult over 18 years	ADULT & CHILD > 12 yrs: 900-3600mg/day. Therapy may be initiated by administered 300mg TDS on day 1, or by titrating the dose as: 300mg once on day 1, 300mg BD on day 2, 300mg TDS on day 3. Thereafter, may be increased in 3 equally divided doses up to max 3600mg/day. CHILD 3-12 yr: Initially 10-15 mg/kg/day in 3 divided dose. Effective dose: CHILD 3 to less than 5 yrs: 40mg/kg/day in 3 divided doses, CHILD 5-12 yrs: 25-35mg/kg/day in 3 divided doses ii) ADULT: 900mg/day in 3 equally divided doses. Max 3600mg/day	
489	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). 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.	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).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				iii) Contrast enhancement in Magnetic Resonance Angiography (CE-MRA).		
490	Ganciclovir Sodium 50 mg/ml Injection		A*	Treatment of cytomegalovirus (CMV) disease in immunocompromised patients, prevention of CMV disease during immunosuppressive therapy following organ transplantation.	Initial: 5 mg/kg infused over 1 hour 12 hourly for 14 - 21 days (CMV retinitis treatment) or 7 - 14 days (CMV disease prevention). Long term maintenance: 6 mg/kg daily for 5 days/week or 5 mg/kg daily for 7 days/week.	
491	Gefitinib 250 mg tablet		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: -	250mg tablet once a day, taken with or without food.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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.		
492	Gemcitabine HCl 1 g Injection		A*	Solid tumours such as: i) Non-small cell lung cancer; ii) Pancreatic cancer; iii) Ovarian cancer ; iv) Breast cancer; v) Bladder cancer.	i) Alone or with cisplatin: 1000 mg/m ² day 1 & 8 every 3 weeks or 1000 mg/m ² day 1, day 8, day 15 every 4 weeks. ii) Initially 1000 mg/m ² weekly for 7 weeks followed by 1 week rest. Subsequent cycles 1000 mg/ m ² weekly for 3 weeks followed by 1 week rest. iii) Gemcitabine 1000 mg/m ² as 30 minutes IV infusion day 1 & 8 of each 21-day cycle followed by carboplatin on day 1 to attain a target AUC of 4 mg/ml/minute. iv) 1250 mg/m ² on days 1 and 8 of each 21-day cycle with paclitaxel 175 mg/m ² given as a 3-hour infusion before gemcitabine on day 1 of each 21-day cycle. v) with cisplatin: 1000mg/m ² , given by 30 minutes intravenous infusion on days 1,8 and 15, followed by one-week rest period for a	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					28-day cycle. This four-week cycle is then repeated.	
493	Gemeprost (Prostaglandin 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. ii) Therapeutic termination of pregnancy in patients in the second trimester of gestation, in licensed institutions. iii) Induction of abortion of second trimester pregnancies complicated by intrauterine foetal death.	i) One pessary 3 hours before surgery. ii & iii) One pessary 3-hourly to a maximum of 5 administrations over 24 hours. A second course may be given after 24 hours from the initial commencement of treatment.	C/S
494	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.	
495	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.	
496	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.	
497	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
498	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.	
499	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 treatment of superficial ocular 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	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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.		
500	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.	
501	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.	
502	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.	
503	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					on manufacturer recommendation.	
504	Glycerin		C+	As a lubricant and osmotic dehydrating agent.	Apply to area when required.	
505	Glycerin 25% and Sodium Chloride 15% Enema		C+	Constipation.	1 enema as required.	
506	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.	
507	Glyceryl Trinitrate 5 mg/ml Injection		A, A/KK	Prescriber Category A: i) Angina pectoris. ii) Congestive heart failure. iii) Production of controlled hypotension during surgery. Prescriber Category A/KK: iv) Control of hypertensive episodes.	Initial: 5-25mcg/min Dosing is individualised and according to product insert or protocol.	
508	Glyceryl Trinitrate Aerosol Spray 400mcg (metered dose)		B	i) Angina pectoris. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
509	Glycopyrrolate 200 mcg/ml Injection		A*	i) To reduce secretions (respiratory tract) for certain types of surgery. 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; ii) ADULT: 200 mcg by IV for each 1 mg of neostigmine or 5 mg pyridostigmine CHILD: 10 mcg/kg IV for each 50 mcg/kg neostigmine or equivalent dose of pyridostigmine. Dosing is individualised and according to product insert/protocol.	
510	Glycopyrronium 50mcg, Inhalation Powder Hard Capsules		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.	
511	Goserelin 10.8 mg Depot Injection	UROLOG I	A	Androgen deprivation therapy in prostate cancer.	One 10.8 mg depot injected subcutaneously into the anterior abdominal wall, every 12 weeks.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
512	Goserelin 3.6 mg Depot Injection		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.	
513	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.	
514	Granisetron HCl 1 mg/ml Injection		A	i) Prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy. ii) Post-operative nausea and vomiting.	i) ADULT 1-3 mg as an IV bolus not less than 30 seconds; maximum 9 mg/day. CHILD over 2 years; single dose of 10-40 mcg/kg as an IV infusion; maximum 3 mg/day. ii) ADULT 1 mg by slow IV injection over 30 seconds prior to induction of anaesthesia.	
515	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; Children: 10mg-20mg/kg daily in divided doses. The dosing is individualized according to product insert / protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
516	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. 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.	
517	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.	
518	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.	
519	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
520	Haloperidol 1.5 mg Tablet		B	i) Psychotic disorder – management of acute and chronic psychotic disorders including schizophrenia, manic states and drug-induced psychoses. ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation. iii) Gilles de la Tourette’s syndrome - for the control of tics and vocalisations of Tourette’s syndrome in children and adults.	ADULT: moderate symptoms: 0.5mg to 2.0mg bid/tid; severe symptoms, chronic or resistant: 3.0mg to 5.0mg bid/tid Geriatric / debilitated : 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.	
521	Haloperidol 5 mg Tablet		B	i) Psychotic disorder – management of acute and chronic psychotic disorders including schizophrenia, manic states and drug-induced psychoses. ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation. iii) Gilles de la Tourette’s syndrome - for the control of tics and vocalisations of Tourette’s syndrome in children and adults.	ADULT: moderate symptoms: 0.5mg to 2.0mg bid/tid; severe symptoms, chronic or resistant: 3.0mg to 5.0mg bid/tid Geriatric / debilitated : 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
522	Haloperidol 5 mg/ml Injection		B	i) Management of acute psychotic disorders including schizophrenia, manic states, and drug-induced psychosis. ii) Management of aggressive and agitated patients, including patients with chronic brain syndrome or mental retardation.	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.	
523	Heparin 1000 units/ml Injection		B	i) Prophylaxis and treatment of venous thrombosis and pulmonary embolism. ii) Treatment of myocardial infarction and arterial embolism. iii) Prevention of clotting in arterial and heart surgery and for prevention of cerebral thrombosis.	i) By IV injection, loading dose of 5000 units (10,000 units in severe pulmonary embolism) followed by continuous infusion of 15-25 units/kg/hr. By SC injection (for DVT) of 15,000 units every 12 hours (laboratory monitoring on daily basis essential to adjust dose). Small adult or child, lower loading dose then, 15-25 units/kg/hr by IV infusion, or 250 units/kg every 12 hours by SC injection. ii) As i), for unstable angina and acute peripheral arterial occlusion. iii) Prophylaxis in general surgery, by SC injection, 5000 units 2 hour before surgery, then every 8-12 hours for 7 days or until patient is ambulant, during pregnancy (with monitoring), 5000-10000 units every 12 hours. An adjusted dose regimen may be used for major orthopaedic	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					surgery or low molecular weight heparin may be selected.	
524	Heparin 5000 units/ml Injection		B	i) Prophylaxis and treatment of venous thrombosis and pulmonary embolism. ii) Treatment of myocardial infarction and arterial embolism. iii) Prevention of clotting in arterial and heart surgery and for prevention of cerebral thrombosis.	i) By IV injection, loading dose of 5000 units (10,000 units in severe pulmonary embolism) followed by continuous infusion of 15-25 units/kg/hr. By SC injection (for DVT) of 15,000 units every 12 hours (laboratory monitoring on daily basis essential to adjust dose). Small adult or child, lower loading dose then, 15-25 units/kg/hr by IV infusion, or 250 units/kg every 12 hours by SC injection. ii) As i), for unstable angina and acute peripheral arterial occlusion. iii) Prophylaxis in general surgery, by SC injection, 5000 units 2 hour before surgery, then every 8-12 hours for 7 days or until patient is ambulant, during pregnancy (with monitoring), 5000-10000 units every 12 hours. An adjusted dose regimen may be used for major orthopaedic surgery or low molecular weight heparin may be selected.	
525	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
526	Hepatitis B Immunoglobulin (Human) Injection		A	i) For post-exposure prophylaxis of hepatitis B. ii) Prophylaxis against recurrence of hepatitis B infection in chronic hepatitis B post liver transplantation.	i) Adults: Recommended Dose: 1000-2000 IU IM and if necessary, the dose should be increased or repeated. Children: Inject 32-48 IU/kg of body weight, should be administered within 7 days after exposure to HBsAg (preferably within 48 hrs). Neonates: Recommended Initial Dose: 100-200 IU. The 1st dose should be administered within 5 days after birth (preferably within 48 hrs) and booster dose should be 32-48 IU/kg body weight. The booster dose should be administered between 2 and 3 months after the 1st administration. ii) Different regimens depending on hepatitis B virus (HBV) DNA positivity.	
527	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.	
528	Human Albumin Injection		B	i) Acute hypovolemic shock. ii) Hypoproteinaemia. iii) Restoration and maintenance of circulating blood volume in cases of volume deficiency where the use of a colloid is indicated.	Dosing is according to product insert/protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
529	Human Normal Globulin Injection		A	i. Replacement therapy such as: a) Primary immunodeficiency syndromes b) Severe secondary hypogammabulinaemia and recurrent infections c) Congenital or acquired immune deficiency syndrome with recurrent infections d) Allogeneic haematopoietic stem cell transplantation (HSCT) ii. Immunomodulation such as: a) Immune thrombocytopenic purpura (ITP) in children or adults at high risk of bleeding or prior to surgical interventions to correct the platelet count b) Guillain-Barre syndrome c) Kawasaki disease	0.2-2g/kg as required. Dosing and frequency of administration are according to product insert and protocol.	
530	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. ii) IV infusion 200-300 mcg/minutes. Maintenance dose 50-150 mcg/minutes.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
531	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.	
532	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.	
533	Hydrocortisone 1% Cream		B	Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses.	Apply sparingly to the affected area. Adult: 3-4 times daily. Children: 1-2 times daily	
534	Hydrocortisone 1% Ointment		B	Inflammatory and pruritic manifestations of corticosteroid responsive dermatoses.	Apply sparingly to the affected area. Adult: 3-4 times daily. Children: 1-2 times daily	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
535	Hydrocortisone 10 mg Tablet		B	i) Glucocorticoid replacement therapy in primary or secondary adrenal insufficiencies. ii) Congenital adrenal hyperplasia in children.	ADULT: 20 - 30 mg daily in divided doses. CHILD: 10-15mg/m ² /day in 3 divided dose. The dosing is individualized according to product insert / protocol.	
536	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 CHILD: 2-4mg/kg/dose every 6 hourly. The dosing is individualized according to product insert / protocol.	
537	Hydroxychloroquine Sulphate 200 mg Tablet		A	i) SLE and mixed connective tissue disease for skin, joint and serosa. ii) Second line therapy for acute rheumatoid arthritis.	i) Initially 400 mg daily in divided dose. Maintenance : 200 - 400 mg daily. ii) ADULT : 400 - 600 mg daily. Maintenance: 200 - 400 mg daily. CHILD : up to 6.5 mg/kg daily (maximum 400mg daily).	
538	Hydroxyethyl Cellulose Jelly		B	For lubricating purpose.	Apply sufficiently for lubricating purpose.	
539	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. CHILD under 10 years do not exceed 15 ml /kg/hour.	
540	Hydroxyprogesterone Caproate 250 mg/ml Injection		A	Habitual abortion.	IM: 250-500mcg weekly as soon as pregnancy has been confirmed by diagnosis.	C/S

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
541	Hydroxyurea 500 mg Capsule		A	i) Solid tumours. ii) Chronic myelocytic leukaemia and myeloproliferative disease.	i) Intermittent therapy: 80 mg/kg orally as a single dose every 3rd day. Continuous therapy: 20 - 30 mg/kg orally as a single dose dly. Concomitant therapy with irradiation: 80 mg/kg orally as a single dose every 3rd day (administration of hydroxyurea should be started at least 7 days before initiation of irradiation and continued during radiotherapy as well). ii) Continuous therapy 20 - 30 mg/kg orally as a single dose daily.	
542	Hydroxyzine HCl 25 mg Tablet	DERMAT OLOGI	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)
543	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.	
544	Hyoscine N-Butylbromide 10 mg Tablet		C	Gastrointestinal tract and genito-urinary tract spasm, dyskinesia of the biliary system. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
545	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. Not recommended for CHILD below 12 years. Dosing is individualised and according to product insert/protocol.	
546	Ibuprofen 100mg/5ml Suspension		B	i) Anti-inflammatory for rheumatic disease. 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.	
547	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.	
548	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. ii) Acute lymphocytic leukemia (ALL) as second line treatment in adult and children.	i) Adult: 12mg/m ² 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/m ² IV daily for 5 days. ii) Adult: 12mg/m ² IV daily for 3 days as a single agent. Children: 10mg/m ² 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
549	Idarucizumab 50 mg/ml solution for injection/infusion	KARDIOL OGI	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.	
550	Ifosfamide 1 g Injection		A*	i) Solid tumours. ii) Leukaemia. iii) Lymphoma.	i) 1.2 - 2.4 g/m ² /day for 3 - 7 days as a 30 - 120 minutes infusion. Alternatively, can also be given as a single high dose, eg. 5 g/m ² in a 24 hour infusion. Cycles may be repeated every 3 - 4 weeks. ii) CHILD: 400 - 3000 mg/m ² /day for 3 - 5 days according to protocol. iii) Refer to protocols.	
551	Imatinib Mesylate 100mg Tablet		A*	i) ADULT and CHILD: Philadelphia positive (Ph+) chronic myeloid leukaemia in chronic phase and in early acceleration after failure of interferon therapy ii) Treatment of patients with unresectable and/or metastatic malignant gastrointestinal stromal tumours (GIST) who are positive for CD117/c-kit	i) ADULT: Chronic phase chronic myeloid leukemia: 400 mg once daily. Accelerated phase or blast crisis chronic myeloid leukemia: 600 mg once daily. CHILD more than 2 years, chronic and advanced phase chronic myeloid leukemia: 340 mg/m ² daily. Max: 800 mg/day ii) ADULT : 400mg/day	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
552	Imatinib Mesylate 400mg Tablet		A*	i) ADULT and CHILD: Philadelphia positive (Ph+) chronic myeloid leukaemia in chronic phase and in early acceleration after failure of interferon therapy ii) Treatment of patients with unresectable and/or metastatic malignant gastrointestinal stromal tumours (GIST) who are positive for CD117/c-kit	i) ADULT: Chronic phase chronic myeloid leukemia: 400 mg once daily. Accelerated phase or blast crisis chronic myeloid leukemia: 600 mg once daily. CHILD more than 2 years, chronic and advanced phase chronic myeloid leukemia: 340 mg/m ² daily. Max: 800 mg/day ii) ADULT : 400mg/day	
553	Imipenem 500 mg and Cilastatin 500 mg Injection		A*		Based on type or severity of infection, susceptibility of pathogen(s) and patient condition including body weight and renal function. ADULT: 1 - 2 g/day in 3 - 4 divided doses. Maximum: 4 g/day or 50 mg/kg/day. Infusion rate: less than 500 mg dose: over 20 - 30 minutes, more than 500 mg: dose over 40 - 60 minutes. CHILDREN: ≥ 40kg body weight should receive adult doses. CHILDREN AND INFANTS: <40kg body weight should receive 15mg/kg at six hour intervals. The total daily dose should not exceed 2g.	
554	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

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
555	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.	
556	Inclisiran 284 mg/1.5ml Solution for Injection in Pre-Filled Syringe	KARDIOL OGI, PERUBAT AN AM	A*	Inclisiran is indicated in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: • in combination with a statin or statin with other lipid-lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or • in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.	The recommended dose is 284 mg inclisiran administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months.	
557	Indacaterol acetate/ glycopyrronium bromide/ mometasone furoate 150/50/160mcg inhalation powder hard capsules	RESPIRA TORI	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
558	Indacaterol Maleate 150 mcg Inhalation Capsule		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.	
559	Indacaterol maleate and glycopyrronium bromide (fixed dose combination) 110/50mcg, inhalation powder hard Capsules		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.	
560	Indomethacin 25 mg Capsule		B	Pain and inflammation in rheumatic disease.	50 - 200 mg daily in divided doses, with food. Child not recommended.	
561	Infliximab 100 mg Injection	GASTRO ENTEROL OGI, RHEUMA TOLOGI	A*	i) Rheumatoid arthritis (moderate to severe), in combination with methotrexate. ii) Ankylosing spondylitis in patients with active disease despite treatment with methotrexate. iii) Crohn's Disease in patients who have an inadequate response to conventional therapies. iv) Fistulizing Crohn's Disease in patients who have an inadequate response to conventional therapies. v) Ulcerative Colitis in patients who have an inadequate	i) Rheumatoid arthritis: ADULT over 18 years old: 3 mg/kg at 0, 2, 6 weeks, then every 8 weeks; May increase to 10 mg/kg or increase dosing frequency to 4 weekly for patients with incomplete response. Discontinue if no response by 12 weeks of initial infusion or after dose adjustment. ii) Ankylosing spondylitis: ADULT over 18 years: 5 mg/kg IV over 2 hour given at week 0, 2, and 6 then every 6-8 weeks. Discontinue if no response by 6 weeks of initial infusion. iii), iv) & v) 5 mg/kg given as an intravenous infusion over a	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				response to conventional therapies.	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.	
562	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.	
563	Insulin Aspart 30% and Protaminated Insulin Aspart 70% 100 U/ml Injection (Novomix)	NEFROLOGI, PERUBATAN AM, ENDOKRINOLOGI GERIATRIK, PEDIATRIK	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.	
564	Insulin Degludec/ Insulin Aspart 70/30 Solution for Injection in Pre-Filled Pen 100 Units/mL	ENDOKRINOLOGI, NEFROLOGI, PEDIATRIK (UKK)	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, and in combination with bolus insulin.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
565	Insulin Detemir 100 IU/ml Injection in Prefilled syringe/cartridge	ENDOKRI NOLOGI PEDIATRI K	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. 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.	
566	Insulin Glargine 300 IU/ 3 ml Injection (Prefilled Pen)		A/KK	i) Diabetes mellitus type I in adults and child over 6 years. ii) Diabetes mellitus type II in adult.	ADULT and CHILD over 6 years: individualised dose given by SC, once daily at the same time every day. Adult patients who are insulin naive may be initiated with 10IU daily.	
567	Insulin Glargine 300 IU/ ml injection (Pre-filled Pen) (Toujeo)	PERUBAT AN AM ENDOKRI NOLOGI NEFROL OGI	A/KK	Diabetes mellitus type I and II in adults; Prescribing Restriction(s): i) Patients on insulin not reaching treatment goals defined as high fasting plasma glucose (FPG ≥ 7 mmol/L) and/or HbA1c $\geq 6.5\%$ after 6 months of therapy and/or; ii) patients with a high risk of hypoglycaemia as determined by the following risk factors: Advancing age; Severe	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).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				cognitive impairment; Poor health knowledge; Increased A1c; Hypoglycaemia unawareness; Low standing insulin therapy; Renal impairment; Neuropathy. Note: The use of this strength can only be prescribed / dispensed to patients in diabetic clinic / registered under DMTAC program.		
568	Insulin Glulisine 100u/ml solution for injection in pre-filled pen 3ml	ENDOKRI NOLOGI	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.	
569	Insulin Lispro 50% & Insulin Lispro Protamine 50% 100U/ml Suspension for Injection in Prefilled Syringe/Cartridge	PERUBAT AN AM, ENDOKRI NOLOGI	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.	
570	Interferon Beta-1a 44 mcg Injection		A*	Multiple sclerosis of the relapsing remitting type with 2 or more relapses within the last 2 years.	44 mcg 3 times weekly.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
571	Iodixanol 320 mg/ml Injection		A	X-ray contrast medium for cardioangiography, cerebral angiography, peripheral arteriography, abdominal angiography, urography, venography, CT enhancement, lumbar, thoracic and cervical myelography.	Depending on type of examination.	
572	Iodine and Potassium Iodide Solution		B	i) Pre-operative treatment of thyrotoxicosis ii) Thyrotoxicosis crisis	i) 1 ml daily in divided doses ii) 5-10 drops (6.25mg per drop) every 6-8 hourly	
573	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
574	Iopamidol Injection		A	i) Neuroradiology : myelographic, cisternography and ventriculography. ii) Angiograph : cerebral arteriography, thoracic aortography, abdominal aortography, angiocardiology, selective visceral arteriography, peripheral arteriography, venography, digital subtraction angiography (DSA), DSA of cerebral arteries, DSA of peripheral arteries, DSA of abdominal arteries. iii) Urography : intravenous urography. iv) Contrast enhancement in CT Scanning, arthrography, fistulography.	Dose depending on the route and procedure.	
575	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	Maintenance treatment: i) Adult and adolescents over 12 years old: 500mcg per dose, 3 to 4 times daily. ii) Children 6 - 12 years old: 250mcg per dose, 3 to 4 times daily. iii) Children less than 6 years old: 100 - 250mcg per dose, 3 to 4 times daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				including chronic bronchitis and asthma.		
576	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: i) Adult and adolescents over 12 years old: 500mcg per dose, 3 to 4 times daily. ii) Children 6 - 12 years old: 250mcg per dose, 3 to 4 times daily. iii) Children less than 6 years old: 100 - 250mcg per dose, 3 to 4 times daily.	
577	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.	
578	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).	
579	Ipratropium Bromide 20 mcg and Salbutamol base 100		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
	mcg/dose Inhalation					
580	Irinotecan HCl Trihydrate 40 mg/2 ml Injection		A*	Metastatic colorectal cancer.	In combination therapy (for previously untreated patients): 180 mg/m ² once every 2 weeks as an IV infusion over 90 mins followed by infusion with folinic acid and 5-fluorouracil. In monotherapy (for previously treated patients): 350 mg/m ² administered as an intravenous infusion over 90 minutes period once every 3 weeks.	
581	Iron (III) hydroxide sucrose complex 20mg/ml solution for Injection		B	Treatment of iron deficiency anaemia: i) where there is a clinical need for rapid iron supply. ii) in patients who cannot tolerate oral iron therapy or who are non-compliant. 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.	
582	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).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
583	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 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.	
584	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.	
585	Isoniazid 100 mg Tablet		B	i) Tuberculosis. ii)Tuberculous meningitis.	i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg).	
586	Isoprenaline HCl 0.2 mg/ml Injection	KARDIOL OGI, PEDIATRI K	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	UKK (IMPORT PERMIT)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					is being monitored. The dose should be titrated to produce the desired clinical response.	
587	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.	
588	Isosorbide Dinitrate 10 mg Tablet		B	Prophylaxis and treatment for: i) Angina. ii) Left ventricular failure.	i) 30 - 120 mg daily in divided doses. ii) 40 - 160 mg, up to 240 mg if required.	
589	Isosorbide-5-Mononitrate 60 mg SR Tablet		A/KK	Angina pectoris.	Initial: 30mg daily. Maintenance: 30-60mg once daily. Max. 120mg once daily.	
590	Isotretinoin 20 mg Capsule		A*	Only for treatment of: i) Severe nodulo-cystic acne. ii) Acne conglobata. iii) Acne fulminans. iv) Severe acne vulgaris failing conventional treatment. WARNING: THIS DRUG IS TERATOGENIC.	0.5-1 mg/kg of body weight per day (in two divided doses) for 15 to 20 weeks; the maximum recommended dose is 2mg/kg of body weight per day. After about 4 weeks, therefore, dosage for the maintenance treatment should be adjusted within the range of 0.1-1mg/kg daily to meet individual need. Treatment usually lasts a total of 16 weeks. There should be an interval of at least 8 weeks before re-starting treatment.	
591	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,	50 mg 3 times daily before meal.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				heartburn, nausea and vomiting.		
592	Itraconazole 10 mg/ml Oral Solution	PEDIATRIK (COMMERCIAL)	A*	Treatment of: i) Oral and/or oesophageal candidiasis. ii) Fluconazole resistant and/or oesophageal candidiasis.	i) 200 mg daily for 1 week. If no response after 1 week, continue treatment for another week. ii) 100 - 200 mg twice daily for 2 weeks. If no response after 2 weeks, continue treatment for another 2 weeks. The 400 mg daily dose should not be used for more than 14 days if there are no signs of improvement.	
593	Itraconazole 100 mg Capsule		A/KK	i) Dermatomycosis including pityriasis versicolor. ii) Oral candidiasis. iii) Palmar tinea manus and plantar tinea pedis. iv) Fingernail onychomycosis. v) Toenail onychomycosis. vi) Vulvovaginal candidiasis.	i) 200 mg once daily for 7 days. ii) 100 mg daily for 15 days. iii) 200 mg twice daily for 7 days. iv) 200mg twice daily for 1 week per month for 2 months. v) 200 mg twice daily for 1 week per month for 3 months. vi) 200 mg morning and evening for 1 day or 200 mg once daily for 3 days.	
594	Ivabradine 5 mg Tablet		A*	i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers. ii) Treatment of coronary artery disease. Symptomatic treatment of chronic stable angina pectoris in coronary artery disease patients	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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 ≥ 75 bpm, in combination with standard beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated.		
595	Ivabradine 7.5 mg Tablet		A*	i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers. ii) Treatment of coronary artery disease. Symptomatic treatment of chronic stable angina pectoris in coronary	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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 ≥ 75 bpm, in combination with standard beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated.		
596	Kanamycin 1 g Injection		A*	i) Treatment of gonorrhoea and neonatal meningitis. ii) Treatment of TB patients who require reserved second line drugs but have no pre-existing renal complications.	i) ADULT: 1 - 2 g daily IM in 1 - 2 equally divided doses. CHILD: 30 - 50 mg/kg/day in 1 - 2 divided doses. ii) ADULT: 2 g daily IM in 2 equally divided doses twice a week or 1 g once daily 3 days a week.	
597	Ketamine 10 mg/ml Injection		B	Sole anaesthetic for short procedures or induction of anaesthesia in certain	IV Initially, 1-4.5 mg/kg IV, a dose of 2 mg/kg produces anesth for 5-10 mins. IM	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				types of patients (e.g in shock states).	Initially, 6.5-13 mg/kg IM, a dose of 10 mg/kg produces anesth for 12-25 mins.	
598	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.	
599	Ketoconazole 2% Shampoo		A/KK	Dandruff, seborrhoeic dermatitis and pityriasis versicolor.	Seborrhoeic dermatitis & dandruff: Apply twice weekly for 2 to 4 weeks. Pityriasis versicolor: Apply once daily for up to 5 days. Prophylaxis: Once every 1 or 2 weeks. Both left for 3-5minutes before rinsing.	
600	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.	
601	Ketoprofen 30 mg Transdermal Plaster	ORTOPE DIK, GERIATRI K, ANAESTI SIOLOGI	A	Treatment of signs & symptoms of arthritis deformans, peri arthritis humero-scapularis, tendinitis, peritendinitis, sore muscle, swelling, pain resulting from trauma (eg. contusion, distorsion, sprain).	Apply 1 plaster to the affected area twice daily.	
602	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					every 6 hr via IM or IV admin up to a max of 120mg daily.	
603	Labetalol HCl 100 mg Tablet		B	i) Mild, moderate or severe hypertension. 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.	
604	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.	
605	Lactulose 3.35 g/5 ml Liquid		C+	i) Constipation. 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. CHILD 0.5 ml/kg/dose once or twice daily. ii) ADULT: 30-45 ml 2-4 times daily, dose adjusted to produce 2-3 soft stools daily. CHILD: 1 ml/kg/dose 3-4 times daily.	
606	Lamivudine 10 mg/ml Oral Solution		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. CHILD 3 month or over: 4 mg/kg twice daily. Maximum 300 mg daily.	
607	Lamivudine 100 mg Tablet		A*	Management of chronic hepatitis B infection associated with evidence of hepatitis B viral	Adult: 100 mg once daily. For patients with concomitant HIV†infection: 300 mg once daily or in 2 divided doses.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				replication and active liver inflammation.	Child: >2 yr: 3 mg/kg once daily. Max: 100 mg/day.	
608	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. CHILD 3 month or over: 4 mg/kg twice daily. Maximum 300 mg daily.	
609	Lamotrigine 100 mg Tablet		A	i) Adjunctive or monotherapy for partial seizures and generalised tonic-clonic seizures not satisfactorily controlled with other antiepileptic drugs. ii) Prevention of mood episodes in adult 18 years and above with bipolar disorder, predominately by preventing depressive episodes.	i) Up to 200 mg daily in single or divided dosage. ii) 25- 200 mg daily.	
610	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. 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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					mg/kg/day once daily or twice daily.	
611	Lamotrigine 50 mg Tablet		A	i) Adjunctive or monotherapy for partial seizures and generalised tonic-clonic seizures not satisfactorily controlled with other antiepileptic drugs. ii) Prevention of mood episodes in adult 18 years and above with bipolar disorder, predominately by preventing depressive episodes.	i) Up to 200 mg daily in single or divided dosage. ii) 25- 200 mg daily.	
612	L-Asparaginase 10,000 IU Injection		A*	i) Acute lymphoblastic leukemia. ii) Non-hodgkin's lymphoma.	i) 5,000 iu/m2 for 10 days during induction, 10,000 iu/m2 also used with high dose methotrexate rescue in consolidation phase of acute lymphoblastic leukemia. ii) CHILD: 5,000 - 25,000 iu/m2 per dose depending on protocol.	
613	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.	
614	Leflunomide 20 mg Tablet		A*	i) Persistent active rheumatoid arthritis. ii) Active psoriatic arthritis.	Loading dose: 100 mg once daily for 3 days. Maintenance: 10-20 mg once daily.	
615	Lenalidomide 10 mg Capsule	HEMATO LOGI	A*	In combination with dexamethesone is indicated for the treatment of multiple myeloma patients who	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				have received at least one prior therapy.	cycle for the first 4 cycles of therapy, thereafter dexamethasone 40 mg once daily on day 1 to 4 every 28 day cycle.	
616	Lenalidomide 15 mg Capsule	HEMATO LOGI	A*	In combination with dexamethasone 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.	
617	Lenalidomide 25 mg Capsule	HEMATO LOGI	A*	In combination with dexamethasone 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.	
618	Lenvatinib 4mg Hard Capsule	GASTRO ENTEROL OGI	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	
619	Letrozole 2.5 mg Tablet		A*	Hormonal therapy in breast cancer in post-menopausal women	2.5 mg once daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				if failed /contraindicated to Tamoxifen.		
620	Leucovorin Calcium (Calcium Folate) 10mg/ml Injection		A	i) Biochemical modulator for 5-Fluorouracil in the treatment of solid tumour. ii) As rescue for high dose methotrexate. iii) Megaloblastic anaemias due to deficiency of folic acid.	i) 200mg/m ² by slow IV injection over a minimum 3 minutes, followed by 5-Fluorouracil or 20mg/m ² IV followed by 5-Fluorouracil. In both cases, treatment is repeated daily for 5 days; may repeat at 4-week intervals for 2 courses then 4- to 5-week intervals. ii) 15 mg (approximately 10mg/m ²) every 6 hours for 10 doses, starting 24 hours after the beginning of the methotrexate infusion. iii) Up to 1 mg daily Dosing is individualised and according to product insert/protocol.	
621	Leucovorin Calcium (Calcium Folate) 15 mg Tablet		A	i) Treatment of folic acid antagonist overdose. ii) Leucovorin (folinic acid) plus tegafur-uracil combination therapy is indicated for the treatment of colorectal cancer in: a) Metastatic stage, b) Adjuvant setting, c) Concurrent setting.	i) 15 mg every 6 hours for the next 48 - 72 hour. ii) Metastatic stage: Leucovorin Calcium 30 mg TDS, Day 1 - 28, rest 7 days for 5 cycles Adjuvant setting: Leucovorin Calcium 30 mg TDS, Day 1 - 28, rest 7 days for 5 cycles; Concurrent setting: Leucovorin Calcium 25 mg /day, D8 - D36, for 4 weeks. Dosing is individualised and according to product insert/protocol.	
622	Leuprolide (Leuproreline)	UROLOG I	A*	Hormonal therapy in advanced prostate cancer.	22.5mg SC every 3 months.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
	Acetate 22.5mg injection					
623	Leuprolide (Leuproreline) Acetate 45mg Injection	UROLOGI	A*	Hormonal therapy in advanced prostate cancer	45mg SC every 6 months	
624	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. ii) Adjunctive treatment in partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy; juvenile myoclonic epilepsy and idiopathic generalized tonic clonic epilepsy from 12 years of age. To be initiated when conventional IV antiepileptic drugs failed to achieve control, or oral form is temporarily not feasible in seizure emergencies.	i) ADULTS and ADOLESCENT (from 16 years): Starting dose: 250 mg twice daily, Increase dose to 500 mg twice daily after 2 week. Dose can be further increased by 250 mg twice daily every 2 weeks depending upon the clinical response. Max: 1500 mg twice daily. ii) ADULT more than 18 years and ADOLESCENT (12 to 17 years) more than or equal to 50 kg: Initially 500 mg twice daily may be increased up to 1500 mg twice daily. Dose changes can be made in 500 mg twice daily increments or decrements 2 to 4 weekly. CHILD (4 to 11 years) and ADOLESCENT (12 to 17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
625	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.	
626	Levetiracetam 250 mg Tablet	BRAND KEPPRA: NEUROL OGI, NEUROS URGERI	A*	i) Monotherapy therapy in the treatment of partial onset seizures with or without secondary generalization in patients from age 16 years of age with newly diagnosed epilepsy. ii) Adjunctive treatment in partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy; juvenile myoclonic epilepsy and idiopathic generalized tonic clonic epilepsy from 12 years of age.	i) Monotherapy ADULTS and ADOLESCENT (from 16 years) : Starting dose: 250 mg twice daily, Increase dose to 500 mg twice daily after 2 week. Dose can be further increased by 250 mg twice daily every 2 week depending upon the clinical response. Max: 1500 mg twice daily. ii) ADULT more than 18 years and ADOLESCENT (12-17 years) more than or equal to 50 kg: Initially 500 mg twice daily may be increased up to 1500 mg twice daily. Dose changes can be made in 500 mg twice daily increments or decrements 2-4 weekly. CHILD (4-11 years) and ADOLESCENT (12-17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
627	Levetiracetam 500 mg Tablet	BRAND KEPPRA: NEUROL OGI, NEUROS URGERI	A*	i) Monotherapy therapy in the treatment of partial onset seizures with or without secondary generalization in patients from age 16 years of age with newly diagnosed epilepsy. ii) Adjunctive treatment in partial onset seizures with or without secondary generalization in adults and children from 4 years of age with epilepsy; juvenile myoclonic epilepsy and idiopathic generalized tonic clonic epilepsy from 12 years of age.	i) Monotherapy ADULTS and ADOLESCENT (from 16 years) : Starting dose: 250 mg twice daily, Increase dose to 500 mg twice daily after 2 week. Dose can be further increased by 250 mg twice daily every 2 week depending upon the clinical response. Max: 1500 mg twice daily. ii) ADULT more than 18 years and ADOLESCENT (12-17 years) more than or equal to 50 kg: Initially 500 mg twice daily may be increased up to 1500 mg twice daily. Dose changes can be made in 500 mg twice daily increments or decrements 2-4 weekly. CHILD (4-11 years) and ADOLESCENT (12-17 years) less than 50 kg : Initially 10 mg/kg twice daily, may be increased up to 30 mg/kg twice daily. Dose changes should not exceed increments or decrements of 10 mg/kg twice daily every 2 weeks. CHILD more than or equal to 50 kg: Adult dose.	
628	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

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
629	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).	
630	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.	
631	Levodopa 100 mg, Carbidopa 25 mg and Entacapone 200 mg Tablet		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,	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
632	Levodopa 150 mg, Carbidopa 37.5 mg and Entacapone 200 mg Tablet		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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
633	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	
634	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.	
635	Levofloxacin 500 mg Injection		A*	Community Acquired Pneumonia.	500 mg daily for 7 - 14 days.	
636	Levofloxacin 500 mg Tablet		A*	Community Acquired Pneumonia.	500 mg daily for 7 - 14 days.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
637	Levonorgestrel 52 mg Intrauterine System		A*	i) Contraception. ii) Idiopathic menorrhagia. 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.	
638	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
639	Levothyroxine Sodium 25 mcg Tablet		B	Hypothyroidism.	Start at low dose and increase at 2-4 weeks interval. Usual recommended dose for: i) Treatment of benign euthyroid goitre: 75-200mcg. ii) Prophylaxis of relapse after surgery for euthyroid goitre: 75-200mcg. iii) Substitution therapy in hypothyroidism: ADULT Initially, 25-50mcg/day. Maintenance: 100-200mcg/day. CHILDREN Initially 12.5-50mcg/day. Maintenance: 100-150mcg/m ² body surface area. iv) Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism: 50-100mcg. v) Suppression therapy in thyroid cancer: 150-300mcg.	
640	Levothyroxine Sodium 50 mcg Tablet		B	Hypothyroidism.	Start at low dose and increase at 2-4 weeks interval. Usual recommended dose for: i) Treatment of benign euthyroid goitre: 75-200mcg. ii) Prophylaxis of relapse after surgery for euthyroid goitre: 75-200mcg. iii) Substitution therapy in hypothyroidism: ADULT Initially, 25-50mcg/day. Maintenance: 100-200mcg/day. CHILDREN Initially 12.5-50mcg/day. Maintenance:	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					100-150mcg/m2 body surface area. iv) Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism: 50-100mcg. v) Suppression therapy in thyroid cancer: 150-300mcg.	
641	Lidocaine 25mg and Prilocaine 25mg Cream		A	Surface anaesthesia of the skin in connection with needle insertion and for superficial surgical procedures.	Apply a thick layer under occlusive dressing. Dosing is according to product insert.	
642	Lignocaine 10 % w/w Spray		B	For surface anaesthesia in dental practice, in otorhinolaryngology and paracentesis.	Spray to affected part.	
643	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
644	Lignocaine 2% Viscous Solution	HEMATO LOGI, OTORIN OLARING OLOGI, ANESTISI OLOGI, BEDAH MULUT	A	i) To relief pain associated with irritated or inflamed mucous membranes of the: a) mouth; b) pharynx (post-tonsillectomy); c) upper gastrointestinal tract (e.g esophagitis). ii) Use for instrumentation of the respiratory and digestive tracts (e.g. bronchoscopy, oesophagoscopy).	i) a) For anaesthesia of the mouth: Rinse the mouth with 5-15 ml (100- 300 mg lignocaine), then the solution is spat out. In dental practice, 10 ml solution (200 mg lidocaine) are used. The solution should be spat out when adequate anaesthesia has been achieved (after approx. 1 minute). b) For anaesthesia of the pharynx: Gargle with 5-10 ml (100-200 mg lignocaine), after which the solution is slowly swallowed. c) Painful conditions in the upper GI tract: 5-15 ml (100-300 mg lignocaine) are rapidly swallowed all at once. *Daily dose should not exceed 1200 mg (Total of 60 ml) ii) Instrumentations into the stomach: 10-15 ml (200-300 mg lignocaine) are swallowed. Indications (i) & (ii): The daily dose should not exceed 1200mg (60mL) If combined with other lignocaine products, the total dose of lignocaine on one dosing occasion should not exceed 400mg.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
645	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, cystoscopy and symptomatic treatment of painful cystitis and urethritis.	Adult Male: Instil 20 mL slowly into the urethra until it reaches external sphincter, proximal to the prostrate. Subsequently, apply compression at the corona for several mins. Fill the length of the urethra w/ the remaining gel. Sounding procedure or cystoscopy: Instill 40 mL (in 3-4 portions) into the insertion area then allow 5-10 mins for 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.	
646	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.	
647	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.	
648	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	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				indirect laryngoscopy, topical anaesthesia and local vasoconstriction prior to endoscopy of the upper airways.		
649	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.	
650	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.	
651	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.	
652	Liquid Paraffin		C	Constipation.	ADULT: 10-30 ml daily at night. CHILD: not recommended.	
653	Lithium Carbonate 300 mg Tablet		A	i) Prophylaxis and treatment of acute mania and hypomania episodes. ii) Prophylaxis of manic depression in bipolar illness or bipolar depression and recurrent depression.	Dose depends on the preparation used. Doses should be adjusted to produce a serum-lithium concentration of 0.4-1 mmol/l.	UKK (IMPORT PERMIT)
654	Loperamide 2 mg Capsule		B	i. Adjunct to rehydration in: a. acute diarrhea in adult; and b. chronic diarrhea in adult	6 – 8 mg per day up to max. of 16mg per day Dosing is individualised and according to product insert / protocol	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii. In patients with an ileostomy, it can be used to reduce the number and volume of stools and to harden their consistency		
655	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 m ² as adult dose.	
656	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 m ² as adult dose.	
657	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 m ² Adult dose.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
658	Loratadine 1 mg/ml Syrup		B	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.	
659	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.	
660	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.	
661	Lorazepam 1 mg Tablet		A/KK	i) Severe anxiety. ii) Insomnia.	i) 1 - 4 mg increase to 10 mg daily in divided doses. ELDERLY (or delibitated) half adult dose. ii) 1 - 2 mg at bedtime Not recommended in children.	
662	Lorlatinib 100mg Film-Coated Tablet	RESPIRA TORI	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	
663	Losartan 100 mg Tablet		B	Patients intolerant to ACE inhibitors in: i) Hypertensive patient with left ventricular hypertrophy.	i), ii) & iii) Initial: 50mg once daily. Max: 100mg once daily. Dosing is individualised and according to product insert / protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) Type 2 Diabetes Mellitus with chronic kidney disease. iii) Hypertension.		
664	Losartan 50 mg Tablet		B	Patients intolerant to ACE inhibitors in: i) Hypertensive patient with left ventricular hypertrophy. ii) Type 2 Diabetes Mellitus with chronic kidney disease. iii) Hypertension.	i), ii) & iii) Initial: 50mg once daily. Max: 100mg once daily. Dosing is individualised and according to product insert / protocol.	
665	Losartan Potassium 50 mg and Hydrochlorothiazide 12.5 mg Tablet		A/KK	i) Hypertension in patients intolerant to ACE inhibitors. ii) Hypertensive patient with left ventricular hypertrophy.	i) & ii) Initial: Losartan/Hydrochlorothiazide 50/12.5mg once daily. Max: Losartan/Hydrochlorothiazide 100/25mg once daily. Dosing is individualised and according to product insert / protocol.	
666	Macitentan 10mg Film-coated Tablet		A*	As monotherapy or combination for the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients of WHO Functional Class (FC) II to III.	Recommended daily dose macitentan is 10mg (1 tablet), with or without food. The film-coated tablets are not breakable and must be swallowed whole with water.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
667	Magnesium Sulphate 50% Injection		C	i) Treatment and prophylaxis of acute hypomagnesaemia. ii) Prevention and treatment of life-threatening seizures in the treatment of toxemias of pregnancy (pre-eclampsia and eclampsia).	i) Mild hypomagnesemia (ADULT): 1gm magnesium sulphate (8mEq) IM every 6 hours for 4 doses. Severe hypomagnesemia (ADULT): 0.25 g/kg IM over 4 hours. Alternative dose of 5g may be given by slow intravenous infusion over 3 hours. ii) Toxemia of pregnancy: An initial intravenous dose of 4gm of magnesium sulphate is recommended. Followed by an intramuscular dose of 4-5gm into each buttock. This may be followed by a dose of 4-5gm into alternate buttocks every 4 hours as needed. Alternatively, the initial dose IV dose may be followed by an infusion of 1-2gm/hr.	
668	Magnesium Trisilicate Mixture		C	Heartburn, dyspepsia.	ADULT children over 12 years: 10-20ml 3 times daily or as required; CHILD: 5-11 years: 5-10 ml three times a day or as required.	
669	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.	
670	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
671	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.	
672	Mebeverine HCl 135 mg Tablet		B	i) Irritable bowel syndrome. ii) Treatment of gastro-intestinal spasm secondary to organic diseases.	135 mg 3 times daily.	
673	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.	
674	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.	
675	Medroxyprogesterone Acetate 100 mg Tablet		A	Breast carcinoma, endometrial carcinoma, renal carcinoma.	200-500 mg orally daily.	
676	Medroxyprogesterone Acetate 5 mg Tablet		B	i) Secondary amenorrhoea. ii) Abnormal uterine bleeding due to hormonal imbalance.	i) 5-10 mg daily for 5-10 days started anytime during cycle. ii) 5-10 mg daily for 5-10 days on day 16-21 of menstrual cycle. Optimum secretory transformation 10 mg daily for 10 days from day 16 of the cycle.	
677	Medroxyprogesterone Acetate 50 mg/ml Injection		B	Prevention of pregnancy and to provide long term contraception.	150mg to be administered once every 3 month.	
678	Mefenamic Acid 250 mg Tablet		C	Mild to moderate pain.	ADULT: 250 - 500 mg 3 times daily after meals.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
679	Meloxicam 7.5 mg Tablet		A/KK	Only for patients not responding to other NSAIDs in the treatment of: i) painful osteoarthritis; ii) rheumatoid arthritis.	i) initially 7.5 mg daily. May be increased to 15 mg daily. ii) initially 15 mg daily. May be reduced to 7.5 mg daily. Maximum 15 mg daily. Child under 12 years not recommended.	
680	Melphalan 2 mg Tablet		A	i) Multiple myeloma. ii) Neuroblastoma, rhabdomyosarcoma. iii) Recurrent neuroblastoma (palliative).	i) 8 - 10 mg/m ² for 4 days every 4 weeks. ii) 10 - 35 mg/m ² once every month For dose regimes, refer to protocols.	
681	Melphalan 50 mg Injection		B	High dose conditioning therapy for stem cell transplantation in multiple myeloma.	200 mg/ m ² IV infusions in divided doses for Day 1 to day 3 followed by IV infusions of autologous stem cells.	
682	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.	
683	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.	
684	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
685	Mercaptopurine 50 mg Tablet		A	i) Langerhan's cell histiocytosis (LCH) ii) Treatment of acute leukemia in adults, adolescents and children	Adults and paediatric population: For adults and children the usual dose is 2.5 mg/kg bodyweight per day, or 50 to 75 mg/m ² body surface area per day, but the dose and duration of administration depend on the nature and dosage of other cytotoxic agents given in conjunction with 6-mercaptopurine. The dosage should be carefully adjusted to suit the individual patient.	UKK (IMPORT PERMIT)
686	Meropenem 1 g Injection		A*	i) Nosocomial pneumonia. ii) Bacterial Meningitis. iii) Empirical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent. iv) Septicaemia. v) Urinary tract infections. vi) Intra-abdominal infections. vii) Gynaecological infections.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
687	Meropenem 500 mg Injection		A*	i) Nosocomial pneumonia. ii) Bacterial Meningitis. iii) Empirical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent. iv) Septicaemia. v) Urinary tract infections. vi) Intra-abdominal infections. vii) Gynaecological infections.	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.	
688	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.	
689	Mesalazine 1200mg Gastro-Resistant Prolonged Release Tablets		A*	In patients with mild to moderate active ulcerative colitis: i) For the induction of clinical and endoscopic remission ii) For the maintenance of remission	Adults: i) Induction of remission: 2.4 to 4.8g once daily. ii) For maintenance of remission: 2.4g once daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
690	Mesalazine 1g/100ml enema		A	For induction and maintenance of remission in patients with mild to moderately active ulcerative proctitis or left sided colitis	1 tube of enema at bedtime	
691	Mesalazine 2g Prolonged Release Granules		A*	Treatment of mild to moderate ulcerative colitis and Crohn's disease	Ulcerative colitis: a) Treatment of active disease: - Adults: up to 4 g given once daily or in divided doses. - Children 6 years of age and older: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. The total dose should not exceed 4 g/day. b) Maintenance treatment: - Adults: 2g once daily. Can be taken in divided doses. - Children 6 years of age and older: starting with 15-30 mg/kg/day in divided doses. The total dose should not exceed 2 g/day. Crohn's disease: a) Treatment of active disease: - Adults: up to 4g daily in divided doses. - Children 6 years of age and older: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. The total dose should not exceed 4 g/day. b) Maintenance treatment: - Adults: up to 4g daily in divided doses. - Children 6	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					years of age and older: starting with 15-30 mg/kg/day in divided doses. The total dose should not exceed 4 g/day	
692	Mesalazine 500mg MR Tablet		A	i) Ulcerative colitis (UC) ii) Crohn's disease (CD)	Active ADULT: up to 4g given once daily or in divided doses CHILD: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. Total daily dose 4g/day Maintenance ADULT: 1.5g to 2g mesalazine once daily or divided doses CHILD: starting with 30-50 mg/kg/day in divided doses. Maximum dose: 75 mg/kg/day in divided doses. Total daily dose 2g/day Dose is according to product insert and dependent on the product/brand used.	
693	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).	
694	Metformin HCl 500 mg Extended Release Tablet		B	Diabetes mellitus who experienced gastrointestinal side	500 mg once daily. Maximum dose 2000 mg once daily with evening meal.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				effects with normal metformin.		
695	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.	
696	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.	
697	Methotrexate 2.5 mg Tablet		A	i. Antineoplastic Chemotherapy - Treatment of gestational choriocarcinoma, and in patients with chorioadenoma destruens and hydatidiform mole. - Palliation of acute lymphocytic leukemia - Treatment and prophylaxis of meningeal leukemia. - Palliation of acute lymphoblastic (stem-cell) leukemias in children. - Alone or in combination with other anticancer agents in the management of breast cancer, epidermoid cancers of the head and neck, and lung cancer, particularly squamous cells and small cell types.	Dosing is individualised and according to product insert / protocol	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				- Treatment of the advanced stages (III and IV, Peters Staging System) of lymphosarcoma, particularly in those cases in children; and in advanced cases of mycosis fungoides. ii. Psoriasis Chemotherapy Symptomatic control of severe, recalcitrant, disabling psoriasis which is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as by biopsy and/or after dermatologic consultation. iii. Rheumatoid arthritis		

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
698	Methotrexate 25 mg/ml Injection		A	i) Solid tumours. ii) Gestational trophoblastic disease. iii) Acute leukaemia/lymphomas. iv) Rheumatoid arthritis, psoriatic arthropathy, severe/erythrodermic psoriasis.	i) 50 mg/m ² once every 2 - 3 weeks in combination with other drugs. ii) 50 mg IV Day 1, 3, 5, 9 every 3 weeks. For high risk gestational trophoblastic disease, use 100 mg/m ² as part of EMA-CO regime. iii) High dose regimes: 500 - 3000 mg/m ² per dose may be used, employing the 500 mg preparations. CHILD: Central nervous system prophylaxis for acute leukaemia 2 gm/m ² over 24 hours with folinic acid rescue, 3 doses for B-cell lineage. 4 doses for T-lineage all every 3 weeks. Relapse acute lymphoblastic leukaemia (ALL): 1 gm/m ² over 36 hours with folinic acid rescue every 3 weeks for 9 doses, maintenance: 50 mg/m ² every 2 weeks. B-cell lymphoma: 3 gm/m ² over 3 hours with folinic acid rescue for three doses. Methotrexate level monitoring recommended when using high dose regimens. The 500 mg strength is not for intrathecal (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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					stated/verified. ENSURE THAT PREPARATION IS SUITABLE FOR INTRATHECAL USE. iv) Dose used by rheumatologist: 10 - 15 mg IM injection or oral weekly. Dose used by dermatologist: 10 - 25 mg IM injection weekly.	
699	Methoxy Polyethylene Glycol-epoetin Beta 50 mcg/0.3 ml Injection in Prefilled Syringe (Mircera)	NEFROL OGI	A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.	Non Erythropoiesis Stimulating Agent (ESA)-treated patients : 0.6 mcg/kg, once every two weeks (IV or SC). When the Hb is >11g/dl, administration can be reduced to once monthly using the dose equal to twice the previous two weekly dose. ESA-treated patients : 120-360 mcg once monthly or 60-180 mcg every two weeks.	
700	Methoxy Polyethylene Glycol-epoetin Beta 100 mcg/0.3 ml Injection in Prefilled Syringe (Mircera)		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is more cost saving to use a long-acting agent instead of short-acting agents.	Non Erythropoiesis Stimulating Agent (ESA)-treated patients : 0.6 mcg/kg, once every two weeks (IV or SC). When the Hb is >11g/dl, administration can be reduced to once monthly using the dose equal to twice the previous two weekly dose. ESA-treated patients : 120-360 mcg once monthly or 60-180 mcg every two weeks.	
701	Methoxy Polyethylene Glycol-epoetin Beta 150 mcg/0.3 ml Injection in Prefilled Syringe		A*	Treatment of anaemia associated with chronic renal failure. Prescribing restriction: Patients who require higher doses of erythropoietin if it is	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
	(Mircera)			more cost saving to use a long-acting agent instead of short-acting agents.	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.	
702	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.	
703	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/m ² daily in 2-4 divided doses; increase as necessary. Max: 65 mg/kg, 2 g/m ² or 3 g daily, whichever is least.	
704	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.	
705	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					child's condition (usually finally discontinued during or after puberty).	
706	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.	
707	Methylphenidate HCl 20 mg LA Capsule		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.	
708	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 mg/day. Discontinue if no response after 1 month.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
709	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.	
710	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.	
711	Metoclopramide HCl 1 mg/ml Syrup		B	i) Dyspepsia, flatulence, hiatus hernia, peptic ulceration, reflux oesophagitis, gastritis, duodenitis, cholelithiasis, nausea, vomiting. 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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
712	Metoclopramide HCl 10 mg Tablet		B	Use in adults for: i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV). ii) Prevention of radiotherapy induced nausea and vomiting (RINV). iii) Symptomatic treatment of nausea and vomiting, including acute migraine induced nausea and vomiting. Use in children aged 1-18 years for: i) Prevention of delayed chemotherapy induced nausea and vomiting (CINV) as a second line option.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
713	Metoclopramide HCl 5 mg/ml Injection		B	Use in adults for: i) Prevention of post-operative nausea and vomiting. ii) Symptomatic treatment of nausea and vomiting, including nausea and vomiting induced by migraine attacks. iii) Prevention of radiotherapy-induced nausea and vomiting. Use in children aged 1 to 18 years for: i) Prevention of delayed chemotherapy-induced nausea and vomiting as a second-line option. ii) Prevention of post-operative nausea and vomiting as a second-line option.	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, 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
714	Metoprolol Tartrate 100 mg Tablet		B	i) Hypertension. ii) Angina pectoris. iii) Myocardial infarct. iv) Cardiac arrhythmias. v) Migraine prophylaxis. vi) Hyperthyroidism.	i) Initial: 100mg daily in 1 or 2 divided doses Maintenance: 200mg daily in divided doses Max. 400mg daily. ii) 50-100mg 2-3 times daily Max. 400mg daily. iii) Initial: 50mg twice daily Maintenance: 100mg twice daily. iv) Initial: 50mg 2-3 times daily Maintenance: 300mg daily in divided doses. v) 100-200mg daily in 2 divided doses. vi) 150-200mg daily in 3-4 divided doses. Dosing is individualised and according to product insert/protocol.	
715	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 admin until oral therapy is possible. Other sources recommend that oral	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
716	Metronidazole 200 mg/5 ml Suspension		B	Anaerobic infection.	CHILD: 7.5 mg/kg 3 times daily for 7 days.	
717	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.	
718	Micafungin Sodium 50mg Injection		A*	i) Treatment of invasive candidiasis, including candidemia in adults when intolerance or resistance to Amphotericin B or Fluconazole. ii) Treatment of invasive candidiasis in children.	i) Dosage for adults, adolescents ≥ 16 years of age and the elderly for the treatment of invasive candidiasis: - Body weight $> 40\text{kg}$: 100mg/day* - Body weight $\leq 40\text{kg}$: 2mg/kg/day* *If patient's response is inadequate, e.g. persistence of cultures or if clinical condition does not improve, the dose may be increased to 200 mg/day in patients weighing $> 40\text{kg}$ or 4mg/kg/day in patients weighing $\leq 40\text{kg}$. Treatment duration for invasive candidiasis: should be a minimum of 14 days. The antifungal treatment should continue for at least one week	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					after two sequential negative blood cultures have been obtained and after resolution of clinical signs and symptoms of infection. ii) Dosage for children: Body weight $\leq$ 40kg: 2mg/kg/day; Body weight > 40kg: 100mg/day.	
719	Miconazole 2% Cream		C	i) Fungal infections: Tinea pedis, Tinea corporis, Tinea capitis and other dermatophyte infections caused by Trichophyton and Epidermophyton species; ii) Antifungal agent that has been in various candida infections including vaginal candidiasis.	Apply sparingly and rub gently onto affected area 1-2 times daily continuing for 14 days after lesions have healed.	
720	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
721	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.	
722	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, debilitated or impaired liver/kidney function: 7.5 mg.	
723	Minocycline 100 mg Capsule		A*	i. As second-line treatment for leprosy only. ii. Treatment of infections due to susceptible strains of the designated organism e.g. Carbapenem-resistant acinetobacter baumannii.	i) 100 mg daily 6 - 18 months. ii) Initially, 200 mg followed by 100-200mg every 12 hours.	
724	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
725	Mirabegron 50mg Prolonged Release Tablet		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.	
726	Mirtazapine 15 mg Orodispersible Tablet		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.	
727	Mirtazapine 30 mg Orodispersible Tablet		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.	
728	Mitomycin-C 10 mg Injection		A*	i) Gastrointestinal, lung, breast, cervical cancers. ii) Bladder tumours. iii) Ophthalmological conditions: conjunctival squamous neoplasia, squamous cell carcinoma of conjunctiva, trabeculectomy chronic lymphocytic leukaemia, chronic myelogenous leukaemia. Gastric, colorectal, lung cancer.	i) 10 - 20 mg/m ² body surface area (BSA) given as a single dose through a running IV infusion repeated every 6 - 8 weeks. The whole schedule may be repeated depending on the bone marrow. ii) 10 - 40 mg daily or every other day (intravesical). iii) 0.4 mg topically as a single application for ophthalmological conditions, duration: 1 to 3 minutes.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
729	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/m ² IV daily for 3 days, in combination with other cytotoxic agents. Refer to protocol. CHILD: 5 - 10 mg/m ² daily for 3 - 5 days according to protocol. Treatment of acute leukaemia, ADULT: 8 - 12 mg/m ² /day once daily for 4 - 5 days. CHILD more than 2 years: same as adult dose. CHILD 2 years: 0.4 mg/kg/day once daily for 3 - 5 days.	
730	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.	
731	Monobasic Sodium Phosphate 48%, Dibasic Sodium Phosphate 18%		A	Bowel cleansing prior to colonoscopy, radiological examination or bowel surgery	45 ml diluted with half a glass (120 ml) of water, followed by one full glass (240 ml) of water to be taken depending on the time of the procedure. For morning procedure, 45 ml dilute with half glass of water should be taken at 7 am and the second 45 ml at 7 pm on the day before the procedure. For afternoon procedure, the first dose should be taken at 7 pm on the day before and the second dose at 7 am on the day of the procedure. Solid	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					food must not be taken during the preparation period; clear fluids or water can be taken liberally. Not recommended for use in children	
732	Mometasone Furoate 0.1% Cream		A/KK	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.	
733	Mometasone Furoate 0.1% Ointment	DERMATOLOGI	A/KK	For the relief of inflammatory and pruritic manifestations of 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.	
734	Mometasone Furoate 50 mcg Aqueous Nasal Spray		A*	i) Allergic rhinitis, 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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
735	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.	
736	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.	
737	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.	
738	Morphine Sulphate 10 mg Prolonged Release Tablet		A/KK	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
739	Morphine Sulphate 10 mg/ml Injection		B	i) For moderate to severe pain especially that associated with neoplastic disease. 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. - Analgesic Indication: 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. ii) Intravenous, 50 to 100 mcg (0.05 mg to 0.1 mg) per kg of body weight, administered very slowly.	
740	Morphine Sulphate 30 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.	
741	Moxifloxacin 0.5% Ophthalmic Solution		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.	
742	Moxifloxacin 400mg Tablet		A*	Second line therapy for Severe Community Acquired Pneumonia (CAP) patients with co-morbidity or with recent antibiotic therapy,	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				suspected infections of resistant pathogens including Streptococcus pneumoniae, Haemophilus influenzae & Mycoplasma pneumoniae.		
743	Multivitamin Drops		B	For prevention and treatment of vitamin deficiencies.	INFANT less than 1 year: 1 ml daily.	
744	Multivitamin Syrup		C+	For prevention and treatment of vitamin deficiencies.	CHILD 5 ml daily or based on manufacturer.	
745	Multivitamin Tablet		B	For prevention and treatment of vitamin deficiencies.	1 - 2 tablets daily or based on individual requirements.	
746	Mupirocin 2% Ointment		A	Bacterial skin infections by Staphylococcus and Streptococcus sp.	ADULT and CHILD: Apply up to three times daily for up to 10 days.	
747	Mycophenolate Mofetil 250 mg Capsule	NEFROL OGI - (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.	
748	Mycophenolate Mofetil 500 mg tablet	NEFROL OGI - (BRAND CELLCEPT)	A*	i) Prophylaxis of acute organ rejection in patients receiving allogenic renal, cardiac and hepatic transplant.	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) Used with steroids for induction and maintenance of severe lupus nephritis.	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.	
749	Mycophenolate Sodium 180mg Tablet		A*	Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids.	720 mg twice daily.	
750	Mycophenolate Sodium 360mg Tablet		A*	Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplant in combination with ciclosporin and corticosteroids.	721 mg twice daily.	
751	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. ii) As a supplement to balanced anaesthesia, for preoperative and postoperative analgesia and for obstetrical analgesia during labor and delivery.	i) Adult: 10mg SC, IM or IV repeated every 3-6 hours as necessary. Max. single dose: 20mg, Max. total daily dose: 160mg. ii) Induction: 0.3-3 mg/kg IV to be administered over 10 to 15 min. Maintenance: 0.25-0.50mg/kg in single IV administration as required.	
752	Naloxone HCl 0.4 mg/ml Injection		B	For the complete/partial reversal of narcotic depression including respiratory depression	Initially 0.4 - 2 mg IV repeated at intervals of 2 - 3 minutes according to patient's needs.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				induced by opioids such as natural and synthetic narcotics. Diagnosis of suspected acute opioids overdose.		
753	Naproxen Sodium 275 mg Tablet		A	i) Rheumatic arthritis, osteoarthritis and alkylosing spondylitis. ii) Acute gout. iii) Muscular skeletal disorder and dysmenorrhoea.	i) 275mg bd. ii) Initial: 825mg followed by 275mg every 8 hrs as necessary. iii) Initial: 550mg followed by 275 every 6-8 hrs as necessary.	
754	Neostigmine Methylsulphate 2.5 mg/ml Injection		B	i) Symptomatic treatment of myasthenia gravis where oral therapy is impractical. ii) Reversal of the effects of non-depolarizing neuromuscular blockade. iii) The management of post-operative distension, paralytic ileus and urinary retention, where mechanical obstruction has been out-ruled.	i) ADULT: 1 - 2.5 mg at suitable intervals by SC, IM or IV. Usual total daily dose 5 - 20 mg. CHILD: 0.1mg IM. Titrated in the range of 0.05mg - 0.25mg. NEONATE: 50 - 250 mcg every 4 hours. ii) By IV injection over 1 minute, 50 - 70 mcg/kg (maximum 5 mg and 2.5mg for children) after or with atropine sulphate 0.6 - 1.2 mg. iii) Adults: SC or IM 0.5 - 2.5mg. Children: SC or IM 0.125mg - 1mg.	
755	Nepafenac 0.1% ophthalmic solution		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
756	Neuro Polyvalent Snake Antivenom Injection		B	Passive immunisation against poisonous of a range of haematotoxic snakebites neurotoxic snakebites, based on the type of snake identified.	For initial dose, at least 20mL of reconstituted serum should be given by slow intravenous infusion (not more than 1mL/minute). If symptoms still persist, the second dose should be repeated 2 hours or even earlier after the initial dose. The further dose should be repeated every 6 hours according to the clinical symptoms. Administration: Draw 10mL of the sterile water for injection to the freeze-dried antivenin, shake well to dissolve the contents until the serum became clear colourless or pale yellow liquid, ready for administration.	UKK (IMPORT PERMIT)
757	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
758	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. i) By BSA using the Mosteller formula: the recommended oral dose for paediatric patients of all ages is 150 mg/m ² once daily for 2 weeks followed by 150 mg/m ² twice daily thereafter. ii) By body weight: <8 years of age: 4 mg/kg once daily for 2 weeks followed by 7 mg/kg twice daily thereafter. ≥8 years: 4 mg/kg once daily for 2 weeks followed by 4 mg/kg twice daily thereafter.	
759	Nicardipine Hydrochloride 1mg/ml Solution for Infusion		A	Treatment of hypertensive crisis	i) Adult Dose Initial dose Treatment should start with the continuous administration of nicardipine at a rate of 3-5 mg/h for 15 minutes. Rates can be increased by increments of 0.5 or 1 mg every 15 minutes. The infusion rate should not exceed 15 mg/h. Maintenance dose When the target pressure is reached, the dose should be reduced progressively, usually to between 2 and 4 mg/h, to maintain the therapeutic efficacy. ii) Paediatric Dose Nicardipine should only be used for life-threatening	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					hypertension in paediatric intensive care settings or postoperative contexts. Initial dose: In case of emergency, a starting dose of 0.5 to 5 mcg/kg/min is recommended. Maintenance dose: The maintenance dosage of 1 to 4mcg/kg/min is recommended	
760	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. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period): Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period): Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks. Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in:	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					i) Highly dependent smokers; or ii) Smokers who experience breakthrough cravings; or iii) Those who have failed single NRT treatment	
761	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. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period): Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period): Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks. Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: i) Highly dependent smokers; or	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					ii) Smokers who experience breakthrough cravings; or iii) Those who have failed single NRT treatment	
762	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. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period): Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period): Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks. Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: i) Highly dependent smokers; or ii) Smokers who experience breakthrough cravings; or	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					iii) Those who have failed single NRT treatment	
763	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 $\leq$ 20 sticks/day, chew 2mg gum. Smokes $\geq$ 20 sticks/day, chew 4 mg gum. (MAX 24 pieces /day for up to 12 week.)	
764	Nicotine 4mg Gum		A/KK	For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit.	Smokes $\leq$ 20 sticks/day, chew 2mg gum. Smokes $\geq$ 20 sticks/day, chew 4 mg gum. (MAX 24 pieces /day for up to 12 week.)	
765	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.	
766	Nilotinib 150mg capsule		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	
767	Nilotinib 200 mg Capsule		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	400 mg twice daily, 12 hours apart. No food should be taken two hours before and 1 hour after taking the dose	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				and no haematological response by 12 months ii) Have molecular resistance to Imatinib as shown by molecular mutation studies iii) Are intolerant to Imatinib		
768	Nimodipine 30 mg Tablet	NEURO SURGERI	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)
769	Nintedanib 150mg Capsule	RESPIRATORI	A*	i) For the treatment of Idiopathic Pulmonary Fibrosis (IPF) in adults ii) Indicated in adults for the treatment of other chronic fibrosing lung disease (ILDs) with a progressive phenotype	i) The recommended dose is 150 mg twice daily administered approximately 12 hours apart. The 100 mg twice daily dose is only recommended to be used in patients who do not tolerate the 150 mg twice daily dose. ii) 150mg twice a day	
770	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
771	Noradrenaline Acid Tartrate (Norepinephrine Bitartrate) 1 mg/ml Injection		A, A/KK	Category A: i) For blood pressure control in certain acute hypotensive states (e.g.pheochromocytomec tomy, sympathectomy, poliomyelitis, spinal anesthesia, myocardial infarction, septicemia, blood transfusion, and drug reactions). ii) As an adjunct in the treatment of cardiac arrest and profound hypotension Category A/KK: Septic shock and shock where peripheral vascular resistance is low	Infuse and titrate to desired pressure response. Range: 0.05 - 0.5 mcg/kg/minute.	
772	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: Adult & Children: 100,000 to 600,000 units 6 hourly; Infant: 100,000 – 200,000 units 6 hourly; Neonates: 100,000 units 8 hourly. Prophylaxis: Adult: 1,000,000 units daily; Neonates and Infants: 100,000 units 2-3 times a day; Children: 250,000 – 500,000 units 2-3 times a day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
773	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. ii) Relief of symptoms associated with functional gastro-entero-pancreatic (GEP) endocrine tumors: • Carcinoid tumors with features of the carcinoid syndrome. • VIPomas, Glucagonomas • Gastrinomas/Zollinger-Ellison syndrome • Insulinomas • GRFomas. iii) Prevention of complications following pancreatic surgery. iv) Emergency management of bleeding gastro-eosophageal varices in patients with cirrhosis.	i) Initially 0.05-0.1mg SC every 8 or 12 hours. Optimal daily dose is 0.3mg, not to exceed maximum dose of 1.5mg/day. ii) Initially 0.05 mg once or twice daily, gradually increase to 0.1-0.2mg 3 times daily. Higher doses may be required in exceptional circumstances. iii) 0.1 mg 3 times daily for 7 consecutive days, starting on the day of operation, at least 1 hour before laparotomy iv) ADULT: 50mcg bolus, followed by continuous infusion of 25-50mcg/hour for 2-5 days. CHILD: IV 1-5 mcg/kg/hour The dosing is individualized according to product insert / protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
774	Octreotide Acetate 20 mg 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. ii) Treatment of patients with symptoms associated with functional gastro-entero-pancreatic endocrine tumors: • Carcinoid tumors with features of the carcinoid syndrome. • VIPomas, Glucagonomas • Gastrinomas/Zollinger-Ellison syndrome. • Insulinomas, GRFomas. iii) Treatment of patients with advanced neuroendocrine tumors of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.	10 - 30 mg every 4 weeks as deep intragluteal injection	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
775	Octreotide Acetate 30 mg Injection	GASTRO ENTEROL OGI, ENDOKRI NOLOGI, NEUROS URGERI	A*	i) Acromegaly treatment in patients in whom surgery or radiotherapy is inappropriate or ineffective- based on level of growth hormone and high IGF-1 and residual pituitary tumor. ii) Treatment of patients with symptoms associated with functional gastro-entero-pancreatic endocrine tumors: • Carcinoid tumors with features of the carcinoid syndrome. • VIPomas, Glucagonomas • Gastrinomas/Zollinger-Elli son syndrome. • Insulinomas, GRFomas. iii) Treatment of patients with advanced neuroendocrine tumors of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.	10 - 30 mg every 4 weeks as deep intragluteal injection.	
776	Ofatumumab 20mg/0.4mL Injection in Prefilled Syringe	NEUROL OGI	A*	Indicated for the treatment of relapsing form of multiple sclerosis (RMS), to include relapsing-remitting disease and active	The recommended dose is 20 mg at weeks 0,1 and 2 followed by 20 mg once monthly starting at week 4, administered as subcutaneous injection.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				secondary progressive disease, in adults.		
777	Ofloxacin 0.3% Otic Solution		A/KK	i) Acute otitis media with tympanostomy tubes. ii) Chronic suppurative otitis media with perforated tympanic membranes. 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.	
778	Ofloxacin 100 mg Tablet		A	i) As second-line treatment of leprosy. ii) As second-line treatment for tuberculosis and multidrug resistant tuberculosis (MDR-TB). iii) Sequential therapy for UTI and pyelonephritis.	i) 400 mg/day. ii) 400 mg twice daily. iii) 200 mg twice daily.	
779	Olanzapine 10 mg Disintegrating Tablet		A*	i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent. ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder. iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	i) 5 - 10 mg once daily, increase to 10 mg once daily within 5 - 7 days, adjust by 5 - 10 mg/day at 1 week intervals, maximum 20 mg/day. ii) 10 - 15 mg once daily, increase by 5 mg/day at intervals of not less than 24 hours. Maintenance 5 - 20 mg/day; maximum 20 mg/day. iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
780	Olanzapine 10 mg Tablet		B	i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent. ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder. iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	i) 5 - 10 mg once daily, increase to 10 mg once daily within 5 - 7 days, adjust by 5 - 10 mg/day at 1 week intervals, maximum 20 mg/day. ii) 10 - 15 mg once daily, increase by 5 mg/day at intervals of not less than 24 hours. Maintenance 5 - 20 mg/day; maximum 20 mg/day. iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day.	
781	Olanzapine 5 mg Tablet		B	i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent. ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder. iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	i) 5 - 10 mg once daily, increase to 10 mg once daily within 5 - 7 days, adjust by 5 - 10 mg/day at 1 week intervals, maximum 20 mg/day. ii) 10 - 15 mg once daily, increase by 5 mg/day at intervals of not less than 24 hours. Maintenance 5 - 20 mg/day; maximum 20 mg/day. iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
782	Olanzapine 5mg Disintegrating Tablet	PSIKIATR I, PALIATIF (UKK)	A*	i) Acute and maintenance treatment of schizophrenia and other psychoses where positive and or negative symptoms are prominent. ii) Short-term use for acute mania episodes associated with Bipolar 1 disorder. iii) Prevention of recurrence of manic, mixed or depressive episodes in Bipolar I Disorder.	i) 5 - 10 mg once daily, increase to 10 mg once daily within 5 - 7 days, adjust by 5 - 10 mg/day at 1 week intervals, maximum 20 mg/day. ii) 10 - 15 mg once daily, increase by 5 mg/day at intervals of not less than 24 hours. Maintenance 5 - 20 mg/day; maximum 20 mg/day. iii) Starting dose is 10mg/day, daily dosage may subsequently be adjusted on the basis of individual clinical status within the range 5-20 mg/day.	
783	Olive Oil Ear Drops		C	Impacted wax softener.	3 - 4 drops 3 - 4 or as directed.	
784	Olopatadine HCl ophthalmic solution 0.2%		A*	Treatment and prevention of ocular itchiness in allergic conjunctivitis	One drop in each affected eye once a day	
785	Omalizumab 150 mg (powder and solvent for solution)	PEDIATRI K	A*	i) For adults and adolescents (≥ 12 years), for severe persistent allergic asthma whose symptoms are inadequately controlled with inhaled corticosteroids. ii) For Children (6 to <12 years of age): As add-on therapy to improve asthma control with severe persistent allergic asthma who have positive skin test or in vitro reactivity to a perennial	i) Adult & adolescent ≥ 12 yr, 150-375 mg SC every 2-4 wk, according to body wt & baseline serum total IgE level. For subcutaneous administration only. Do not administer by the intravenous or intramuscular route. ii) Appropriate dose and dosing frequency of omalizumab is determined by baseline IgE (IU/ml), measured before the start of treatment, and body weight (kg). Prior to initial dosing, patients should have their IgE level	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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.	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.	
786	Omeprazole 20 mg Capsule		A/KK	Only for: i) Reflux oesophagitis. ii) For eradication of Helicobacter pylori infection. iii) Benign peptic ulcer not responding to conventional therapy. iv) Zollinger-Ellison Syndrome.	i) 20 - 80 mg 1 - 2 times daily up to 8 - 12 weeks. ii) 20 mg twice daily in combination with any of the 2 antibiotics (clarithromycin 500 mg twice daily, amoxicillin 1 g twice daily or metronidazole 400 mg twice daily)for 1 - 2 weeks. iii) 20 mg once daily for 4 - 6 weeks. iv) ADULT: 20 - 120 mg once daily adjusted according to the patient's response. CHILD 0.4 - 0.8 mg/kg/day.	
787	Omeprazole 40 mg Injection		A*	i) Reflux oesophagitis, eradication of H. Pylori infection, benign peptic ulcer not responding to conventional therapy, Zollinger-Ellison Syndrome. ii) Endoscopically confirmed peptic ulcer.	i) 40 mg IV once daily when oral therapy is inappropriate. ii) 40- 160 mg by IV in single or divided doses.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
788	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. The amount to give depends on hydration status. ADULT: 200-400mL (1 - 2 sachets) for every loose motion / diarrhoea / vomiting CHILD (2 yrs & above): 100-200mL (1 sachet) for every loose motion / diarrhoea / vomiting. In severe dehydration 100ml/kg for 3-4 hours. INFANT (up to 2 yrs): 1 - 1.5 times their usual feed volume (50-100mL) each diarrhoea/vomiting	
789	Orphenadrine 100mg Tablet	BEDAH MULUT	A	Painful muscle spasm	100mg BD. In severe cases, doses may increase to 300mg in any 24-hour period.	
790	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). 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) >15 kg to 23kg: 45mg twice daily. c) >23 kg to 40kg: 60mg twice daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
791	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). 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 $>40\text{kg}$ is 75mg twice daily for 5 days. No dose adjustment is necessary for patients with creatinine clearance above 60 ml/min. Dose recommendations for renal impairment patients as follows: a) Creatinine clearance of $>30\text{-}60\text{ mL/min}$: 30 mg twice daily for 5 days. b) Creatinine clearance of $10\text{-}30\text{ mL/min}$: 30 mg of once daily for 5 days. c) In patients undergoing routine hemodialysis an initial dose of 30 mg can be administered prior to the start of dialysis if influenza symptoms develop during the 48 hours between dialysis sessions. To maintain plasma concentrations at a therapeutic level, a dose of 30 mg should be administered after every hemodialysis session. d) For peritoneal dialysis a dose of 30 mg administered prior to the start of dialysis followed by further 30 mg doses administered every 5 days is recommended for treatment. Dosing recommendation cannot be provided for patients with end-stage renal disease (creatinine clearance of <10	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					ml/min) not undergoing dialysis. No dose adjustment needed in patients with hepatic impairment and the elderly.	
792	Osimertinib 80mg Tablet	RESPIRA TORI	A*	The treatment of adult patients with locally advanced or metastatic EGFR T790M mutation-positive NSCLC whose disease has progressed on or after EGFR TKI therapy.	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.	
793	Oxybutynin Chloride 5 mg Tablet	PEDIATRI K	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)
794	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. ii) As a step-down analgesic drug in post-operative procedures.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				iii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and non-pharmacological approach failed.		
795	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: i) have difficulty swallowing or; 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.	UKK (IMPORT PERMIT)
796	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. ii) As a step-down analgesic drug in post-operative procedures. iii) As a second line treatment of chronic non-cancer pain when treatments with adjuvant analgesics and	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				non-pharmacological approach failed.		
797	Oxycodone Hydrochloride 10 mg/ml Injection		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 patients, titrating gradually according to symptom control.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
798	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-naïve patients or patients presenting with moderate to severe chronic pain uncontrolled by weaker opioids is one tablet 10mg/5mg at 12 hourly intervals, or one tablet 5mg/2.5mg 12-hourly for patients with mild hepatic impairment and patients with renal impairment. The dose should then be cautiously titrated, as frequently as every 1-2 days if necessary, to achieve pain relief.	
799	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. 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-naïve 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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
800	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. 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-naïve 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.	
801	Oxymetazoline HCl 0.01% Nasal Drops		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.	
802	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
803	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.	
804	Oxytocin 10 units/ml Injection		B	i) Induction of labour. ii) Inadequate uterine effort. iii) Management of third stage of labour. 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. iii) IV/IM: 5 -10 units. iv) IV : 5-10 units followed by IV infusion at 10 units/hour. The dosing is individualized based on maternal, fetal response and product insert / protocol.	
805	Oxytocin 5 units & Ergometrine Maleate 0.5 mg/ml Injection		C+	i) Prevention and treatment of postpartum haemorrhage associated with uterine atony. 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. 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.	
806	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.	i) 175 mg/m ² IV over 3 hours every 3 weeks. ii) 175 mg/m ² IV over 3 hour followed by cisplatin 75 mg/m ² in every 3 weeks or 135 mg/m ² IV over 24 hours	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) Ovarian carcinoma: First Line in combination with a platinum compound for advanced metastatic carcinoma of the ovary; Second line for advanced metastatic carcinoma of the ovary. iii) Non-small cell lung carcinoma: First line in combination with platinum compound or as single agent.	followed by cisplatin 75 mg/m ² every 3 weeks. iii) 135 mg/m ² IV over 24 hours followed by cisplatin 75 mg/m ² every 3 weeks.	
807	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; Second line for advanced metastatic carcinoma of the ovary iii) Non-small cell lung carcinoma: First line in combination with platinum compound or as single agent	i) 175 mg/m ² IV over 3 hours every 3 weeks ii) 175 mg/m ² IV over 3 hour followed by cisplatin 75 mg/m ² in every 3 weeks or 135 mg/m ² IV over 24 hours followed by cisplatin 75 mg/m ² every 3 weeks iii) 135 mg/m ² IV over 24 hours followed by cisplatin 75 mg/m ² every 3 weeks	
808	Palbociclib 125mg Capsules	PEMBED AHAN 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	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women.	modification, refer package insert	
809	Paliperidone 50 mg Prolonged Release Injection	PSIKIATR I	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.	
810	Paliperidone 75 mg Prolonged Release Injection	PSIKIATR I	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.	
811	Paliperidone 100 mg Prolonged Release Injection	PSIKIATR I	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
					maintenance dose can be administered in either the deltoid or gluteal muscle.	
812	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 maintenance dose can be administered in either the deltoid or gluteal muscle.	
813	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.	
814	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.	
815	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					10-50 mL/min) 3 mg once daily. Avoid if creatinine clearance less than 10mL/min.	
816	Paliperidone 6 mg Extended Released Tablet	PSIKIATR I	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.	
817	Paliperidone 9 mg Extended Released Tablet	PSIKIATR I	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.	
818	Palivizumab 100mg Injection	PEDIATRI K	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.	
819	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.	
820	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
821	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.	
822	Pantoprazole 40 mg Tablet		B	i) Helicobacter pylori eradication. ii) Peptic ulcer disease. iii) Erosive and non-erosive reflux oesophagitis (GERD and NERD). iv) Zollinger-Ellison Syndrome. v) Prevention of NSAID induced gastropathy.	i) 40 mg twice daily in combination with any of the 2 antibiotics (Clarithromycin 500 mg twice daily, Amoxicillin 1 g twice daily or Metronidazole 400 mg twice daily) for 1-2 weeks. ii) 40 mg daily for 2 - 4 weeks. iii) 20 - 40 mg daily on morning for 4 weeks. iv) Initially 80 mg daily, dose can be titrated up or down as needed. v) 20 mg daily. CHILD not recommended.	
823	Paracetamol 10mg/ml in 100ml Solution for IV Infusion		A	Mild to moderate pain and pyrexia.	Body Weight (BW) $\leq$ 10kg: 7.5mg/kg, max: 30mg/kg BW >10kg to $\leq$ 33kg: 15mg/kg, max 60mg/kg not exceeding 2g BW >33kg to $\leq$ 50kg: 15mg/kg, max 60mg/kg not exceeding 3g BW >50kg (with risk of hepatotoxicity): 1g, max 3g BW >50kg (without risk of hepatotoxicity): 1g, max 4g OR as in the product leaflet.	
824	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable.	
825	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 months should not be given Paracetamol unless advised by doctor; a dose of 10 mg/kg (5 mg/kg if jaundiced) is suitable.	
826	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.	
827	Paracetamol 500 mg Tablet		C+	Mild to moderate pain and pyrexia.	ADULT: 500 - 1000 mg every 4 - 6 hours, maximum of 4 g daily.	
828	Paraffin Mole Alba (White Soft Paraffin)		C	Xerosis and ichthyosis.	Apply to the affected area.	
829	Pazopanib Hydrochloride 200 mg Tablet		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.	
830	Pazopanib Hydrochloride 400 mg Tablet		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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					after meal). The dose should not exceed 800 mg.	
831	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.	
832	Pegfilgrastim Pre-filled Syringe 6 mg/0.6 ml (10 mg/ml)	HEMATO LOGI, RESPIRA TORI	A*	Reduction in the duration of neutropenia, the incidence of febrile neutropenia and the incidence of infection as manifested by febrile neutropenia in patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes).	Adults (≥18 years): One 6 mg dose (a single pre-filled syringe) of pegfilgrastim for each chemotherapy cycle, administered as a subcutaneous injection approximately 24 hours following cytotoxic chemotherapy. Renal impairment: Pharmacokinetics of pegfilgrastim is not expected to be affected by renal impairment. Hepatic impairment: Pharmacokinetics of pegfilgrastim is not expected to be affected by hepatic impairment. Paediatric population: Insufficient data to recommend the use of pegfilgrastim in children and adolescents under 18 years of age.	
833	Peginterferon Alpha-2a 180 mcg Prefilled Syringe	HEMATO LOGI	A*	i) Chronic hepatitis C alone or in combination with other antiviral drugs. ii) For the treatment of both HbeAg-positive and HbeAg-negative chronic hepatitis B with	i) 180 mcg once weekly. Treatment duration may vary depending on HCV genotype. ii) 180 mcg weekly SC for 48 weeks.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				compensated liver disease and evidence of viral replication who are not responding or tolerating oral antiviral therapy.	Dosage, including treatment duration, is individualised and according to product insert/protocol.	
834	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. 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/m ² IV every 4 weeks for as long as the disease does not progress & patient continues to tolerate treatment. For doses <90 mg: dilute in 250 ml Dextrose 5 % in Water. For doses >90 mg: dilute in 500 ml Dextrose 5 % in Water. To minimize the risk of infusion reactions, the initial dose is administered at a rate no greater than 1 mg/minute. Renal impairment: No dose adjustment required in patients with creatinine clearance 30-156 ml/min, no pharmacokinetic data are available in patients with creatinine clearance of less than 30 ml/min. Hepatic impairment: At initiation of therapy: Bilirubin 1.2 - 3.0 mg/dl, the first dose is reduced by 25 %, Bilirubin > 3.0 mg/dl, the first dose is reduced by 50 %.	
835	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	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				lung cancer (NSCLC) other than predominantly squamous cell histology. ii) Malignant pleural mesothelioma.	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.	
836	Pentoxifylline 400 mg Tablet		A/KK	Peripheral vascular disease.	400 mg 2 - 3 times daily.	
837	Perindopril 10mg and Indapamide 2.5mg film coated tablet		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.	
838	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.	
839	Perindopril 4 mg Tablet		B	i) Hypertension. ii) Stable coronary artery disease. iii) Heart failure.	i) & ii) Initial: 4mg once daily Max. 8mg daily iii) Initial: 2mg once daily Maintenance: 4mg once daily Dosing is individualised and according to product insert / protocol.	
840	Perindopril 8 mg Tablet		B	i) Hypertension. ii) Stable coronary artery disease.	Initial: 2-4mg once daily Maintenance: up to 8mg once daily. Dosing is individualised and according to product insert/protocol.	
841	Perindopril Arginine 10mg, Indapamide 2.5mg &		A/KK	As substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril/indapamide	1 tablet a day	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
	Amlodipine 10mg tablet			fixed dose combination and amlodipine, taken at the same dose level		
842	Peritoneal Dialysis Solution (1.5% Dextrose)		B	For chronic renal disease requiring dialysis and for acute renal failure.	Dose depending on clinical cases.	
843	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.	
844	Permethrin 5% w/v Lotion		A/KK	Treatment of scabies.	Apply thoroughly to all body parts from the head to soles of the feet, paying particular attention to all the folds and creases. Leave medication on for 8 – 14 hours, and then wash off completely. Not recommended for children less than 2 months of age. Single application usually curative. May reapply after ONE week if live mites reappear.	
845	Perphenazine 4 mg Tablet		B	i) Treatment of psychotic disorders. ii) Used in the treatment of behavioural disorders in adults, in the aged and in children.	ADULT: Initially 4 mg 3 times daily adjusted according to response, maximum 24 mg daily. ELDERLY: 1/4 to 1/2 adult dose. CHILD not recommended.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
846	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.	
847	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.	
848	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, or early-stage breast cancer (node-positive) as part of a complete treatment regimen for early breast cancer.	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.	
849	Phenobarbitone 30 mg Tablet		B	Epilepsy.	ADULT: 60 - 180 mg daily on. CHILD: Up to 8 mg/kg daily.	
850	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	UKK (IMPORT PERMIT)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					injection. Dosing is according to product insert.	
851	Phenoxymethyl Penicillin 125 mg Tablet		C	i) Treatment or prophylaxis of infections caused by susceptible organisms. ii) Prophylactic, rheumatic fever.	i) ADULT: 500 - 750 mg 6 hourly.CHILD; up to 1 year: 62.5 mg, 1 - 5 years: 125 mg, 6 - 12 years: 250 mg 6 hourly. ii) ADULT: 125 - 250 mg twice daily. CHILD: 25 - 50 mg/kg in divided doses every 6 - 8 hours. Maximum: 3 g/day.	
852	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.	
853	Phenylephrine HCl 2.5% Eye Drops		B	For pupillary dilation in uveitis, for refraction without cyclopegic. For funduscopy 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.	
854	Phenytoin Sodium 100mg Capsule		B	Control of tonic-clonic (grand mal) and psychomotor seizures	ADULT Initial: 300mg daily in 3 equally divided doses Maintenance: 300-400 daily in 3-4 equally divided doses Max. dose: 600mg daily CHILD Initial: 5mg/kg/day in 2-3 equally divided doses Maintenance: 4-8mg/kg/day Max. dose: 300mg daily	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					Dosing is according to product insert.	
855	Phenytoin Sodium 30 mg Capsule	PEDIATRI K	B	Control of tonic-clonic (grand mal) and psychomotor seizures	ADULT Initial: 300mg daily in 3 equally divided doses Maintenance: 300-400 daily in 3-4 equally divided doses Max. dose: 600mg daily CHILD Initial: 5mg/kg/day in 2-3 equally divided doses Maintenance: 4-8mg/kg/day Max. dose: 300mg daily Dosing is according to product insert.	
856	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 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.	
857	Phenytoin Sodium 50mg/ml Injection		B	i) Control of status epilepticus of the tonic-clonic (grand mal) type. 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). ii) 100-200mg deep IM at approximately 4 hour intervals during surgery and continued postoperative. Dosing is individualised and according to product insert / protocol.	
858	Pilocarpine 2% Eye Drops		B	Miotics in chronic open-angle glaucoma.	1 drop 1 - 4 times a day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
859	Pimecrolimus 1% Cream		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. 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.	
860	Pine Tar, Coal Tar with Salicylic Acid (various concentrations) Solution		B	Dandruff, seborrheic dermatitis, atopic dermatitis, eczema and psoriasis	Apply to the affected areas or as in product leaflet	
861	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.	
862	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
863	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.	
864	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.	
865	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).	
866	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
867	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 2. Active immunisation for the prevention of pneumococcal disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in adults aged 18 years and older. - PRESCRIBER CATEGORY A*.	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 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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
868	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.	
869	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.	
870	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. Dosing is individualised and according to product insert/protocol.	
871	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.	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).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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 meningial infections. • Aerobacter aerogenes, specifically bacteremia. • Klebsiella pneumoniae, specifically bacteremia.		
872	Ponatinib 15mg Film-coated Tablet	HEMATO LOGI	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
873	Posaconazole 100mg modified released (MR) tablet	HEMATO LOGI	A*	Prophylaxis of invasive fungal infections in the following adult patients: i) Patient receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndrome (MDS) expected to result in prolonged neutropenia and who are at high risk of developing invasive fungal infections. ii) Haematopoietic stem cell transplant (HSCT) recipients who are undergoing high-dose immunosuppressive therapy for graft versus host disease and who are at high risk of developing invasive fungal infections.	Loading dose of 300 mg (three 100 mg tablets) twice a day on the first day, then 300 mg (three 100 mg tablets) once a day thereafter.	
874	Potassium Chloride 1 g/10 ml Injection		B	For the correction of severe hypokalaemia and when sufficient potassium cannot be taken by mouth.	By slow IV infusion depending on the deficit or the daily maintenance requirements. 1 g diluted in 500 ml normal saline or glucose and given slowly over 2 - 3 hours.	
875	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.	
876	Potassium Citrate 3 g/10 ml and Citric Acid Mixture		C	For systemic or urinary alkalization.	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					daily; 6 - 12 years: 10 ml 3 times daily. To be taken well diluted with water, after meals and at bedtime.	
877	Potassium Dihydrogen Phosphate Injection		A	For treatment of hypophosphataemia.	Up to 10mmol phosphate administered over 12 hours.	
878	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.	
879	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.	
880	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	

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

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) Symptomatic treatment of idiopathic Restless Legs Syndrome.	dose. Renal impairment: In patient with creatinine clearance < 20ml/min, the daily dose of pramipexole should be started at 0.125 mg daily instead of 0.25mg and the maximum dose should not > 1.5 mg daily. ii) Dosing is according to Product Insert.	
883	Pramipexole Dihydrochloride Extended Release 0.375mg Tablet		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.	
884	Pramipexole Dihydrochloride Extended Release 1.5mg Tablet		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
885	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 treatment/ adjunctive therapy).	Initiate treatment with a single 60mg oral loading dose. Continue at 10mg/5mg once daily with or without food. Patients should also take aspirin (75 mg - 325 mg) daily.	
886	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.	
887	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					daily after 3 - 7 days: further increased if necessary to maximum 20 mg daily.	
888	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.	
889	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.	
890	Prednisolone 5 mg Tablet		B	i) Replacement therapy for primary and secondary adrenocortical insufficiency. ii) Adrenogenital syndrome. iii) Other therapy.	i) 5 - 25 mg daily in divided doses. ii) 10 - 20 mg/m ² body surface daily in divided doses. iii) ADULT: 5 - 60 mg daily. CHILD: 0.5 - 2 mg/kg/day in divided doses every 6 - 8 hours or as a single daily.	
891	Prednisolone acetate 1% ophthalmic suspension		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.	
892	Pregabalin 150 mg Capsules		A* A/KK	Kategori preskriber A*: i. Fibromyalgia ii. Epilepsy Kategori preskriber A/KK:	The dose range is 150 to 600 mg per day given in either two or three divided doses. Dosing is according to Product Insert.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				iii. Neuropathic pain		
893	Pregabalin 75 mg Capsule		A*	i) Neuropathic pain. ii) Fibromyalgia. 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.	
894	Primaquine 7.5 mg base Tablet		B	i) Treatment of malaria. ii) Prophylaxis together with a schizonticide such as chloroquine.	0.5mg/kg/day up to 30mg daily.	
895	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.	
896	Procarbazine HCl 50 mg Capsule	HEMATO LOGI	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/m ² on days 1-14 of each 4- or 6-wk cycle. Child: Initially, 50 mg/m ² daily, up to 100 mg/m ² adjust according to response.	UKK (IMPORT PERMIT)
897	Prochlorperazine Maleate 5mg Tablet		B	i) Severe nausea and vomiting. ii) Vertigo/labyrinthine disorders.	Nausea and vomiting Adult: As maleate or mesilate: 20 mg, further doses are given if needed. Recommended buccal dose: As maleate: 3-6 mg bid. Vertigo Adult: As maleate or mesilate: 15-30 mg daily, given in divided doses. May reduce	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					gradually to 5-10 mg daily. Recommended buccal dose: 3-6 mg bid. May be taken with or without food.	
898	Prochlorperazine Mesylate 12.5 mg/ml Injection		B	i) Severe nausea and vomiting. ii) Vertigo/labyrinthine disorders.	Deep IM injection, 12.5 mg repeated if necessary after 6 hours and then followed by an oral dose. Not recommended in children.	
899	Procyclidine HCl 5 mg/ ml Injection		B	i) All forms of Parkinson's disease (idiopathic paralysis agitans), post-encephalitis and arteriosclerosis. ii) To control troublesome extrapyramidal symptoms induced by neuroleptic drugs including pseudo-parkinsonism, acute dystonic reactions and akathisia.	i) Initial dose 2.5mg TDS, increasing by 2.5-5mg/day at intervals of 2 or 3 days until the optimum clinical response is achieved. Usual maintenance dose: 15-30mg/day. Max: 60mg/day. ii) Initial dose 2.5mg TDS, increasing by 2.5mg daily until symptoms are relieved. Usual maintenance dose: 10-30mg/day. IV Emergency: 5-10 mg. IM Emergency: 5-10 mg as a single dose, may repeat after 20 mins if needed. Max: 20 mg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
900	Progesterone 100 mg Capsule		A*	Oral: i) Progesterone insufficiency. ii) Luteal insufficiency. iii) Menopause treatment associated with estrogen therapy. Prevent risk of endometrial hyperplasia Vaginal: iv) Progesterone substitution for ovarian proved women during complete deficiency. v) Supplementation of the luteal phase during in vitro fertilization cycles (IVF). vi) Supplementation of the luteal phase during spontaneous or induced cycles. vii)Threatened abortion or prevention of repeated abortions due to luteal insufficiency.	Oral route: (i) Daily dose of 200 to 300mg in two divided doses. (ii) Daily dose of 200 to 300mg for 10 days per month, usually from 17th to the 26th day of the cycle. (iii) 200mg daily for 12 to 14 days in a month, the two last weeks of each cycle. Vaginal route: (iv) Taken with estrogen therapy: 100 mg given on the 13th and the 14th day of the cycle of transfer, then 200mg in divided doses from the 15th to the 25th day of the cycle. From 26th day and in the case of the onset of pregnancy, the dose is increased by 100mg per day each week, and rises to a maximum of 600mg per day divided into 3 intakes. This dosage will be continued until the 60th day and until the 12th week of pregnancy and no further. (v) 400 mg to 600mg per day, prior to embryo transfer according to IVF protocol until the 12th week of pregnancy. (vi) 200mg - 300mg/day, from the 17th day of the cycle for 10 days. (vii) 200 to 400mg daily in two divided doses.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
901	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.	
902	Promethazine HCl 25 mg/ml Injection		B	i) Allergic conditions. ii) Treatment and prevention of vomiting including: - motion sickness - drug induced nausea - prevention and control of nausea and vomiting associated with certain types of anaesthesia and surgery.	i) Allergic Conditions Adult and adolescent dose: 25mg intramuscular or intravenous. May be repeated within 2 hours if required. Children 2 years and older: intramuscularly-0.125mg/kg body weight every 4 to 6 hours OR 0,5mg/kg bodyweight at bedtime as needed OR 6.25-12.5mg three times a day as needed OR 25mg at bedtime as needed. ii) Treatment and prevention of vomiting: - Motion Sickness Adult and adolescent dose: 25mg twice a day as needed. Children: 0.5mg/kg every 12 hours as needed OR 10 - 25mg twice a day as needed. - Anti Emetic Therapy Adult and adolescent dose: 25mg initially and then 10 -25mg every 4 - 6 hours as needed. Children: 0.25-0.5mg/kg every 4 to 6 hours as needed OR 10 - 25mg every 4 to 6 hours as needed.	
903	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
904	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.	
905	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.	
906	Propofol 10mg/ml (1%) Injection		A*	i) Induction & maintenance of general anaesthesia. ii) Sedation of ventilated patients in intensive care	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					Sedation: 0.3 - 4 mg/kg/hour up to 3 days.	
907	Propofol 20mg/ml (2%) emulsion for injection of infusion		A*	i) Induction & maintenance of general anaesthesia. ii) Sedation of ventilated patients in intensive care	Adult: IV Induction and maintenance of general anesthes Induction: 40 mg every 10 sec. Maintenance: 4-12 mg/kg/hr or intermittent boluses of 20-50 mg. Sedation In diagnostic and surgical procedures: Initial: 6-9 mg/kg/hr by infusion. Maintenance: 1.5-4.5 mg/kg/hr. For ventilated patients: 0.3-4 mg/kg/hr. Monitor lipid concentrations if duration of sedation >3 days.	
908	Propranolol HCl 10 mg Tablet		B	i) Hypertension. ii) Angina pectoris. iii) Myocardial infarct. iv) Cardiac arrhythmias. v) Migraine prophylaxis. vi) Hyperthyroidism. vii) Hypertrophic obstructive cardiomyopathy.	i) Initial: 40-80 mg twice daily Maintenance: 160-320 mg daily. Max. 640 mg daily. ii) Initial: 40 mg 2-3 times daily Maintenance: 120-240 mg daily Max. 480mg daily. iii) Initial (within 5-21 days of MI): 40 mg 4 times daily for 2-3 days Maintenance: 80 mg twice daily. iv) 10-40 mg 3-4 times daily Max. 240 mg/day. v) Initial: 40 mg 2-3 times Maintenance: 80-160 mg daily Max. 240 mg/day. vi) 10-40 mg 3-4 times daily. Max. 240 mg/day. vii) 10-40 mg 3-4 times daily Dosing is individualised and according to product insert / protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
909	Propranolol HCl 40 mg Tablet		B	i) Hypertension. ii) Angina pectoris. iii) Myocardial infarct. iv) Cardiac arrhythmias. v) Migraine prophylaxis. vi) Hyperthyroidism. vii) Hypertrophic obstructive cardiomyopathy. viii) Portal hypertension.	i) Initial: 40-80 mg twice daily Maintenance: 160-320 mg daily. Max. 640 mg daily. ii) Initial: 40 mg 2-3 times daily Maintenance: 120-240 mg daily Max. 480mg daily. iii) Initial (within 5-21 days of MI): 40 mg 4 times daily for 2-3 days Maintenance: 80 mg twice daily. iv) 10 - 40 mg 3 - 4 times daily. Max. 240 mg/day. v) Initial: 40 mg 2-3 times. Maintenance: 80-160 mg daily. Max. 240 mg/day. vi) 10-40 mg 3-4 times daily. Max. 240 mg/day. vii) 10-40 mg 3-4 times daily. viii) Initial: 40 mg twice daily Maintenance: 40-80mg 3 times daily Max. 320mg daily Dosing is individualised and according to product insert / protocol.	
910	Propylthiouracil 50 mg Tablet		B	Hyperthyroidism.	ADULT Initially 300-600mg daily in divided doses, at 8 hourly intervals (can be given up to 600-1,200mg/daily in divided doses). Maintenance 50-200mg daily when the condition is controlled, probably within 1 to 3 months. CHILDREN 6-10 years: 50-150mg daily in divided doses. CHILDREN > 10 years: 150-300mg or 150mg/m ² daily Maintenance 50-100mg	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					daily, according to patient's response. Taken with food.	
911	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.	
912	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.	
913	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.	
914	Pyridoxine HCl 10 mg Tablet		C+	i) Pyridoxine-dependent convulsions in infant. ii) Sideroblastic anaemia. iii) B6-deficient anaemia in adult. iv) Prophylaxis to peripheral neuritis in isoniazid therapy.	i) INFANT 4 mg/kg daily for short periods. ii) 100 - 400 mg daily in divided doses. iii) ADULT 20 - 50 mg up to 3 times daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				v) Nausea and vomiting of pregnancy and irradiation sickness.	iv) Prophylaxis 10 mg daily, therapeutic 50 mg 3 times daily. v) 20 - 100 mg daily.	
915	Quetiapine Fumarate 100 mg Immediate Release Tablet		A*	i) Schizophrenia. ii) Short term treatment of acute manic episodes associated with bipolar I disorder, either monotherapy or adjunct to lithium or divalproex. iii) Treatment of depressive episodes associated with bipolar disorder.	i) Initial titration schedule over 4 days: 25 mg twice daily on Day 1, increase in steps of 25 - 50 mg 2 to 3 times daily on Days 2 and 3 to reach target dose of 300 - 400 mg daily by Day 4, given in 2 - 3 divided doses. Institute further dose adjustments, if indicated, at intervals of 2 days or more, in steps of 25 - 50 mg twice daily. ii) 100 mg (Day 1), 200 mg (Day 2), 300 mg (Day 3) & 400 mg (Day 4). Further dosage adjustments up to 800 mg/day by Day 6 should be in increments of not more than 200 mg/day. Adjust dose within the range of 200 - 800 mg/day depending on clinical response and tolerability of the patient. Usual effective dose range: 400 - 800 mg/day. iii) 50 mg ORALLY once a day on Day 1, then 100 mg once daily on Day 2, then 200 mg once daily on Day 3, then 300 mg once daily on Day 4 (all doses given at bedtime); patients requiring higher doses should receive 400 mg on Day 5, increased to 600 mg on Day 8 (week 1).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
916	Quetiapine Fumarate 200 mg Extended Release Tablet	PSIKIATR I	A*	i) Schizophrenia. ii) Moderate to severe manic episodes in bipolar disorder. iii) Major depressive episodes in bipolar disorder.	i) & ii) 300 mg once daily on Day 1 then 600 mg on Day 2. Maintenance dose: 400 to 800 mg once daily. Maximum dose: 800 mg daily. iii) 50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased in increments of 50mg /day to an effective dose.	
917	Quetiapine Fumarate 200 mg Immediate Release Tablet		A*	i) Schizophrenia. ii) Short term treatment of acute manic episodes associated with bipolar I disorder, either monotherapy or adjunct to lithium or divalproex. iii) Treatment of depressive episodes associated with bipolar disorder.	i) Initial titration schedule over 4 days: 25 mg twice daily on Day 1, increase in steps of 25 - 50 mg 2 to 3 times daily on Days 2 and 3 to reach target dose of 300 - 400 mg daily by Day 4, given in 2 - 3 divided doses. Institute further dose adjustments, if indicated, at intervals of 2 days or more, in steps of 25 - 50 mg twice daily. ii) 100 mg (Day 1), 200 mg (Day 2), 300 mg (Day 3) & 400 mg (Day 4). Further dosage adjustments up to 800 mg/day by Day 6 should be in increments of not more than 200 mg/day. Adjust dose within the range of 200 - 800 mg/day depending on clinical response and tolerability of the patient. Usual effective dose range: 400 - 800 mg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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).	
918	Quetiapine Fumarate 300 mg Extended Release Tablet	PSIKIATR I	A*	i) Schizophrenia. ii) Moderate to severe manic episodes in bipolar disorder. iii) Major depressive episodes in bipolar disorder.	i) & ii) 300 mg once daily on Day 1 then 600 mg on Day 2. Maintenance dose: 400 to 800 mg once daily. Maximum dose: 800 mg daily. iii) 50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased in increments of 50mg /day to an effective dose.	
919	Quetiapine Fumarate 400 mg Extended Release Tablet	PSIKIATR I	A*	i) Schizophrenia. ii) Moderate to severe manic episodes in bipolar disorder. iii) Major depressive episodes in bipolar disorder.	i) & ii) 300 mg once daily on Day 1 then 600 mg on Day 2. Maintenance dose: 400 to 800 mg once daily. Maximum dose: 800 mg daily. iii) 50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					in increments of 50mg /day to an effective dose.	
920	Quetiapine Fumarate 50 mg Extended Release Tablet	PSIKIATR I	A*	i) Schizophrenia. ii) Moderate to severe manic episodes in bipolar disorder. iii) Major depressive episodes in bipolar disorder.	i) & ii) 300 mg once daily on Day 1 then 600 mg on Day 2. Maintenance dose: 400 to 800 mg once daily. Maximum dose: 800 mg daily. iii) 50 mg on Day 1, 100 mg on Day 2, 200 mg on Day 3 and 300 mg on Day 4. Recommended daily dose is 300 mg. May be titrated up to 600 mg daily. In elderly or hepatic impairment: Start with 50mg/ day, may be increased in increments of 50mg /day to an effective dose.	
921	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). 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.	
922	Raloxifene HCl 60 mg Tablet		A*	i) Treatment and prevention of osteoporosis in postmenopausal women. ii) Risk reduction of invasive breast cancer in postmenopausal women with osteoporosis.	1 tablet daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
923	Ramipril 5 mg Tablet		A	i) Hypertension. ii) Congestive heart failure. iii) Reducing the risk of myocardial infarction, stroke, cardiovascular death or revascularisation procedures in high-risk patients. iv) Prevention of progressive renal impairment in patients with persistent proteinuria.	i) Initial: 2.5mg once daily Maintenance: 2.5-5mg once daily Max. 10mg daily in 1-2 divided doses. ii) Initial: 1.25mg once daily Maintenance: 10mg in 2 divided doses. iii) Initial: 2.5mg twice daily Maintenance: 5mg twice daily Max: 10mg daily. iv) Initial: 1.25mg once daily Maintenance: 5mg once daily.	
924	Ranibizumab 10 mg/ml Intravitreal Injection		A*	i) Treatment of Neovascular (wet) Age-Related Macular Degeneration (ARMD). ii) Treatment of visual impairment due to diabetic macular edema (DME). iii) Treatment of visual impairment due to macular edema secondary to retinal vein occlusion (RVO). iv) Treatment of visual impairment due to choroidal neovascularization (CNV) secondary to pathologic myopia (PM). 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
925	Ranitidine 25 mg/ml Injection		B	i) Benign gastric/duodenal ulceration, reflux oesophagitis, Zollinger Ellison Syndrome. ii) Stress ulcer prophylaxis in post-operative and high risk patients.	i) ADULT: Slow IV injection of 50 mg diluted to 20 ml and given over at least 2 minutes. May be repeated every 6-8 hours or IV infusion at rate of 25 mg/hour for 2 hours, may be repeated at 6-8 hours intervals or IM. CHILD: 1 mg/kg/dose 6-8 hourly. ii) Initial slow IV injection of 50 mg, then continuous infusion of 125-250 mcg/kg/hour.	
926	Ravidasvir 200mg Tablet		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 treatment naïve to NS5A inhibitor.	200 mg once daily, to be taken orally with or without food. Patients without cirrhosis: Ravidasvir plus sofosbuvir for 12 weeks. Patients with compensated cirrhosis: Ravidasvir plus sofosbuvir for 24 weeks.	
927	Recombinant Factor IX (rFIX) 500 IU injection		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					Dosing is individualised and according to product insert/protocol.	
928	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. ii) Continuation of analgesia into the immediate post-operative period under close supervision, during transition to longer acting analgesia. iii) Provision of analgesia and sedation in mechanically ventilated intensive care patients.	For IV use only. ADULT: Induction: Bolus infusion: 1µg/kg over 30-60 seconds; Continuous infusion: 0.5-1µg/kg/min; Maintenance: Continuous infusion: 0.025 to 2 µg/kg/min. CHILD (1-12 years of age): Induction: Insufficient data; Neonates: IV infusion 0.4-1.0 mcg/kg/minute depending on the anaesthetic method and adjust according to patient response, supplemental IV inj of 1 mcg/kg dose may be given. 1-12 yr: initially 0.1-1 mcg/kg by IV inj over at least 30 seconds (excluded if not needed), followed by IV infusion 0.05-1.3 mcg/kg/minute depending on the anaesthetic method and adjust according to patient response, supplemental IV bolus inj may be admin during infusion. 12-18 yr: 0.1-1 mcg/kg IV inj over at least 30 seconds (excluded if not needed), followed by IV infusion of 0.05-2 mcg/kg/minute depending on anaesthetic method and adjust according to patient response, supplemental IV	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					bolus inj may be admin during infusion.	
929	Ribavirin 200 mg Capsule	GASTRO ENTEROL OGI	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 (IMPORT PERMIT)
930	Ribociclib 200mg tablet	PEMBED AHAN AM	A*	In combination with: - an aromatase inhibitor for the treatment of postmenopausal women, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer, as initial endocrine-based therapy.	600 mg daily for 21 consecutive days followed by 7 days off treatment. Can be taken with or without food. For dose modification, refer package insert.	
931	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
932	Rifampicin 150 mg Capsule		B	i) Tuberculosis. ii) Leprosy. iii) Prophylaxis for meningococcal meningitis. iv) Staphylococcus biofilm related prosthetic joint infection or any biofilm sensitive to rifampicin in combination therapy with another antibiotic.	i) ADULT: 450 - 600 mg as a single morning dose. CHILD: 10 - 20 mg/kg body weight daily in 1 - 2 doses. Directly observed therapy (DOT): 10 mg/kg twice weekly or 3 times/week. Maximum: 600 mg. ii) ADULT: 600 mg/day CHILD: 10mg/kg. iii) ADULT: 600 mg twice daily for 2 days CHILD: 10mg/kg twice daily for 2 days INFANT: 5mg/kg twice daily for 2 days. iv) ADULT: 600mg OD CHILD: 10-20mg/kg/day in 1-2 divided doses Dosing is individualised and according to product insert/protocol.	
933	Rifampicin 150 mg, Isoniazid 75 mg, Pyrazinamide 400 mg & Ethambutol HCl 275 mg Tablet		B	Treatment of both pulmonary and extrapulmonary tuberculosis, in the intensive treatment phase.	ADULT: 30 - 37 kg: 2 tablets daily, 38 - 54 kg: 3 tablets daily, 55 - 70 kg: 4 tablets daily, more than 70 kg: 5 tablets daily.	
934	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
935	Rifampicin 300 mg Capsule		B	i) Tuberculosis. ii) Leprosy. iii) Prophylaxis for meningococcal meningitis. iv) Staphylococcus biofilm related prosthetic joint infection or any biofilm sensitive to rifampicin in combination therapy with another antibiotic.	i) ADULT: 450 - 600 mg as a single morning dose. CHILD: 10 - 20 mg/kg body weight daily in 1 - 2 doses. Directly observed therapy (DOT): 10 mg/kg twice weekly or 3 times/week. Maximum: 600 mg. ii) ADULT: 600 mg/day CHILD: 10mg/kg. iii) ADULT: 600 mg twice daily for 2 days CHILD: 10mg/kg twice daily for 2 days INFANT: 5mg/kg twice daily for 2 days. iv) ADULT: 600mg OD CHILD: 10-20mg/kg/day in 1-2 divided doses Dosing is individualised and according to product insert/protocol.	
936	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).	
937	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.	

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

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					< 50 kg: Initial - 0.25 mg once daily Optimum dose: 0.5mg once daily Dosing should be individualized according to product insert.	
940	Risperidone 2 mg Tablet		B	Schizophrenia.	ADULT: Initial dose: 2 mg/day. Maintenance dose: 4 to 6 mg. Max: 16mg/day CHILD: Not recommended ELDERLY: Initial dose: 0.5 mg twice daily. Maintenance: 1 to 2 mg twice daily. Dosing should be individualized according to product insert.	
941	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.	
942	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	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				symptoms associated with schizophrenia		
943	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.	
944	Ritonavir 100mg Capsule		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.	
945	Rituximab 10 mg/ml Injection	HEMATO LOGI, NEFROL OGI (UKK), DERMAT OLOGI (UKK), RHEUMA TOLOGI (UKK), PEDIATRI K (UKK), NEURO MEDIKAL	A*	i) Treatment of patients with relapsed or chemo-resistant low grade or follicular B-cell Non-Hodgkin's lymphoma. ii) Adjunctive therapy with combination chemoagents for aggressive Non-Hodgkin Lymphoma. iii) Severe active rheumatoid arthritis with inadequate response or intolerance to other disease-modifying anti-rheumatic drugs (DMARDs) including one	i) 375 mg/m ² BSA administered as an IV infusion through a dedicated line once weekly for 4 weeks. ii) Combination with CHOP (cyclophosphamide, doxorubicin, prednisone and vincristine) as 375 mg/m ² BSA on day 1 of each chemotherapy cycle for 8 cycles after IV administration of the glucocorticoid component of CHOP. iii) 1000 mg IV infusion followed by a second 1000 mg IV infusion two weeks later iv) 375mg/m ² BSA once every 3 months until disease	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				or more tumour necrosis factor (TNF) inhibitor therapies. iv) Maintenance in relapsed/ refractory follicular lymphoma after response to induction therapy.	progression or for a maximum period of two years.	
946	Rituximab 1400mg/11.7ml solution for subcutaneous injection	HEMATO LOGI	A*	i) Treatment of patients with relapsed or chemo-resistant low grade or follicular B-cell Non-Hodgkin's lymphoma; ii) Adjunctive therapy with combination chemo-agents for aggressive Non-Hodgkin Lymphoma; iii) Maintenance in relapsed/ refractory follicular lymphoma after response to induction therapy.	i) As monotherapy, 1st cycle with rituximab (IV formulation) 375mg/m ² 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. ii) Combination with CHOP (cyclophosphamide, doxorubicin, prednisone and vincristine): 1st dose with rituximab (IV formulation) 375 mg/m ² 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. iii) 1400mg SC once every 3 months until disease progression or for a maximum period of 2 years. Note: • Premedication consisting of an	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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/m ² 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 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.	
947	Rivaroxaban 15 mg Tablet		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	i) 20mg once daily or 15mg once daily (for patients with moderate renal impairment (creatinine clearance 30-49 ml/min). Dosage: ii) & (iii) 15mg BD for 21 days, followed by 20mg OD.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				mellitus, prior stroke or transient ischaemic attack. ii) Treatment of deep vein thrombosis (DVT), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute DVT in adults. iii) Treatment of Pulmonary Embolism (PE), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute PE in adults.		
948	Rivaroxaban 20 mg Tablet		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 $\geq$ 75 yrs, diabetes mellitus, prior stroke or transient ischaemic attack. ii) Treatment of deep vein thrombosis (DVT), and prevention of recurrent DVT and pulmonary embolism (PE) following an acute DVT in adults. iii) Treatment of Pulmonary Embolism (PE), and prevention of recurrent DVT and	i) 20mg once daily or 15mg once daily (for patients with moderate renal impairment (creatinine clearance 30-49 ml/min). Dosage: ii) & (iii) 15mg BD for 21 days, followed by 20mg OD.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				pulmonary embolism (PE) following an acute PE in adults.		
949	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.	
950	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.	
951	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
952	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.	
953	Rivastigmine 13.3mg/24hr Transdermal Patch	Psikiatri	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
954	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. 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.	
955	Ropinirole HCl 0.25 mg Tablet		A*	i) Treatment of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) Treatment of restless leg syndrome.	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.	
956	Ropinirole HCl 1 mg Tablet		A*	i) Treatment of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa. ii) Treatment of restless leg syndrome.	i) 0.25 mg 3 times daily gradually increasing till adequate response obtained up to a maximum of 24 mg/day. Most patients need 3-9 mg/day. ii) Initial: 0.25mg ON for 2 days then increased if tolerated to 0.5mg ON. Further dose increment of 0.5mg/week can be made until optimal response is achieved.	
957	Ropivacaine HCl 2 mg/ml Injection		A*	i) Surgical anaesthesia including obstetrics. ii) Acute pain management.	Dose adjusted according to patient physical status and nature of procedure. i) Lumbar epidural: 15-25 ml of 7.5 mg/ml solution; Caesarean section, 15-20 ml of 7.5 mg/ml solution in incremental doses (max . total dose 150 mg). ii) Lumbar epidural: 10-20 ml of 2mg/ml solution followed by 10-15 ml of 2 mg/ml solution at interval at of least 30 minutes. Labour pain 6-10 ml/hour of 2mg/ml solution.	
958	Ropivacaine HCl 7.5 mg/ml Injection		A*	i) Surgical anaesthesia including obstetrics. ii) Acute pain management.	Dose adjusted according to patient physical status and nature of procedure. i) Lumbar epidural: 15-25 ml of 7.5 mg/ml solution; Caesarean section, 15-20 ml of 7.5 mg/ml	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					solution in incremental doses (max . total dose 150 mg). ii) Lumbar epidural: 10-20 ml of 2mg/ml solution followed by 10-15 ml of 2 mg/ml solution at interval at of least 30 minutes. Labour pain 6-10 ml/hour of 2mg/ml solution.	
959	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.	
960	Ruxolitinib 15mg Tablet		A*	For the treatment of disease-related splenomegaly or symptoms in adult patients with: i) primary myelofibrosis (also known as chronic idiopathic myelofibrosis); or	The recommended starting dose is 15 mg twice daily for patients with a platelet count between 100,000/mm ³ and 200,000/mm ³ and 20 mg twice daily for patients with a platelet count of >200,000/mm ³ . There is limited information to recommend a starting dose for	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) post-polycythemia vera myelofibrosis; or iii) post-essential thrombocythemia myelofibrosis.	patients with platelet counts between 50,000/mm ³ and <100,000/mm ³ . The maximum recommended starting dose in these patients is 5 mg twice daily and the patients should be titrated cautiously.	
961	Ruxolitinib 20mg Tablet		A*	For the treatment of disease-related splenomegaly or symptoms in adult patients with: i) primary myelofibrosis (also known as chronic idiopathic myelofibrosis); or ii) post-polycythemia vera myelofibrosis; or iii) post-essential thrombocythemia myelofibrosis.	The recommended starting dose is 15 mg twice daily for patients with a platelet count between 100,000/mm ³ and 200,000/mm ³ and 20 mg twice daily for patients with a platelet count of >200,000/mm ³ . There is limited information to recommend a starting dose for patients with platelet counts between 50,000/mm ³ and <100,000/mm ³ . The maximum recommended starting dose in these patients is 5 mg twice daily and the patients should be titrated cautiously.	
962	Sacubitril/ Valsartan 100 mg tablet	PERUBAT AN AM KARDIOL OGI KARDIOT ORASIK	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	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				mineralocorticoid receptor agonist (MRA).	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.	
963	Sacubitril/ Valsartan 50 mg tablet	PEDIATRI K PERUBAT AN AM KARDIOL OGI KARDIOT ORASIK	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					mg twice daily as tolerated by the patient.	
964	Sacubitril/Valsartan 200 mg tablet	KARDIOL OGI	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 m ²) - 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.	
965	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
966	Salbutamol 0.5 mg/ml Injection		A	i) Asthma and other conditions associated with reversible airways obstruction. 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. 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.	
967	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.	
968	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.	
969	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.	
970	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 mcg. Maintenance : 100 - 400 mcg 2 - 4 times daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
971	Salicylazosulphapyridine (Sulfasalazine) 500 mg Tablet		A/KK	i) Treatment of inflammatory bowel disease of ulcerative colitis and Crohn's disease. ii) Rheumatoid arthritis.	i) ADULT, acute attack 1-2 g 4 times daily until remission occurs (if necessary corticosteroids may also be given), reducing to a maintenance dose of 500 mg 4 times daily, CHILD over 2 years, acute attack 40-60 mg/kg daily, maintenance dose 20-30 mg/kg daily. ii) ADULT, initially; 0.5-1 g/day, increase weekly to maintenance dose of 2 g/day in 2 divided doses, maximum 3 g/day. CHILD over 6 years, juvenile rheumatoid arthritis: 30-50 mg/kg/day in 2 divided doses up to a maximum of 2 g/day.	
972	Salicylic acid, Sulphur and Liquid Coal Tar Ointment		B	Scalp psoriasis and severe seborrhoeic dermatitis.	Rub a small amount into the scalp gently.	
973	Salicylic Acid 2% Ointment		C	Seborrhoeic dermatitis, scalp, psoriasis and hyperkeratotic skin disorders	Apply sparingly to the affected area 2-3 times daily	
974	Salicylic Acid 20% Ointment		C	Plantar warts	Apply daily and protect surrounding skin (eg with soft paraffin or specially designed plaster) ,may need to continue up to 3 months	
975	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. CHILD over 4 years : 1 puff twice daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
976	Salmeterol 50 mcg and Fluticasone Propionate 250 mcg Inhalation		A/KK	Prescriber Category A*: i) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more. ii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators. Prescriber Category A/KK: - Regular treatment of reversible obstructive airways diseases including asthma.	i) ADULT and CHILD more than 12 years : 1 puff twice daily.	
977	Salmeterol 50 mcg and Fluticasone Propionate 500 mcg Inhalation		A/KK	Prescriber Category A*: i) Treatment of COPD patients with a blood eosinophil count of 300 cells/microliter and more. ii) Treatment of COPD patients with blood eosinophil count of 100 cells/microliter and more with history of repeated exacerbation despite regular treatment with long-acting bronchodilators. Prescriber Category A/KK: - Regular treatment of reversible obstructive	i) ADULT and CHILD more than 12 years : 1 puff twice daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
				airways diseases including asthma.		
978	Secukinumab 150mg/ml injection	RHEUMATOLOGI (UKK), DERMATOLOGI	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. ii) Ankylosing spondylitis: Secukinumab is indicated for the treatment of active ankylosing 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. For Indications (i) & (ii):	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 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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				2nd or 3rd line, after failure of conventional DMARDs or TNF-inhibitors.	150 mg. For some patients, a dosage of 150 mg may be acceptable.	
979	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.	
980	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.	
981	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 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
982	Sevelamer 800mg Tablet		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).	
983	Sevoflurane Liquid		A*	To be used only for: i) induction and ii) maintenance of anaesthesia.	i) Adult: Given via a calibrated vaporiser: Up to 5% v/v with oxygen or a mixture of oxygen and nitrous oxide. Child: Given via a calibrated vaporiser: Up to 7% v/v. ii) Adult: 0.5-3% v/v with or without nitrous oxide. Child: 0.5-3% v/v with or without nitrous oxide.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
984	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 $\geq$ 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 ($\geq$ 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.	
985	Silver Sulfadiazine 1% Cream		B	Prevention and treatment of infections in severe burns, leg ulcers where infections may prevent healing and for the	Burns: Apply 3 mm thick layer twice daily with sterile applicator. Leg ulcer: apply at least 3 times a week.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				prophylaxis of infections in skin grafting.		
986	Simvastatin 10 mg Tablet		B	i) Hypercholesterolaemia. ii) Prevention of cardiovascular disease.	10 - 20 mg once daily. Maximum: 80 mg daily.	
987	Simvastatin 40 mg Tablet		B	i) Hypercholesterolaemia. ii) Prevention of cardiovascular disease.	11 - 20 mg once daily. Maximum: 80 mg daily.	
988	Sodium Alginate 1000 mg/10 ml & Potassium Bicarbonate 200 mg/10 ml Suspension (Gaviscon)		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.	
989	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). 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.	
990	Sodium Bicarbonate and Magnesium Carbonate Compound Mixture		C	Heartburn, for rapid relief of dyspepsia.	ADULT 10-20 ml 3 times daily.	
991	Sodium Bicarbonate, Citric Acid, Sodium Citrate		B	For relieving of discomfort in mild urinary tract infection, symptomatic relief of	4 - 8 g (1- 2 sachets) dissolved in a glass of cold water 4 times daily as prescribed.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
	and Tartaric Acid - 4 g per sachet			dysuria to enhance the action to certain antibiotics especially some sulphonamides. In gout as urinary alkalinizers to prevent cystallisation of urates.		
992	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 is not to be used for treatment of constipation.	ADULT 133 ml (1 bottle) administered rectally. CHILD more than 2 years half the adult dose (66.6ml).	
993	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.	
994	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.	
995	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.	
996	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.	
997	Sodium Chloride 0.9% Eye Drops		C	Irrigation of conjunctival sac.	1 - 2 drops every 3 - 4 hours.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
998	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.	
999	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.	
1000	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.	
1001	Sodium Chloride 3% Injection		B	Acute dilutional hyponatraemia.	According to the needs of the patient.	
1002	Sodium Cromoglycate 2% Eye Drops (Preservative Free)		A/KK	Prevention and treatment of allergic conjunctivitis including seasonal and perennial allergic conjunctivitis and vernal keratoconjunctivitis.	1 or 2 drops 4 times daily.	
1003	Sodium Dichloroisocyanur ate Tablet		C	Low and medium level disinfectant.	50 - 10,000 ppm av chlorine.	
1004	Sodium Fusidate 2% Ointment		A	Skin infections caused by staphylococci, streptococci, corynebacterium minutissimum and other sodium fusidate-sensitive organisms.	Apply to affected area 2 - 3 times daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1005	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.	
1006	Sodium Hypochlorite Solution		C	Low-level disinfectant and antiseptic	Antiseptic: less than 0.5%. Disinfectant: 5%	
1007	Sodium Nitrite 30 mg/ml Injection	KECEMA SAN	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 recur, the doses of nitrite and thiosulfate may be repeated after 30 min at half the initial doses.	UKK (IMPORT PERMIT)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1008	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)
1009	Sodium picosulfate, magnesium oxide & citric acid powder for oral solution		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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					Split-Dosing is inappropriate). • First dose to be taken in the afternoon or early evening (e.g., 4:00 to 6:00 PM) before the procedure followed by five 250 ml drinks (upper line on the dosing cup) of clear liquids before the next dose. Clear liquids should be consumed within 5 hours. • Second dose to be taken approximately 6 hours later in the late evening (e.g., 10:00 PM to 12:00 AM), the night before the procedure followed by three 250 ml drinks of clear liquids before bed. Clear liquids should be consumed within 5 hours. CHILDREN: The first dose reconstituted in water as directed, taken before 8 am on the day before the procedure. Second dose 6 to 8 hours later. • 1 - 2 years: 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	
1010	Sodium Polystyrene Sulphonate Powder		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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					hyperkalemia. Maintenance : 0.5 g/kg/daily.	
1011	Sodium Thiosulphate 500 mg/ml Injection	KECEMA SAN	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 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.	UKK (IMPORT PERMIT)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1012	Sodium Valproate 200 mg Tablet		B	i) Epilepsy. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1013	Sodium Valproate 200 mg/5 ml Syrup		B	i) Treatment of generalized or partial epilepsy. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1014	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).	
1015	Sodium Zirconium Cyclosilicate 5g Powder for Oral Suspension	NEFROL OGI, KARDIOL OGI	A*	For the treatment of hyperkalaemia in adult patients	When normokalaemia has been achieved, the minimal effective dose of SZC to prevent recurrence of hyperkalaemia should be established. A starting dose of 5 g once daily is recommended, with possible titration up to 10 g once daily, or down to 5 g once every other day, as needed, to maintain a normal potassium level. No more than 10 g once daily should be used for maintenance therapy.	
1016	Sofosbuvir 400mg & velpatasvir 100mg film coated tablet		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	One tablet, taken orally, once daily with or without food. Refer package insert for the recommended treatment and duration for all HCV genotypes.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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.		
1017	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.	
1018	Solifenacin Succinate 5 mg Tablet		A*	Symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome.	5mg od. Dose can be increased to 10mg if necessary.	
1019	Somatropin 6mg solution for injection	PEDIATRIK	A*	i) Growth failure due to inadequate endogenous growth hormone ii) Growth failure in girls due to gonadal	i) 0.025-0.035mg/kg/day ii) 0.045-0.05mg/kg/day iii) 0.035 mg/kg/day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				dysgenesis (Turner syndrome) iii) Growth failure in short children born small gestational age (SGA).		
1020	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.	
1021	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.	
1022	Streptomycin Sulphate 1g Injection		B	i) Tuberculosis. ii) Brucellosis. iii) Bacterial endocarditis.	15 mg/kg daily (Max: 1 g daily) Dosing is according to product insert.	
1023	Sugammadex 100 mg/ml Injection		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.	
1024	Sulphamethoxazole 200 mg & Trimethoprim 40		B	Infections caused by susceptible pathogens.	Mild to moderate infections: more than 2months: 8 - 12mg Trimethoprim/kg/day divided every 12hours. Serious	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
	mg/5ml Suspension				Infections: 15-20mg Trimethoprim/kg/day divided every 6hours.	
1025	Sulphamethoxazole 400 mg & Trimethoprim 80 mg Injection		A	i) Severe or complicated infections when oral therapy is not feasible. 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. 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.	
1026	Sulphamethoxazole 400 mg & Trimethoprim 80 mg Tablet		B	i) Severe or complicated infections due to susceptible infection. ii) Treatment and prophylaxis of pneumocystis carinii pneumonia (PCP) in immunocompromised patients.	i) ADULT: 1 - 3 tablets twice daily. ii) Treatment: ADULT & CHILD over 4 weeks: 120 mg/kg/day in 2 - 4 divided doses for 14 days. Prophylaxis: ADULT: 960 mg once daily or 960 mg on alternate days (3 times a week) or 960 mg twice daily on alternate days (3 times a week). CHILD; 6 weeks - 5 months: 120 mg twice daily on 3 consecutive days or 7 days per week; 6 months - 5 years: 240 mg; 6 - 12 years: 480 mg.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1027	Sulpiride 200 mg Tablet		B	Acute and chronic psychotic disorders.	200-1000mg daily.	
1028	Sumatriptan 50 mg Tablet		A/KK	Treatment of acute migraine attacks.	50 mg per attack and not more than 300 mg daily.	
1029	Sunitinib malate 12.5mg capsule		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.	
1030	Sunscreen SPF 30-50 Cream		B	Photodermatitis.	Apply to exposed areas at least 15 minutes prior to solar exposure; reapply after swimming, prolonged perspiration and after 2 hours of continuous sun exposure.	
1031	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1032	Tacrolimus 0.03% Ointment		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.	
1033	Tacrolimus 0.1% Ointment	DERMAT OLOGI	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.	
1034	Tacrolimus 0.5 mg Capsule	NEFROL OGI	A*	i) Primary immunosuppression in liver and kidney allograft recipients. ii) Liver and kidney allograft rejection	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				resistant to conventional immunosuppressive agents. It is recommended to be used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis.		
1035	Tacrolimus 0.5mg Prolonged-Release Hard Capsule	NEFROL OGI	A*	i) Prophylaxis of transplant rejection in adult kidney or liver allograft recipients. ii) Treatment of kidney or liver allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult.	i) Prophylaxis of transplant rejection: a) Kidney Transplant: Tacrolimus PR therapy should commence at dose of 0.20-0.30 mg/kg/day administered once daily in the morning. Administration should commence within 24 hours after completion of surgery. b) Liver Transplant Tacrolimus PR therapy should commence at a dose of 0.10-0.20 mg/kg/day administered once daily in the morning. Administration should commence within 12-18 hours after completion of surgery. ii) Treatment of allograft rejection: For conversion: a) From other immunosuppressants to once daily Tacrolimus PR: Treatment should begin with the initial oral dose recommended in kidney and	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
1036	Tacrolimus 1 mg Capsule	NEFROL OGI, HEMATO LOGI, PEDIATRI K	A*	i) Primary immunosuppression in liver and kidney allograft recipients. ii) Liver and kidney allograft rejection resistant to conventional immunosuppressive agents. It is recommended to be used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1037	Tacrolimus 1mg Prolonged-Release Hard Capsule	NEFROL OGI	A*	i) Prophylaxis of transplant rejection in adult kidney or liver allograft recipients. ii) Treatment of kidney or liver allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult.	i) Prophylaxis of transplant rejection: a) Kidney Transplant: Tacrolimus PR therapy should commence at dose of 0.20-0.30 mg/kg/day administered once daily in the morning. Administration should commence within 24 hours after completion of surgery. b) Liver Transplant Tacrolimus PR therapy should commence at a dose of 0.10-0.20 mg/kg/day administered once daily in the morning. Administration should commence within 12-18 hours after completion of surgery. ii) Treatment of allograft rejection: For conversion: a) From other immunosuppressants to once daily Tacrolimus PR: Treatment should begin with the initial oral dose recommended in kidney and liver transplantation respectively for prophylaxis of transplant rejection. b) From Tacrolimus to Tacrolimus PR: Allograft transplant patients maintained on twice daily	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
					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.	
1038	Tacrolimus 5 mg Capsule	NEFROLOGI	A*	i) Primary immunosuppression in liver and kidney allograft recipients. ii) Liver and kidney allograft rejection resistant to conventional immunosuppressive agents. It is recommended to be used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1039	Tacrolimus 5mg Prolonged-Release Hard Capsule	NEFROL OGI		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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1040	Tamoxifen Citrate 20 mg Tablet		A	Breast cancer.	20 mg in 1-2 divided doses. Max: 40 mg/day.	
1041	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 inappropriate or contraindicated.	400 mcg once daily.	C/S
1042	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).	
1043	Telmisartan 40 mg Tablet		A/KK	Patients intolerant to ACE inhibitors in: i) Hypertension. ii) Reduction of the risk of myocardial infarction, stroke, or death from cardiovascular causes in patients 55 years or older at high risk of developing major cardiovascular events who are unable to take ACE inhibitors.	i) 40mg - 80mg once daily. Max: 160mg daily. ii) 80mg once daily Dosing is individualised and according to product insert / protocol.	
1044	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					according to product insert / protocol.	
1045	Telmisartan 80 mg Tablet		A/KK	Patients intolerant to ACE inhibitors in: i) Hypertension. ii) Reduction of the risk of myocardial infarction, stroke, or death from cardiovascular causes in patients 55 years or older at high risk of developing major cardiovascular events who are unable to take ACE inhibitors.	i) 40mg - 80mg once daily. Max: 160mg daily. ii) 80mg once daily Dosing is individualised and according to product insert / protocol.	
1046	Temozolomide 100 mg Capsule	NEURO SURGE RI	A*	In patients with glioblastoma multiforme who fulfill all the following criteria: i. Total /near total resection ii. ECOG/WHO performance status 0-2 iii. Age less than 60 years	Concomitant phase : 75mg/m ² daily with radiotherapy for 42 days, followed by 6 cycle of adjuvant treatment. Adjuvant phase: Additional 6 cycles of adjuvant phase. Cycle 1- 150mg/m ² once daily for 5 days followed by 23 days without treatment. Cycle 2-6 : 200mg/m ² once daily for 5 days per 28-day cycle	
1047	Tenecteplase 10,000 unit (50 mg) Injection		A*	Acute myocardial reinfarction where streptokinase is contraindicated due to previous streptokinase induced antibodies. [Indicated when antibodies was given more than 5 days and less than 12 months].	Less than 60 kg: 30 mg, 60 - 69 kg: 35 mg, 70 - 79 kg: 40 mg; 80 -90 kg: 45 mg, 90 kg or above: 50 mg. Administer single IV bolus over 5-10 seconds.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1048	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.	
1049	Tenofovir Disoproxil Fumarate 300 mg Tablet		A*	i) Treatment of HIV-1 infected adults in combination with other antiretroviral agents. ii) Use as first line monotherapy for chronic hepatitis B or as a rescue therapy for patients with drug resistance hepatitis B virus (according to resistant profile or treatment guidelines).	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).	
1050	Terazosin HCl 1 mg Tablet		A/KK	i) Treatment of Benign Prostatic Hyperplasia. ii)Hypertension.	i) Initial dose: 1mg at bedtime. Miantenance dose: 5-10mg once daily. ii) Initial dose: 1mg at bedtime. Maintenance dose: 5-10mg once daily. Max: 20-40mg/day.	
1051	Terazosin HCl 2 mg Tablet		A/KK	i) Treatment of Benign Prostatic Hyperplasia. ii)Hypertension.	i) Initial dose: 1mg at bedtime. Miantenance dose: 5-10mg once daily. ii) Initial dose: 1mg at bedtime. Maintenance dose: 5-10mg once daily. Max: 20-40mg/day.	
1052	Terazosin HCl 5 mg Tablet		A/KK	i) Treatment of Benign Prostatic Hyperplasia. ii)Hypertension.	i) Initial dose: 1mg at bedtime. Miantenance dose: 5-10mg once daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					ii) Initial dose: 1mg at bedtime. Maintenance dose: 5-10mg once daily. Max: 20-40mg/day.	
1053	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.	
1054	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.	
1055	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1056	Terlipressin 1mg Injection	PEMBEDAHAN AM, GASTROENTEROLOGI	A*	i. Acute oesophageal variceal bleeding ii. Treatment of type 1 hepatorenal syndrome, characterised by spontaneous acute renal insufficiency, in patients suffering from severe cirrhosis with ascites.	indikasi i: 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. indikasi ii: 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. 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 mg of terlipressin acetate/24 hours.	
1057	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.	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	UKK (IMPORT PERMIT)

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ii) In female: Additive therapy in cases of advanced breast cancer in postmenopausal women.	weeks. Repeated 6-8 weeks courses at 2-3 months interval.	
1058	Tetanus Toxoid Vaccine Injection		C+	Immunization against tetanus infection.	0.5 mL by IM. Dosing is according to product insert.	
1059	Tetracosactrin Acetate 250 mcg/ml Injection	ENDOKRI NOLOGI, PEDIATRI K	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 m ² BSA. Intramuscular.	UKK (IMPORT PERMIT)
1060	Thalidomide 50 mg Capsule	HEMATO LOGI	A*	Treatment of Multiple Myeloma.	50 mg to 200 mg daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
		DERMAT OLOGI (UKK-off label use)				
1061	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.	
1062	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.	
1063	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. ii) Wernicke-Korsakoff Syndrome.	i) Mild to chronic deficiency: 10-25 mg daily. Severe deficiency: 200- 300 mg daily. ii) 500 mg every 8 hours for 2 days, followed by 100 mg 2 times daily until patient can take oral dose.	UKK (IMPORT PERMIT)
1064	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.	
1065	Thioguanine 40 mg Tablet		A	For acute leukaemia and chronic granulocytic leukaemia.	Refer to specific protocols. Usually 100 mg/m ² for 5 - 7 days (acute myeloid leukaemia) or up to 2 weeks (chronic myeloid leukaemia for accelerated/ advanced disease). CHILD: 40 - 60 g/m ² daily according to protocol.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1066	Thiopental Sodium 500 mg Injection		B	i) General anaesthesia, induction. ii) Anticonvulsant for cases resistant to conventional anticonvulsants in the ICU.	i) ADULT : For induction 200 - 400 mg. For repeat injection 3 - 5 mg/kg over 10 - 15 seconds until desired depth of anaesthesia is obtained. Not FDA approved for use in pediatric patients. ii) 75 - 125 mg IV single dose; for local-anaesthetic induced convulsion: 125 - 250 mg IV over 10 minutes.	
1067	Thymol Compound Gargle		C	For sore throat and minor mouth inflammation.	To be gargled 3-4 times daily.	
1068	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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1069	Ticagrelor 90 mg Tablet		A*	Co-administration with aspirin, for the prevention of atherothrombotic events: a) Second line treatment for patients readmitted to hospital with recurrent atherothrombotic event failing treatment with clopidogrel. b) STEMI patients going for invasive PCI. c) NSTEMI/UA patients with intermediate to high risk TIMI score d) Other complicated ACS cases treated either medically or invasively via PCI or CABG (risk of Stent thrombosis, 3VD etc.).	Initially, 180mg as single dose followed by 90mg bd with maintenance dose of ASA 75-150 mg daily.	
1070	Ticlopidine HCl 250 mg Tablet		A/KK	i) Prevention of thrombotic stroke for patients who are sensitive /intolerant to Acetylsalicylic Acid. ii) Maintenance of coronary bypass surgery or angioplasty. iii) Maintenance of patency of access in patients on chronic haemodialysis.	250 mg twice daily taken with food.	
1071	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.	
1072	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1073	Tiotropium 2.5mcg and Olodaterol 2.5mcg per actuation, inhalation	RESPIRA TORI, PERUBAT AN 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.	
1074	Tiotropium 2.5mcg/puff solution for inhalation	RESPIRA TORI, PEDIATRI K, PERUBAT AN AM	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. ii) As add-on maintenance bronchodilator treatment in adult patients with asthma who are currently treated with the maintenance combination of inhaled corticosteroids ($\geq 800\mu\text{g}$ budesonide/day or equivalent) and long-acting β_2 -agonist and who experienced one or more severe exacerbations in the previous year.	5 mcg (2 puff) once daily, at the same time of the day.	
1075	Tirofiban HCl 0.25 mg/ml Injection		A*	Unstable angina or non-ST segment elevation myocardial infarction with the following: elevated cardiac markers, refractory chest pain, ST-segment changes and	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				thrombolysis in myocardial infarction (TIMI) risk score 4.		
1076	Tocilizumab 162mg/0.9ml solution for Injection in prefilled syringe	RHEUMA TOLOGI	A*	Indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients: i) with inadequate respond or intolerance to conventional disease-modifying antirheumatic drugs (DMARDS). ii) who has failed antitumour necrosis factors (antiTNFs). iii) where TNF is contraindicated (patients with history of pulmonary tuberculosis [PTB].) It also can be used as monotherapy or with combination with methotrexate (MTX) and/ or other DMARDS.	Adult patients: 162mg given once every week as a subcutaneous injection.	
1077	Tocilizumab 20 mg/ml Injection	RHEUMA TOLOGI	A*	Indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients: i) with inadequate respond or intolerance to conventional disease-modifying antirheumatic drugs (DMARDS). ii) who has failed antitumour necrosis factors (antiTNFs).	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				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.	infusion are not recommended.	
1078	Tofacitinib citrate 5mg film coated Tablet	RHEUMA TOLOGI	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.	
1079	Tolterodine Tartrate ER 4 mg Capsule	O&G, PEDIATRI K, 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.	
1080	Topiramate 100 mg Tablet		A*	As adjunctive therapy for adults and children (2 years and above) with: i) partial onset seizures and generalized tonic-clonic seizures. ii) seizures associated with Lennox Gastaut syndrome.	ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1081	Topiramate 25 mg Tablet		A*	As adjunctive therapy for adults and children (2 years and above) with: i) partial onset seizures and generalized tonic-clonic seizures. ii) seizures associated with Lennox Gastaut syndrome.	ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert.	
1082	Topiramate 50 mg Tablet		A*	As adjunctive therapy for adults and children (2 years and above) with: i) partial onset seizures and generalized tonic-clonic seizures. ii) seizures associated with Lennox Gastaut syndrome.	ADULT: Usual daily dose: 200-400 mg/day. CHILD: Daily doses up to 30mg/kg/day Dosing is according to product insert.	
1083	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.	
1084	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1085	Tramadol HCl 50 mg Capsule		A/KK	Moderate to severe acute or chronic pain (eg. Post-operative pain, chronic cancer pain and analgesia/pain relief for patients with impaired renal function).	ADULT: 50mg initially, can take another 50mg after 30 - 60 min if pain not relieved. Max 400 mg daily. CHILD: 1mg/kg/dose repeated every 6 hours (Max: 2mg/kg/dose and 100mg/dose).	
1086	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.	
1087	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.	
1088	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.	
1089	Trastuzumab 440mg Injection	PEMBED AHAN 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	i) Initial loading dose is 4 mg/kg administered as a 90 minutes IV infusion. Subsequent doses is 2 mg/kg administered as 30 minutes IV infusion weekly for 51 weeks ii) Initial loading dose of 8 mg/kg body weight, followed by 6 mg/kg body weight 3 weeks later and then 6 mg/kg	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
				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.	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.	
1090	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.	
1091	Travoprost 0.004% & Timolol 0.5% Eye Drops		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.	
1092	Tretinoin 0.05% Cream		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.	
1093	Triamcinolone Acetonide 0.1% Oral Paste		B	As an adjunctive treatment and for the temporary relief of symptoms associated with inflammatory or	Apply thin film to affected areas 2 to 3 times daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				ulcerative lesions of oral mucosa resulting from trauma.		
1094	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.	
1095	Triamcinolone Acetonide 40 mg/ml Injection		A/KK	Allergies, dermatoses, rheumatoid arthritis and inflammatory ocular diseases.	40-80 mg deep into the gluteal muscle.	
1096	Trifluoperazine HCl 5 mg Tablet		B	i) Schizophrenia, other psychotic disorder. ii) Treatment of behavioural disorders in adults and in children.	ADULT: Initially 5 mg twice daily, increase by 5 mg after 1 week, then at 3-day intervals. Maximum 40 mg/day. CHILD up to 12 years: Initially up to 5 mg daily in divided doses adjusted to response, age and body weight. Elderly reduce initial dose by at least half.	
1097	Trimetazidine 20 mg Tablet		B	Prophylactic treatment of episodes of angina pectoris.	20 mg 3 times daily.	
1098	Trimetazidine 35 mg MR Tablet		B	Prophylactic treatment of episodes of angina pectoris.	35 mg twice daily in the morning and evening with meals.	
1099	Tripolidine 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). CHILD: 6 - 12 years: 5 ml (6-8 hourly). 2 - 5 years: 2.5 ml (6-8 hourly).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1100	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.	
1101	Triptoreline 11.25mg Powder and Solvent for Suspension for Injection	PEDIATRIK, UROLOGI	A	i. Treatment of confirmed central precocious puberty (preterm sexual development) (before 8 years in girls and 10 years in boys) ii. Genital and extragenital endometriosis (stage I to stage IV). Treatment should not be administered for more than 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue. iii. Treatment of locally advanced prostate cancer when used alone or as concomitant and adjuvant radiotherapy. iv. Treatment of metastatic prostate cancer.	indikasi i: Children over 20 kg in body weight: One intramuscular injection of triptorelin 11.25 mg administered every 3 months. Treatment should be stopped around the physiological age of puberty in boys and girls and it is recommended that treatment is not continued in girls with a bone maturation of more than 12 to 13 years. There are limited data available in boys relating to the optimum time to stop treatment based on bone age, however it is advised that treatment is stopped in boys with a bone maturation age of 13 to 14 years. Indikasi ii: One intramuscular injection of triptorelin repeated every 3 months. The subcutaneous administration has not been studied in women. The treatment must be started in the first five days of the menstrual cycle. Duration of	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					treatment: This depends on the initial severity of the endometriosis and the changes observed in the clinical features (functional and anatomical) during treatment. The treatment should not be administered for more than 6 months Indikasi iii & iv: 11.25mg every 3 months	
1102	Triptorelin 3.75 mg Injection		A	i) Treatment of confirmed central precocious puberty (preterm sexual development) (before 8 years in girls and 10 years in boys) ii) Genital and extragenital endometriosis (stage I to stage IV). Treatment should not be administered for more than 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue.	1 intramuscular injection every 4 weeks. The treatment must be started in the first 5 days of the menstrual cycle. The duration of treatment depends on the initial severity of the endometriosis and the changes observed in the clinical features. In principle, the treatment should be administered for at least 4 months and for at most 6 months. It is not recommended to start a second treatment course with triptorelin or another GnRH analogue.	
1103	Tropicamide 1% Eye Drops		A/KK	Topical use to produce cycloplegic refraction for diagnostic purposes.	1 - 2 drops several times a day.	
1104	Trospium Chloride 20mg Coated Tablet		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	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 m ²): 1 tab daily or every other day.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				overactivity) Place in therapy: As first line treatment for overactive bladder in patients with Parkinsonism, Alzheimer's or other cognitive disease.		
1105	Tuberculine PPD Injection		B	For routine Mantoux (tuberculin sensitivity) test.	10 units is injected intradermally.	
1106	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.	
1107	Umeclidinium 62.5 mcg and vilanterol 25mcg inhalation	RESPIRA TORI	A*	Indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).	One inhalation daily.	
1108	Upadacitinib 15mg Extended-Release Film Coated Tablet	RHEUMA TOLOGI, GASTRO ENTEROL OGI	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	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaitan)	Kategori Preskriber	Indikasi	Dos	Catatan
				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.	concomitant topical therapies (Refer package insert) Indication 2 & 3 (active psoriatic arthritis & moderate to severe active rheumatoid arthritis): 15 mg once daily	
1109	Urofollitropin (FSH) 75 IU Injection		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	
1110	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.	
1111	Valganciclovir 450 mg Tablet	NEFROL OGI, PERUBATAN AM (ID)	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					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.	
1112	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-Gastaut). ii) Treatment and prevention of mania associated with bipolar disorders.	i) Adults: Dosage should start at 500mg daily increasing by 200mg at three-day intervals until control is achieved. This is generally within the dosage range 1000mg to 2000mg per day. Children: >20KG: 500mg/day (irrespective of weight) with spaced increases until control is achieved. ii) Initial dose of 1000mg/day, to be increase rapidly as possible to achieve lowest therapeutic dose, which produce desired clinical effects. Recommend initial dose is 1000mg & 2000mg daily. Max dose 3000mg daily.	
1113	Valsartan 160 mg Tablet		A/KK	Patients intolerant to ACE inhibitors in: i) Heart failure. ii) Post myocardial infarction. iii) Hypertension.	i) Initial: 40mg twice daily. Titrate up to highest tolerated dose. Max: 320mg daily in divided doses. ii) Initial: 20mg twice daily Titrate up to 160mg over next few weeks. Max: 160mg twice daily. iii) 80mg or 160mg once daily Max: 320mg daily Dosing is	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					individualised and according to package insert / protocol.	
1114	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.	
1115	Valsartan 80 mg Tablet		A/KK	Patients intolerant to ACE inhibitors in: i) Heart failure. ii) Post myocardial infarction. iii) Hypertension.	i) Initial: 40mg twice daily. Titrate up to highest tolerated dose. Max: 320mg daily in divided doses. ii) Initial: 20mg twice daily Titrate up to 160mg over next few weeks. Max: 160mg twice daily. iii) 80mg or 160mg once daily Max: 320mg daily Dosing is individualised and according to package insert / protocol.	
1116	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.). ii) Treatment of severe staphylococcal infections in patients who cannot receive or who have failed to respond to the penicillins and cephalosporins.	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1117	Vasopressin 20 units/ml Injection		A	i) Pituitary diabetes insipidus. ii) Oesophageal variceal bleeding.	i) 5 - 20 units SC or IM every 4 hours. ii) 20 units in 100 - 200 ml 5% dextrose saline over 15 minutes as infusion which may be repeated after at intervals of 1 - 2 hours. Maximum: 4 doses.	
1118	Vedolizumab 300mg powder for concentrate for solution for infusion	GASTRO ENTEROL OGI	A*	i) Indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to tumour necrosis factor-alpha (TNF- α) antagonist. ii) Indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to tumour necrosis factor-alpha (TNF α) antagonist.	300 mg administered by intravenous infusion at zero, two and six weeks and then every eight weeks thereafter.	
1119	Venetoclax 100mg Film Coated Tablet	HEMATO LOGI	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	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				have comorbidities that preclude use of intensive induction chemotherapy.	4 and beyond: 400mg orally once daily of each 28-day cycle in combination with azacitidine or decitabine OR 600mg orally once daily of each 28-day cycle in combination with low-dose cytarabine. Continue venetoclax, in combination with azacitidine or decitabine or low-dose cytarabine until disease progression or unacceptable toxicity.	
1120	Venlafaxine HCl 75 mg Extended Release Capsule		A*	i) Depression. ii) Generalized anxiety disorder. iii) Social anxiety disorder (social phobia). iv) Panic disorder.	i), ii) & iii) ADULT: 75 mg once daily. May increase dose by 75 mg/day every 4 days to a maximum dose of 225 mg/day, (severe depression: max: 375mg/day). iv) 37.5 mg/day for the first 4-7 days after which the dose should be increased to 75 mg once daily. CHILD and ADOLESCENT under 18 years not recommended.	
1121	Verapamil HCl 2.5 mg/ml Injection		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.	
1122	Verapamil HCl 40 mg Tablet		B	i) Supraventricular tachyarrhythmias (SVT) prophylaxis. ii) Angina. iii) Hypertension.	i) SVT:120-480mg in 2-3 divided doses. ii) Angina:80mg-120mg 3 times daily. iii) Hypertension: Initially, 240mg daily in 2-3 divided doses, max: 480 mg daily.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1123	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. i) As second line therapy in type 2 diabetes patients inadequately controlled on maximal tolerated dose of metformin monotherapy and high risk of hypoglycaemia. ii) As second line therapy in type 2 diabetes patients inadequately controlled on maximal tolerated dose of sulphonylurea and intolerant/contraindicated for metformin therapy. iii) As third line therapy in type 2 diabetes patients inadequately controlled with dual OAD combination therapy with sulphonylurea and metformin. iv) As a monotherapy in type 2 diabetes mellitus patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to	ADULT over 18 years: 50mg bd when combine with metformin, 50 mg od when combine with sulphonylurea.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				contraindications or intolerance. v) An adjunct to diet and exercise to improve glycaemic control in patients with type 2 diabetes mellitus: As a dual therapy in combination with insulin in patients with insufficient glycaemic control. Insulin dose and regimen should be optimized before addition of vildagliptin.		
1124	Vildagliptin 50 mg and Metformin HCl 500 mg Tablet	PERUBAT AN AM	A/KK	FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea. - Treatment of type 2 diabetes mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets.	50/500mg or 50/850mg or 50/1000mg twice daily. Maximum daily dose is 100mg vildagliptin and 2000mg metformin.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1125	Vildagliptin 50 mg and Metformin HCl 1000 mg Tablet	PERUBAT AN AM	A/KK	FUKKM restriction: As add-on therapy for patient who failed therapy and/or contraindicated/unable to tolerate metformin and/or sulphonylurea. - Treatment of type 2 diabetes mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets.mellitus patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets.	50 mg/850 mg or 50 mg/1000 mg twice daily. Maximum daily dose is 100 mg vildagliptin plus 2000 mg metformin hydrochloride.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1126	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/m ² , increase dose weekly based on WBC counts in increments of about 1.8 mg/m ² until leukocyte count decreases to about 3000/mm ³ , or maximum weekly dose of 18.5 mg/m ² reached. Usual dose: 5.5-7.4 mg/m ² per week. Do not administer next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm ³ . Child: Initial 2.5 mg/m ² of BSA, increased dose at weekly intervals in increments of about 1.25 mg/m ² until leukocyte count decreases to about 3000/mm ³ , or maximum weekly dose of 12.5 mg/m ² reached. Do not increase dose once leukocyte count reaches approximately 3000 cells/mm ³ , instead, a dose of 1 increment smaller to be admin at wkly intervals for maintenance. Do not administer next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm ³ .	
1127	Vincristine Sulphate 1 mg/ml Injection		A	i) Solid tumours. ii) Gestational trophoblastic disease. iii) Lymphoma. iv) Multiple myeloma.	i) ADULT: 1.4 mg/m ² injection. CHILD: 1 mg/m ² to 2 mg/m ² weekly (0.05 mg/kg for infants less than 10kg).	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				v) Acute lymphoblastic leukemia.	Dosing is according to product insert/protocol.	
1128	Vinorelbine 10mg/mL Injection		A*	i) First line treatment in non-small cell lung cancer in combination with cisplatin/ifosfomide. ii) Metastatic breast cancer.	i) Single agent: Adult 30mg/m ² IV administered over 6-10 minutes once weekly Combination with cisplatin : 30mg/m ² IV administered over 6-10 minutes once weekly combination with cisplatin IV on days 1 and 29 and then every 6 weeks or Vinorelbine administered at a dose of 25mg/m ² IV weekly in combination with cisplatin given every 4 weeks at a dose of 100mg/m ² . ii) 25 - 30 mg/m ² diluted in saline solution, infused over 6 - 10 minutes, administered weekly or vinorelbine maybe given as an 8mg/m ² IV BOLUS followed by 8mg/m ² as a 96-hour intravenous infusion.	
1129	Vitamin B Complex Tablet		C+	Prophylaxis and treatment of vitamin B deficiency.	1-2 tablets daily.	
1130	Vitamin B1, B6, B12 Tablet		B	For deficiency or raised requirement of Vitamin B1, B6, B12.	1 - 3 tablets 3 times daily swallowed unchewed.	
1131	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
					in neonates Child: Infant: 1 mg by IV/IM/SC inj, further doses may be given if necessary.	
1132	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.	
1133	Voriconazole 50 mg Tablet	PERUBAT AN (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 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.	
1134	Voriconazole 200 mg Tablet		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	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				by <i>Scedosporium</i> species and <i>Fusarium</i> species. ii) Prevention of breakthrough fungal infections in febrile high-risk neutropenic patients.	loading dose needed; 200mg 12hourly.	
1135	Vortioxetine 10 mg tablet	PSIKIATR I GERIATRI K	A*	Treatment of major depressive episodes in adults.	ADULT Initially 10 mg once daily, may be increased to max: 20 mg once daily or decreased to min: 5 mg once daily. ELDERLY Initially 5 mg once daily.	
1136	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.	
1137	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.	
1138	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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1139	Water for Injection		C+	As a diluent and vehicle for the administration of medications.	According to the needs of the patient.	
1140	Zidovudine 1% Injection		A	To reduce the rate of maternal-foetal transmission of HIV in: i) HIV-positive pregnant women over 14 weeks of gestation. ii) Their newborn infants.	i) Prophylaxis of maternal-foetal HIV transmission during labour and delivery Adult: Loading dose: 2 mg/kg, followed by continuous infusion of 1 mg/kg/hr until umbilical cord is clamped. If caesarean section is planned, start the IV infusion 4 hr before the operation. Renal and Hepatic impairment: Dose reduction may be needed. HIV infection (to be discuss: not in indication) Adult: 1-2 mg/kg every 4 hr, given as 2-4 mg/ml infusion over 1 hr. Child: As continuous infusion: 20 mg/m ² /hr. Alternatively, as intermittent infusion: 120 mg/m ² every 6 hr. Renal impairment: Haemodialysis or peritoneal dialysis: 1 mg/kg every 6-8 hr. ii) Prophylaxis of HIV infection in neonates Child: Neonates: 1.5 mg/kg every 6 hr. Start treatment within 12 hr after birth and continue for 1st 6 wk of life. Dose to be given via IV infusion over 30 minutes. Renal impairment: Dose adjustment may be needed.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1141	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. 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. 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.	
1142	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. 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. 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.	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
1143	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.	
1144	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.	
1145	Zinc Oxide Ointment		C	Skin protective in various skin conditions such as nappy rash and eczema	Apply 3 times daily or as required	
1146	Zinc oxide, benzyl benzoate and balsam peru Suppository		C	For relief of pruritus, burning and soreness in patients with haemorrhoids and perianal conditions.	Insert 1 suppository night and morning after bowel movements; do not use for longer than 7 days OR please refer to the product insert.	
1147	Zoledronic Acid 4 mg Injection		A*	i) Treatment of hypercalcaemia of malignancy. ii) Prevention of skeletal related events (SREs) in patients with multiple myeloma involving multiple bone lesions. iii) Prevention of skeletal related events (SREs) for metastatic cancers of solid tumours.	i) 4mg single dose. ii) 4mg every 3-4 weeks. iii) 4mg reconstituted and should be given as a 15-minute IV infusion every 12 weeks (as advised in MaHTAS 2018 Report).	
1148	Zolpidem Tartrate 10 mg Tablet		A	For treatment of insomnia.	ADULT: 10mg daily at bedtime ELDERLY OR DEBILITATED SUBJECTS: 5mg daily at bed time Max. dose: 10mg daily.	
1149	Zonisamide 100mg Tablet		A*	As adjunctive therapy in the treatment of partial seizures in adults with epilepsy. Restrictions: As adjunctive therapy in the treatment of partial	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	

Bil	Nama Ubat	Jtan/ Klinik/ Unit (jika berkaita n)	Kate gori Pres kribe r	Indikasi	Dos	Catatan
				seizures in adults with epilepsy when 1st line and 2nd line therapy failed.	200-400mg daily, in 1 to 3 divided dose. The maximum daily dose should not exceed 600mg per day.	
1150	Zuclopenthixol 20 mg/ml Drops		A*	i) Acute schizophrenia and other acute psychoses, including agitation. ii) Chronic schizophrenia and other chronic psychoses. iii) Mania.	i) & iii) 10-50mg daily Max. dose: 100-150mg daily in 2-3 divided doses. ii) 20-40mg daily.	
1151	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.	
1152	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.	By deep IM injection test dose 100 mg followed after 7 - 28 days by 100 - 200 mg or more followed by 200 - 400 mg at intervals of 2 - 4 weeks adjusted according to response. Maximum 600 mg weekly. Child not recommended	