DRUG FORMULARY

PEJABAT KESIHATAN DAERAH KULAI

PREPARED BY

UNIT MAKLUMAT UBAT ,
PEJABAT KESIHATAN DAERAH KULAI

DISEDIAKAN OLEH :

UNIT FARMASI

PEJABAT KESIHATAN DAERAH KULAI

TARIKH DISEDIAKAN : 18 MAC 2024

DISEMAK OLEH

NAMA : PN 'AINAL MARDHIYYAH BINTI SHAHARUDDIN

JAWATAN: PEGAWAI FARMASI KESIHATAN UF 54

TARIKH DISEMAK : 18/3/2024

'Ainal Mardhiyyah Binti Shaharuddin
RPh.No.3622
Pegawai Farmasi UF54
Pegawai Farmasi Kesihatan
Pejabat Kesihatan Daerah Kulai

DILULUSKAN OLEH

NAMA : DR MOHD ANWAR SHAHRIR BIN AHMAD

JAWATAN : PEGAWAI KESIHATAN DAERAH KULAI

TARIKH DILULUSKAN 19/3/2024

DR. MOHD ANWAR SHAHRIR BIN AHMAD
MMC NO 58579 NGR NO 139182
(Pakar Perubatan Kesihatan Awam)
Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Kulai

TARIKH KEMASKINI:

PERTAMA: 6 November 2024

KEDUA: 21 April 2025

KETIGA: 27 Ogos 2025

KEEMPAT: 13 April 2026

KELIMA:

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ANALGESICS

BIL.	NAME	PRESCRIBER CATEGORY
1	Ethyl Chloride 100 ml Spray	C
2	Paracetamol 120 mg in 5 ml Syrup / Suspension (60 ml)	C+
3	Paracetamol 250 mg/5 ml Syrup	C+
4	Paracetamol 500 mg Tablet	C+
5	Paracetamol Supp. 125mg.	C+
6	Tramadol 50mg Cap	A/KK

ANTIBIOTICS

BIL.	NAME	PRESCRIBER CATEGORY
1	Amoxicillin 250 mg Capsule	B
2	Amoxicillin 500mg Capsule	B
3	Amoxicillin 250mg/ml Syrup	B
4	Amoxicillin & Clavulanate 228mg/5ml Syrup	A/KK
5	Amoxicillin 500 mg & Clavulanate 125 mg Tablet	A/KK
6	Ampicilin + Sulbactam 375mg Tab	A/KK
7	Azithromycin 250 mg Tablet	A/KK
8	Benzathine Penicillin 2.4 MIU (1.8 g) Injection	B
9	Ceftriaxone 250mg Injection	A/KK
10	Cephalexin Monohydrate 250 mg Capsule	B
11	Cephalexin Monohydrate 500 mg Capsule	B
12	Cloxacillin Sodium 500mg Capsule	B
13	Cloxacillin Sodium 250 mg Capsule	B
14	Cloxacillin Sodium 125 mg in 5 ml Suspension (60 ml)	B
15	Dapsone 100 mg Tablet	B
16	Doxycycline 100 mg Capsule	B
17	Ethambutol 100mg Dispersible Tablet	A*/A/KK

18	Ethambutol HCl 400mg tab	B
19	Erythromycin Ethylsuccinate 200 mg in 5 ml Suspension (60 ml)	B
20	Erythromycin Ethylsuccinate 400mg Tab	B
21	Isoniazid 100 mg Tablet	B
22	Metronidazole 200 mg Tablet	B
23	Nitrofurantoin 100mg Tablet	B
24	Phenoxymethyl Penicillin 125 mg Tab	C
25	Pyrazinamide 500 mg Tablet	B
26	Rifampicin 150 mg Capsule	B
27	Rifampicin 300 mg Capsule	B
28	Rifampicin 150mg &/Isoniazid 75mg (Akurit 2)	B
29	Rifampicin 75mg, Isoniazid 50mg, Pyrazinamide 150mg Dispersible Tablet (3FDC)	A*/A/KK
30	Rifampicin 150mg, Isoniazid 75mg, Pyrazinamide 400mg & Ethambutol HCl 275mg Tab (Akurit 4)	B
31	Streptomycin Sulphate 1 g Injection	B
32	Sulphamethoxazole 400 mg & Trimethoprim 80 mg Tablet	B

ANTIDEPRESSANTS

BIL.	NAME	PRESCRIBER CATEGORY
1	Amitriptyline 25mg Tablet	B
2	Escitalopram 10 mg Tablet	B
3	Fluvoxamine Maleate 100mg. Tab	B
4	Fluvoxamine Maleate 50mg. Tab	B
5	Sertaline HCl 50mg. Tab	B

ANTICONVULSANTS

BIL.	NAME	PRESCRIBER CATEGORY
1	Carbamazepine 200 mg Tablet	B
2	Gabapentin 300mg Capsule	A/KK
3	Phenytoin Sodium 100 mg Capsule	B
4	Phenytoin Sodium 30 mg Capsule	B
5	Phenytoin Sodium 125mg/5ml Suspension	B
6	Sodium Valproate 200 mg Tablet	B
7	Sodium Valproate 200mg/5ml Syrup	B

ANTIFUNGAL

BIL.	NAME	PRESCRIBER CATEGORY
1	Clotrimazole 500mg Vaginal Tablet	B
2	Griseofulvin 125 mg Tablet	B
3	Itraconazole 100mg Capsul	A/KK
4	Nystatin 100,000 Iu/Ml Oral Suspension	B

ANTIGOUT

BIL.	NAME	PRESCRIBER CATEGORY
1	Allopurinol 100mg Tablet	A/KK
2	Allopurinol 300 mg Tablet	A/KK
3	Colchicine 0.5 mg Tablet	B

ANTIHISTAMINE

BIL.	NAME	PRESCRIBER CATEGORY
1	Cetirizine HCl 10 mg Tablet	B
2	Chlorpheniramine Maleate 10 mg / ml in 1 ml Injection	B
3	Chlorpheniramine Maleate 2 mg in 5 ml Syrup	C
4	Chlorpheniramine Maleate 4 mg Tablet	C
5	Diphenhydramine Hydrochloride 14 mg / 5 ml Expectorant	C
6	Diphenhydramine Hydrochloride 7 mg / 5 ml Expectorant	C
7	Promethazine HCl 5 mg in 5 ml Syrup	B
8	Triprolidine 2.5mg & Pseudoephedrine 60mg Tab	B

ANTIHYPERTENSIVE

BIL.	NAME	PRESCRIBER CATEGORY
1	Amlodipine 5 mg Tablet	B
2	Amlodipine 10 mg Tablet	B
3	Amlodipine/ Valsartan 10/160mg Tablet	A/KK
4	Atenolol 100 mg Tablet	B
5	Bisoprolol Fumarates 2.5mg Tablet	B
6	Bisoprolol Fumarates 5mg Tablet	B
7	Captopril 25 mg Tablet	B
8	Carvedilol 6.25mg Tablet	A/KK
9	Carvedilol 25mg Tablet	A/KK
10	Diltiazem HCl 30 mg Tablet	B
11	Enalapril 5 mg Tablet	B
12	Enalapril 20mg Tablet	B
13	Felodipine 10mg Extended Release Tablet	A/KK
14	Labetalol HCl 100 mg Tablet	B
15	Losartan 50mg Tablet	B

16	Losartan 100mg Tablet	B
17	Losartan 50mg/Hydrochlorothiazide 12.5mg Tablet	A/KK
18	Methyldopa 250 mg Tablet	B
19	Metoprolol Tartrate 100 mg Tablet	B
20	Nifedipine 10 mg Tablet	B
21	Perindopril 4 mg Tablet	B
22	Perindopril 4mg/Indapamide 1.25mg Tablet	B
23	Perindopril 8 mg Tablet	B
24	Perindopril 10 mg & Indapamide 2.5 mg Film Coated Tablet	A/KK
25	Perindopril Arginine 10 mg, Indapamide 2.5 mg & Amlodipine 10 mg Tablet	A/KK
26	Prazosin HCl 1 mg Tablet	B
27	Prazosin HCl 2 mg Tablet	B
28	Prazosin HCl 5 mg Tablet	B
29	Propranolol HCl 40 mg Tablet	B
30	Telmisartan 80 Mg Tablet	A/KK
31	Valsartan 80mg Tablet	A/KK
32	Valsartan 80mg/Hydrochlorothiazide 12.5mg Tablet	A/KK
33	Verapamil HCl 40 mg Tablet	B

ANTI-INFLAMMATORY

BIL.	NAME	PRESCRIBER CATEGORY
1	Diclofenac Sod. 50mg. Tablet	B
2	Diclofenac Sodium 75mg/3ml.Injection	A/KK
3	Etoricoxib 90 mg Tablet	A/KK
4	Ibuprofen 200 mg Tablet	B
5	Mefenamic Acid 250 mg Capsule	C
6	Meloxicam 7.5mg. Tab. (Mobic)	A/KK

ANTIPARKINSON

BIL.	NAME	PRESCRIBER CATEGORY
1	Benzhexol 2 mg Tablet	B
2	Levodopa 100mg + Benserazide 25mg HBS 125mg Tablet	B
3	Levodopa 200 mg & Benserazide 50 mg Tablet	B

ANTIPSYCHOTIC

BIL.	NAME	PRESCRIBER CATEGORY
1	Chlorpromazine HCl 100 mg Tablet	B
2	Flupenthixol Decanoate 20 mg / ml lnjection	B
3	Fluphenazine Decanoate 25 mg / ml Injection	B
4	Haloperidol 1.5 mg Tablet	B
5	Haloperidol 5 mg Tablet	B
6	Olanzapine 5 mg Tablet	B
7	Olanzapine 10 mg Tablet	B
8	Risperidone 1mg Tablet	B
9	Risperidone 2mg Tablet	B
10	Sulpiride 200mg. Tablet	B
11	Trifluoperazine HCI 5 mg Tablet	B
12	Zuclopenthixol Deconate 200mg/ml Injection	B

ANTIVIRAL

BIL.	NAME	PRESCRIBER CATEGORY
1	Acyclovir 200 mg Tablet	A/KK
2	Acyclovir 800mg Tablet	A/KK
3	Daclatasvir 30mg Tablet	A/KK
4	Daclatasvir 60mg Tablet	A/KK
5	Efavirenz 200mg Tablet	A/KK
6	Efavirenz 600mg Tablet	A/KK
7	Lamivudine 150mg + Zidovudine 300mg Tablet	A/KK
8	Nevirapine 200 mg Tablet	A/KK
9	Oseltamivir 60 mg / 5 ml Oral Suspension	A/KK
10	Oseltamivir 75 mg Capsule	A/KK
11	Sofosbuvir 400mg Tablet	A/KK
12	Tenofovir 300mg/emtricitabine 200mg Tablet	A/KK
13	Tenofovir 300mg/emtricitabine 200mg/Efavirenz 600mg Tablet	A/KK
14	Tenofovir Disoprofil Fumarate 300mg Tablet	A/KK

BLOOD THINING AGENT

BIL.	NAME	PRESCRIBER CATEGORY
1	Acetyl Salicylate Acid 100mg+Glycine 45mg Tablet	B
2	Acetylsalicylic Acid 300 mg Soluble Tablet	C
3	Clopidogrel 75 mg Tablet	A/KK
4	Heparin Sodium 5,000 units / ml Injection	B
5	Heparin Sodium 50 units in Sodium Chloride Injection	B
6	Ticlopidine HCl 250mg Tablet	A/KK
7	Warfarin Sodium 1mg Tablet	B
8	Warfarin Sodium 2mg Tablet	B
9	Warfarin Sodium 3mg Tablet	B
10	Warfarin Sodium 5mg Tablet	B

CARDIOVASCULAR THERAPY

BIL.	NAME	PRESCRIBER CATEGORY
1	Digoxin 0.25 mg Tablet	B
2	Ezetimibe 10 mg Tablet	A/KK
3	Glyceryl Trinitrate 0.5 mg Sublingual Tablet	C
4	Isosorbide Dinitrate 10 mg Tablet	B
5	Trimetazidine 20mg Tablet	B
6	Trimetazidine MR 35mg Tablet	B

CONTRACEPTIVE AGENT

BIL.	NAME	PRESCRIBER CATEGORY
1	Etonogestrel 68 mg Implant (Implanon)	A/KK

CORTICOSTEROID

BIL.	NAME	PRESCRIBER CATEGORY
1	Dexamethasone Sodium Phosphate 4 mg / ml Injection	B
2	Hydrocortisone 10mg Tablet	B
3	Prednisolone 5 mg Tablet	B
4	Prednisolone 5mg/5ml Syrup	B

DERMATOLOGY

BIL.	NAME	PRESCRIBER CATEGORY
1	Acriflavine 0.1% Lotion	C+
2	Adapalene 0.1% Gel	A/KK
3	Alcohol 70% solution	C+
4	Aqueous Cream (500 g)	C+
5	Benzoic Acid Compound (Whitfields Ointment)	C
6	Benzyl Benzoate 25% w/v Emulsion	C+
7	Benzyl Peroxide 5% Gel	B
8	Betamethasone 17-Valerate 0.01% Cream (15 g)	B
9	Betamethasone 17-Valerate 0.025% Cream (15 g)	B
10	Calamine Cream	C+
11	Cetrimide 2% Lotion	C+
12	Chlorhexidine Gluconate 1% Cream	C+
13	Clobetasone Butyrate 0.05% Cream	A/KK
14	Glycerin	C+
15	Fusidic Acid 2% Cream	B
16	Fusidic Acid 2% in Betamethasone 0.1% Cream (Fusicort)	A/KK
17	Hydrocortisone 1% Cream (15 g)	B
18	Lignocaine 2% Jelly	B
19	Miconazole Cream 2%	C
20	Neomycin 0.5% Cream	B
21	Permethrin 5% w/v Lotion	A/KK
22	Potassium Permanganate 1% solution	C
23	Salicylic Acid 20% Ointment	C
24	Silver Sulfadiazine 1% Cream	B
25	White Soft Paraffin	C
26	Zinc Oxide Cream	C+

DIURETIC

BIL.	NAME	PRESCRIBER CATEGORY
1	Amiloride HCl 5 mg & Hydrochlorothiazide 50mg Tablet	B
2	Frusemide 40 mg Tablet	B
3	Hydrochlorothiazide 25 mg Tablet	B
4	Spironolactone 25 mg Tablet	B

EAR PREPARATION

BIL.	NAME	PRESCRIBER CATEGORY
1	Chloramphenicol 5% w/v Ear Drops	C
2	Sodium Bicarbonate 5% Eardrop	C

EYE PREPARATION

BIL.	NAME	PRESCRIBER CATEGORY
1	Artificial tears (with preservative) Eye Glow	C
2	Chloramphenicol 0.5% Eye Drop	C
3	Chloramphenicol 1% Eye Ointment	C
4	Proparacaine HCI 0.5% Ophthalmic Drops	B

GASTROINTESTINAL MEDICATION

BIL.	NAME	PRESCRIBER CATEGORY
1	Activated Charcoal 250mg Tablet	C
2	Diphenoxylate HCl 2.5 mg & Atropine Sulphate 25 mcg Tablet	B
3	Hyoscine N-Butylbromide 10 mg Tablet	C
4	Hyoscine N-Butylbromide 20 mg / ml Injection	B
5	Magnesium Trisilicate Tablet	C
6	Metoclopramide 10mg/2ml. Inj	B
7	Metoclopramide HCl 10mg Tab.	B
8	Meclozin & Pyridoxine Tab	B
9	Omeprazole 20 mg Capsule	A/KK
10	Oral Rehydration Salts (ORS)	C
11	Pantoprazole 40mg tab	B
12	Prochlorperazine Maleate 5 mg Tablet	B
13	Prochlorperazine Mesylate 12.5 mg / ml Injection	B

GLUCOSE LOWERING DRUG

BIL.	NAME	PRESCRIBER CATEGORY
1	Dapagliflozin 10mg Tablet	A/KK
2	Empagliflozin 10mg Tablet	A/KK
3	Empagliflozin 25mg Tablet	A/KK
3	Gliclazide 80 mg Tablet	B
4	Gliclazide Modified Release 30mg Tablet	B
5	Insulin Aspart 100 IU/ml injection (Novorapid)	A/KK
6	Insulin Glargine 300IU/ ml injection (TOUJEO)	A/KK
7	Insulin Glargine 300IU/ 3ml injection (Lantus)	A/KK
8	Insulin Glulisine 100u/ml injection (Apidra)	A/KK

9	Insulin Recombinant Neutral Human Short-acting 100IU/ml Penfill and Refill (Actrapid penfill)	B
10	Insulin Recombinant Neutral Human Short-acting 100IU/ml Penfill and Refill (Insugen-R penfill)	B
11	Insulin Recombinant Neutral Synthetic Human Short-acting (Diabulyn-R) 100IU/ml Penfill	B
12	Insulin Recombinant Neutral Human Short Acting 100 IU / ml Injection in 10 ml vial (Actrapid vial)	B
13	Insulin Recombinant Synthetic Human, Premixed 100 IU/ml Penfill and Refill (Mixtard Penfill)	B
14	Insulin Recombinant Synthetic Human, Premixed 100 IU/ml Penfill and Refill (Insugen 30/70 Penfill)	B
15	Insulin Recombinant Synthetic Human, Premixed (Diabulyn-30/70) 100 IU/ml Penfill	B
16	Insulin Recombinant Synthetic Human Intermediate-Acting 100 IU/mL Penfill and Refill (Insulatard Penfill)	B
17	Insulin Recombinant Synthetic Human Intermediate-Acting 100 IU/mL Penfill and Refill (Insugen-N)	B
18	Insulin Recombinant Synthetic Human, Intermediate-Acting (Diabulyn-N) 100 IU/mL Penfill	B
19	Insulin Recombinant Synthetic Human Intermediate-Acting 100 IU / ml in Vial for Injection (Insulatard Vial)	B
20	Insulin aspart 30% and protaminated insulin aspart 70% 100U/ML inj (NOVOMIX 30)	A/KK
21	Insulin Detemir 100IU/ml injection in Prefilled syringe / cartridge (Levemir)	A/KK
22	Metformin HCl 500 mg Tablet	B
23	Metformin HCl 500mg Extended Release Tab	B
24	Vildagliptin 50 mg and Metformin HCl 1000 mg Tablet	A/KK
25	Vildagliptin 50mg Tablet	A/KK

HEMORRHOID

BIL.	NAME	PRESCRIBER CATEGORY
1	Benzyl Benzoate, Zinc Oxide and Balsam Peru Suppository	C
2	Diosmin 450mg + Hesperidine 50mg Tab	B

HORMONAL THERAPY

BIL.	NAME	PRESCRIBER CATEGORY
1	Dydrogesterone 10mg Tab	A/KK
2	Medroxyprogesterone Acetate 5 mg Tablet	B

LAXATIVE

BIL.	NAME	PRESCRIBER CATEGORY
1	Bisacodyl 5mg Tablet	C
2	Glycerin 25% and Sodium Chloride 15% Enema, 20ml (Ravin)	C+
3	Lactulose (3.35g/5ml Solution)	C+

ANTIHYPERLIPIDEMIC

BIL.	NAME	PRESCRIBER CATEGORY
1	Atorvastatin 20 mg Tablet	B
2	Atorvastatin 40 mg Tablet	B
3	Atorvastatin 80 mg Tablet	B
4	Fenofibrate 145mg tablet	A/KK
5	Gemfibrozil 300 mg Capsule	A/KK
6	Rosuvastatin 20mg Tablet	A/KK
7	Simvastatin 10 mg Tablet	B
8	Simvastatin 40 mg Tablet	B

MUCOLYTIC AGENT

BIL.	NAME	PRESCRIBER CATEGORY
1	Bromhexine 4mg/5ml Syrup	B
2	Bromhexine Hydrochloride 8mg Tablet	C

RESPIRATORY SYSTEM

BIL.	NAME	PRESCRIBER CATEGORY
1	Beclomethasone Dipropionate 100 mcg per Dose Inhaler (200 Doses)	B
2	Beclomethasone Dipr. 100mcg, Formoterol 6mcg Inhalation (MDI FOSTER)	A/KK
3	Budesonide 200 mcg / Dose Inhaler (300 Doses)	B
4	Budesonide 64mcg Nasal Spray	A/KK
5	Budesonide Formoterol 160/4.5mcg (Symbicort Turbuhaler) (120 Doses)	A/KK
6	Budesonide Formoterol 160/4.5mcg (Symbicort Turbuhaler) (30 Doses)	A/KK
7	Fluticasone Propionate 125mcg/dose Evoheler	B
8	Ipratropium Br 20 mcg Fenoterol 50 mcg/dose Inhalation	B
9	Ipratropium Bromide 0.0125% Inhalation Solution (125 mcg / ml)	B
10	Ipratropium Bromide 0.025% Inhalation Solution (250 mcg / ml)	B
11	Montelukast 10mg Tablet	A/KK
12	Salbutamol 2mg Tablet	B
13	Salbutamol 2mg/5ml Syrup	B
14	Salbutamol 0.5% Inhalation Solution	B
15	Salbutamol 100 mcg per puff Inhaler (200 Doses)	B
16	Salmeterol Accuhaler 50/250mcg	A/KK
17	Theophylline SR 250mg Tablet	B
18	Tiotropium 2.5mcg/puff inhalation (SPIRIVA RESPIMAT) (refill)	A/KK
19	Tiotropium 2.5mcg/puff inhalation (SPIRIVA RESPIMAT) (refill+cannister)	A/KK
20	Tiotropium 2.5 mcg & Olodaterol 2.5 mcg per actuation, inhalation (SPIOLTO RESPIMAT) (refill)	A/KK
21	Tiotropium 2.5 mcg & Olodaterol 2.5 mcg per actuation, inhalation (SPIOLTO RESPIMAT) (refill+cannister)	A/KK

THROAT PREPARATION

BIL.	NAME	PRESCRIBER CATEGORY
1	Chlorhexidine Gluconate 0.2% Mouthwash	C

UROLOGY

BIL.	NAMA ITEM	KATEGORI PRESKRIBER
1	Potassium Citrate 3 g and Citric Acid Mixture 0.5 g in 10 ml Mixture	C
2	Sod.Bicarb,Citric Acid,Sod.Citric&Tart Acid 4mg	B
3	Terazosin 2mg Tablet	A/KK

PSYCHOTROPIC DRUG

BIL.	NAME	PRESCRIBER CATEGORY
1	Clonazepam 2 mg Tablet	B
2	Diazepam 10 mg / 2 ml Injection	B
3	Diazepam 5 mg Supp	B
4	Diazepam 5 mg Tablet	B
5	Lorazepam 1mg Tablet	A/KK
6	Midazolam 5mg/ml Injection	A/KK
7	Morphine Sulphate 10 mg / ml Injection	B
8	Phenobarbitone 30 mg Tablet	B

THYROID MEDICATION

BIL.	NAME	PRESCRIBER CATEGORY
1	Carbimazole 5 mg Tablet	B
2	Levothyroxine Sodium 50 mcg Tablet	B
3	Levothyroxine Sodium 100 mcg Tablet	B
4	Propylthiouracil 50mg Tablet	B

VITAMIN & MINERAL

BIL.	NAME	PRESCRIBER CATEGORY
1	Alfacalcidol 0.25 mcg Capsule	A/KK
2	Alfacalcidol 1 mcg Cap	A/KK
3	Ascorbic Acid 100 mg Tablet	C+
4	Calcitriol 0.25 mcg Capsule	A/KK
5	Calcium Carbonate 500mg. Tablets	B
6	Calcium Lactate 300 mg Tablet	C
7	Cyanocobalamin 1 mg Injection	B
8	Ferric Ammonium Citrate 400mg/ 5ml mixt	C
9	Ferrous controlled release 500mg,vitamin B1,B2,B6,B12, vitamin c 500mg,niaciamide, calcium panthothenate and folic acid 800mcg tab (IBERET-FOLIC)	A/KK
10	Ferrous Fumarate 200 mg Tablet	C+
11	Folic Acid 5 mg Tablet	C+
12	Iron Dextran 50 mg Fe / ml Injection	B
13	Iron (III)-hydroxide Polymaltose Complex (IPC) 100mg iron and 0.35mg Folic Acid Chewable Tab	A/KK
14	Iron (III) Polymaltose Complex 10mg iron/ml syrup	A/KK
15	Essential Phospholipids, Nicotinamide, Cyanocobalamine, Tocopheryl, Pyridoxine, Thiamine, Riboflavine Capsule	A/KK

16	Multivitamin Syrup	C+
17	Mecobalamin 500 mcg Tablet	B
18	Potassium Chloride 600 mg SR Tablet	B
19	Pre/post natal mineral vitamin	C+
20	Pyridoxine HCl 10mg Tab	C+
21	Thiamine Mononitrate 10 mg Tablet	C
22	Vitamin B Complex Tablet	B
23	Vitamin K1 1 mg / ml Injection	C+

QUIT SMOKING THERAPY

BIL.	NAME	PRESCRIBER CATEGORY
1.	Nicotine 2mg Gum	A/KK
2.	Nicotine 10mg/16hr Transdermal Patch	A/KK
3,	Nicotine 15mg/16hr Transdermal Patch	A/KK
4.	Varenicline 0.5mg/ 1mg tablet (Starter)	A/KK
5.	Varenicline 1mg tablet (Maintenance)	A/KK

METHADONE REPLACEMENT THERAPY

BIL.	NAME	PRESCRIBER CATEGORY
1	Methadone Syrup 5mg/ml	A/KK

MISCELLANEOUS

BIL.	NAME	PRESCRIBER CATEGORY
1	Albendazole 200 mg Tablet	C+
2	Anti RhD Immunoglobulin 300 mcg / 2 ml Injection (150 mcg = 750 IU)	B
3	Baclofen 10 mg Tablet	B
4	Prolase Tablet	B
5	Pyridostigmine Bromide 60 mg Tablet	B
6	Dextrose Anhydrous 75g Powder	B
7	Pentoxifylline 400 mg Tablet	A/KK
8	Rabies Vaccine Injection	B
9	Sodium Dichloroisocyanurate 2.5g Tablet	C+
10	Salicylazosulphapyridine (Sulfasalazine) 500 mg Tablet	A/KK
11	Syrup Simplex 66.7%	C
12	Syrup X-temp Oral Suspension	C
13	Tuberculin PPD Injection	B
14	Tranexamic Acid 250mg Cap	B
15	Tranexamic Acid 100mg/ml Injection	B

ITEM TROLI KECEMASAN

TROLI KECEMASAN

BIL.	NAME	PRESCRIBER CATEGORY
	SENARAI UBAT	
1	Adenosine 6mg/2ml Injection	B
2	Adrenaline Acid (Epinephrine) Tartrate 1 mg / ml Injection	B
3	Atropine Sulphate 1 mg / ml Injection	B
4	Calcium Gluconate 10% Injection 10ml	B
5	Dextrose 50% Injection	B
6	Flumazenil 0.1mg/ml Injection	B
7	Hydrocortisone Sodium Succinate 100 mg Injection	C
8	Lignocaine HCl (Lidocaine) 2% Injection	B
9	Magnesium Sulphate 50% Injection (2.47g/5ml)	C
10	Naloxone HCl 0.4 mg / ml Injection	B
11	Sodium Bicarbonate 8.4% (1mmol/ml) Injection 10ml	B
12	Verapamil Hydrochloride 2.5mg/ml Injection	A/KK
	SENARAI IV DRIP/UBAT LAIN	
1	Compound Sodium Lactate (Hartmanns solution)	C
2	Dextrose 5% Injection	B
3	Dextrose 10% Injection	B
4	Sodium hloride 0.9% Injection	C+
5	Lignocaine (Lidocaine) 2% Jelly	B

ITEM BILIK KECEMASAN

BILIK KECEMASAN

BIL.	NAME	PRESCRIBER CATEGORY
	SENARAI UBAT	
1	Acetylsalicylic Acid 300mg Soluble Tablet	C
2	Artesunate 60mg Injection	B
3	Clopidogrel 75mg Tablet	A/KK
4	Captopril 25mg Tab	B
5	Chlorpheniramine Maleate 10mg/ml Injection	B
6	Dexamethasone Sodium Phosphate 4mg/ml Injection	B
7	Diclofenac Sodium 75mg/3ml Injection	A/KK
8	Frusemide 10mg/ml Injection	B
9	Glyceryl Trinitrate 0.5mg sublingual Tablet	C
10	Haloperidol 5mg/ml Injection	B
11	Hyoscine N-Butylbromide 20mg/ml Injection	B
12	Insulin Regular (Actrapid) 100iu/ml 10ml vial (fridge item)	B
13	Ipratropium Bromide 0.025% Nebulising Solution	B
14	Labetalol 25mg/5ml Injection	B
15	Metoclopromide HCl 5mg/ml Injection	B
16	Nifedipine 10mg Tablet	B
17	Oral Rehydration Salt	
18	Pantoprazole 40mg Injection	A/KK
19	Paracetamol 125mg suppository	C+
20	Paracetamol 120mg/5ml Syrup	C+
21	Paracetamol 500mg Tablet	C+
22	Phenytoin Sodium 50mg/ml Injection	B
23	Phytomenadione (Vitamin K1) 10mg/ml Injection	B
24	Povidone Iodine 10%	B
25	Prochlorperazine Mesylate 12.5mg/ml Injection	B
26	Suxamethonium 50mg/ml Injection (*fridge item*)	B
27	Salbutamol 0.5% Inhalation Solution	B
28	Tramadol HCl 50mg/ml Injection	A/KK

BIL.	NAME	PRESCRIBER CATEGORY
29	Tranexamic Acid 100mg/ml Injection	B
30	Tetanus Toxoid Injection *(fridge item)*	C+
31	Water for injection 10ml	B
SENARAI UBAT PSIKOTROPIK		
1	Diazepam 5mg/ml Injection	B
2	Diazepam 5mg Rectal Solution	B
3	Morphine Sulphate 10mg/ml Injection	B
4	Midazolam 5mg/ml Injection	A/KK

ITEM DIRECT ISSUE KEPADA PENGGUNA

CONTRACEPTIVE AGENT (UNIT MCH)

BIL.	NAME	PRESCRIBER CATEGORY
1	Levonorgestrel 150 mcg and Ethinyloestradiol 30mcg Tablet (ORALCON)	C+
2	Medroxyprogesterone Acetate 50MG/ML INJ (CONDEP INJ)	B
3	Norethisterone 0.35 mg tab (NORIDAY)	C+

VACCINE (UNIT MCH)

BIL.	NAME	PRESCRIBER CATEGORY
1	Diphtheria, Tetanus, Pertussis, Inactivated Polio Virus, Hepatitis B and Haemophilus Influenza B (DTaP-IPV-HB-Hib) Vaccine	C+
2	Diphtheria, tetanus and pertussis (acellular, component) vaccine (adsorbed, reduced antigen(s) content) Suspension for injection (Tdap)	C+
3	Hepatitis B Vaccine Injection (Adult)	C+
4	Human Papillomavirus (Types 6, 11, 16, 18) Vaccine Injection	C+
5	Measles and Rubella Virus Live, Attenuated Vaccine Injection	C+
6	Measles, Mumps and Rubella (MMR) Vaccine Injection (Single Dose)	C+
7	Meningococcal A, C, Y, W 135 Vaccine Injection	B
8	Pneumococcal polysaccharide conjugate vaccine (adsorbed) 13-valent injection	C+
9	Tetanus Toxoid Injection	C+

INJECTION & INTRAVENOUS DRIP (UNIT MCH & OPD)

BIL.	NAME	PRESCRIBER CATEGORY
1	Compound Sodium Lactate (Hartmann's Solution)	C
2	Dextrose 10% Injection	B
3	Dextrose 20% Injection	B
4	Dextrose 5% Injection	B
5	Oxytocin 10 iu/ml injection	B
6	Oxytocin 5 units & Ergometrine Maleate 0.5 mg / ml Injection	C+
7	Sodium Bicarbonate 8.4% (1 mmol / ml) Injection	B
8	Sodium Chloride 0.18% with Dextrose 4.23% Injection	B
9	Sodium Chloride 0.45% Injection	B
10	Sodium Chloride 0.9% Injection 500ml	C+
11	Sodium Chloride 0.9% W/V Irrigation Solution Bp 500ml	C+
12	Sodium Chloride 0.9% with Dextrose 5% Injection	C+
13	Sterile Water For Irrigation 500ml	C+
14	Water For Injection (500 ml)	C+

PINDAAN/TAMBAHAN KEPADA FORMULARI UBAT PKD KULAI BIL 1 TAHUN 2026

PINDAAN/TAMBAHAN KEPADA FORMULARI UBAT PKD KULAI BIL 1 TAHUN 2026

BIL	NAMA UBAT	KATEGORI PRESKRIBER	LAMPIRAN
	UBAT BARU		
1	Cetirizine 10 mg Tablet	B	A
2	Clopidogrel 75 mg Tablet	A/KK	
3	Nicotine 10mg/16hr Transdermal Patch	A/KK	
4	Nicotine 15mg/16hr Transdermal Patch	A/KK	
5	Perindopril 10 mg & Indapamide 2.5 mg Film Coated Tablet	A/KK	
6	Perindopril Arginine 10 mg, Indapamide 2.5 mg & Amlodipine 10 mg Tablet	A/KK	
7	Proparacaine HCl 0.5% Ophthalmic Drops	B	
8	Tiotropium 2.5 mcg & Olodaterol 2.5 mcg per actuation, inhalation (*Spiolto Respimat)*	A/KK	
	****PEMANSUHAN UBAT**		
1	Indacaterol Maleate 110mcg & Glycopyrronium Bromide 50mcg *(Ultibro Breezhaler)*	A/KK	B
2	Loratadine 10 mg Tablet	B	
3	Magnesium Trisilicate Mixture	C	
4	Methyl Salicylate 25% Ointment	C+	

**Pemansuhan berkuatkuasa Mac 2026.

LAMPIRAN A

BIL	MAKLUMAT UBAT	KETERANGAN UBAT
1	Cetirizine HCl 10 mg Tablet **Kategori preskriber:** B **MDC** : R06AE07-110-T10-01-XXX **NEML** : Yes **Ubat Kuota:** Tidak	**Approved Indication(s):** Urticaria, allergic dermatoses (insect bites, atopic eczema), perennial rhinitis, allergic rhinitis **Prescribing restriction(s):** None **Dose:** 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 **Precaution(s):** Activities requiring mental alertness. Concurrent use of central nervous system depressants. Renal insufficiency or hepatic dysfunction, elderly. To be used with caution and doctor's advice in children 2 to 6 years of age. **Adverse reaction(s):** Somnolence, fatigue, headache and dry mouth, pharyngitis, abdominal pain, coughing, diarrhoea, epistaxis, bronchospasm, nausea, vomiting, **Contraindication(s):** Hypersensitivity to cetirizine or hydroxyzine, not to be used in children less than 2 years of age. **Interaction(s):** Decreased cetirizine clearance resulting in elevated cetirizine serum concentrations and possibly cetirizine toxicity with theophylline

2	Clopidogrel 75 mg Tablet **Kategori preskriber:** A/KK **MDC** : B01AC04192T1001XX **NEML** : Yes **Ubat Kuota:** Tidak	**Approved Indication(s):** 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. 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. **Prescribing restriction(s):** As second/third line treatment in patients who are sensitive or intolerant to acetylsalicylic acid and/or ticlopidine **Dose:** 75 mg once daily **Precaution(s):** Avoid for first few days after MI and for 7 days after ischaemic stroke; not recommended in unstable angina, coronary artery bypass grafting and percutaneous transluminal coronary angioplasty; patients at risk of increased bleeding from trauma, surgery or other pathological conditions; discontinue 7 days before elective surgery if antiplatelet effect not desirable, liver impairment, renal impairment, pregnancy. Based on literature data, patients with genetically reduced CYP2C19 function (intermediate or poor metabolisers) have lower systemic exposure to the active metabolite of clopidogrel and diminished antiplatelet responses, and generally exhibit higher cardiovascular events rates following myocardial infarction than do patients with normal CYP2C19 function

		Adverse reaction(s): GI bleeding, purpura, bruising haematoma, epistaxis, haematuria, ocular haemorrhage, intra cranial bleeding, abdominal pain, dyspepsia, gastritis & constipation, rash, pruritus **Contraindication(s):** Active pathological bleeding such as peptic ulcer & intracranial haemorrhage, breast feeding **Interaction(s):** Cytochrome P450 effect. Amiodarone, cisapride, ciclosporin, diltiazem, irbesartan, losartan, oral hypoglycemics, paclitaxel, phenytoin, quinidine, sildenafil, tamoxifen, verapamil, warfarin, aspirin, heparin, thrombolytics, NSAIDs, atorvastatin, erythromycin, clarithromycin. Concomitant use of the drugs that inhibit CYP2C19 should be discouraged
3	Nicotine 10mg/16hr Transdermal Patch **Kategori preskriber:** A/KK **MDC** : N07BA01000M7005XX **NEML** : Yes **Ubat Kuota:** 20 pesakit/PKD	**Approved Indication(s):** For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. **Prescribing restriction(s):** None **Dose:** The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period). Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period): Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks.

		Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: i) Highly dependent smokers; or ii) Smokers who experience breakthrough cravings; or iii) Those who have failed single NRT treatment **Precaution(s):** - Patients with chronic generalised dermatological disorders e.g., psoriasis, chronic dermatitis or urticaria should not use the patch. - Patients with severe cardiovascular disease (eg, occlusive peripheral arterial disease, cerebrovascular disease, stable angina pectoris and heart failure), vasospasms, uncontrolled hypertension, severe hepatic and/or renal impairment, active duodenal and gastric ulcer. - Patients with diabetes mellitus, hyperthyroidism or pheochromocytoma, since nicotine causes the release of catecholamines from the adrenal medulla **Adverse reaction(s):** Mild skin reactions, erythema, itching, oedema and aphtous ulcers, headache, dizziness, nausea and vomiting, palpitations. **Contraindication(s):** - Hypersensitivity to nicotine or any other product component. - Patients with recent myocardial infarct; unstable or worsening angina pectoris; - Prinzmetal's angina; severe cardiac arrhythmias; acute stroke. - Pregnancy and lactation. - Children below 18 years old. **Interaction(s):** - Paracetamol, caffeine, imipramine, oxazepam, pentazocine, propranolol, theophylline, warfarin, oestrogens, lignocaine, phenacetin; may require a decrease in dose at cessation of smoking due to the de-induction of hepatic enzymes on smoking cessation. - Subcutaneous insulin absorption may increase with smoking cessation.

		- Adrenergic antagonists (eg. prazosin, labetalol); decrease in circulating catecholamines with smoking cessation. - Adrenergic agonists (eg. isoprenaline, phenylephrine); may require an increase in dose at cessation of smoking due to a decrease in circulating catecholamines with smoking cessation. - Other effects, associated with smoking, include reduced analgesic efficacy with propoxyphene, reduced diuretic response to frusemide and reduced rates of ulcer healing with H2-antagonists.
4	Nicotine 15mg/16hr Transdermal Patch **Kategori preskriber:** A/KK **MDC** : N07BA01000M7006XX **NEML** : Yes **Ubat Kuota:** 20 pesakit/PKD	**Approved Indication(s):** For the treatment of tobacco dependence by relieving nicotine withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. **Prescribing restriction(s):** None **Dose:** The patch should be apply to an intact area of the skin upon waking up in the morning and removed at bedtime. Heavy smoker (those smoking 15 or more cigarettes in a 24-hour period). Step 1: 25mg/16 hours patch and use one patch daily for 8 weeks. Step 2: One 15mg/16hours patch should be daily for 2 weeks Step 3: One 10mg/16 hours patch daily for 2 weeks. Light smokers (those smoking less than 15 cigarettes in a 24-hour period) Step 1: 15mg/16hours patch for 8 weeks Step 2: 10mg/16hours for the final 4 weeks. Combination therapy with the patch (Flexible smoking cessation format) for fast relief of cravings in: i) Highly dependent smokers; or ii) Smokers who experience breakthrough cravings; or iii) Those who have failed single NRT treatment.

		Precaution(s): - Patients with chronic generalised dermatological disorders eg, psoriasis, chronic dermatitis or urticaria should not use the patch. - Patients with severe cardiovascular disease (eg, occlusive peripheral arterial disease, cerebrovascular disease, stable angina pectoris and heart failure), vasospasms, uncontrolled hypertension, severe hepatic and/or renal impairment, active duodenal and gastric ulcer. - Patients with diabetes mellitus, hyperthyroidism or pheochromocytoma, since nicotine causes the release of catecholamines from the adrenal medulla **Adverse reaction(s):** Mild skin reactions, erythema, itching, oedema and aphtous ulcers, headache, dizziness, nausea and vomiting, palpitations. **Contraindication(s):** - Hypersensitivity to nicotine or any other product component. - Patients with recent myocardial infarct; unstable or worsening angina pectoris; - Prinzmetal's angina; severe cardiac arrhythmias; acute stroke. - Pregnancy and lactation. - Children below 18 years old. **Interaction(s):** - Paracetamol, caffeine, imipramine, oxazepam, pentazocine, propranolol, theophylline, warfarin, oestrogens, lignocaine, phenacetin; may require a decrease in dose at cessation of smoking due to the de-induction of hepatic enzymes on smoking cessation. - Subcutaneous insulin absorption may increase with smoking cessation. - Adrenergic antagonists (eg. prazosin, labetalol); decrease in circulating catecholamines with smoking cessation. - Adrenergic agonists (eg. isoprenaline, phenylephrine); may require an increase in dose at cessation of smoking due to a decrease in circulating catecholamines with smoking cessation. - Other effects, associated with smoking, include reduced analgesic efficacy with propoxyphene, reduced diuretic response to frusemide and reduced rates of ulcer healing with H2-antagonists.

5	Perindopril 10mg and Indapamide 2.5mg film coated tablet **Kategori preskriber:** A/KK **MDC** : C09BA04-900-T10-03-XXX **NEML** : No **Ubat Kuota:** 100 pesakit/PKD	**Approved Indication(s):** As substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril and indapamide given concurrently at the same dose level. **Prescribing restriction(s):** None **Dose:** 1 tablet daily **Precaution(s):** Renal insufficiency especially when associated with systemic autoimmune collagen vascular diseases. Concomitant treatment with immunosuppressant or treatment causing leucopoenia. Marked sodium and water depletion, hypotension, chronic heart failure, cirrhosis with oedema and ascites, ischemic heart disease, cerebral circulatory insufficiency, severe cardiac insufficiency (grade IV) or IDDM patients. Monitor serum potassium regularly. Surgery, elderly, hyperaldosteronism, malnourishment, acute porphyria **Adverse reaction(s):** Headache, asthenia, dizziness, sleep disturbances, cramps, hypotension, rash, gastrointestinal disturbances, slight reversible increase in urea and plasma creatinine, hypokalaemia, hyponatraemia with hypovolaemia, raised uric acid and blood glucose levels NPRA Safety Alert 1. 5 May 2022 Choroidal effusion, acute myopia, acute angle closure glaucoma **Contraindication(s):** Hypersensitivity to other ACE inhibitors or sulphonamides. Bilateral renal artery stenosis or single functioning kidney, severe renal failure (creatinine clearance less than 30 mL/min), dialysis patients, hepatic encephalopathy, severe hepatic impairment, hyperkalaemia or hypokalaemia, untreated decompensated cardiac insufficiency. Previous history of angioneurotic oedema linked to treatment with ACE inhibitor, hereditary or idiopathic angioneurotic oedema. Pregnancy and lactation

		Interaction(s): Lithium, insulin, sulfonylureas, baclofen, NSAIDs, high dose salicylates, tricyclic antidepressants, neuroleptics, corticosteroids, tetracosactide, potassium-sparing diuretics, potassium salts, potassium-lowering drugs, anaesthesia, allopurinol, immunosuppressant, cardiac glycosides, procainamide and other drugs which cause torsades de pointes, antihypertensive drugs, metformin, calcium salts, ciclosporin, iodinated contrast media
6	Perindopril Arginine 10mg, Indapamide 2.5mg & Amlodipine 10mg tablet **Kategori preskriber:** A/KK **MDC** : C09BX01-935-T32-02-XXX **NEML** : No **Ubat Kuota:** 50 pesakit/PKD	**Approved Indication(s):** As substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril/indapamide fixed dose combination and amlodipine, taken at the same dose level. **Prescribing restriction(s):** None **Dose:** 1 tablet a day **Precaution(s):** Combination use of Lithium, dual blockade of the renin-angiotensin-aldosterone system, potassium-sparing drugs, potassium supplements or potassium-containing salt substitutes, renovascular hypertension neutropenia/agranulocytosis/thrombocytopenia/anaemia, hypersensitivity/angioedema, anaphylactoid reactions during desensitization, anaphylactoid reactions during LDL apheresis, hemodialysis patients, hepatic encephalopathy, primary aldosteronism, pregnancy, photosensitivity, renal function, hypotension and water and sodium depletion, potassium levels, calcium levels, cough, atherosclerosis, hypertensive crisis, cardiac failure/severe cardiac insufficiency, aortic or mitral valve stenosis/hypertrophic cardiomyopathy, diabetic patient, ethnic differences, surgery/anaesthesia, hepatic impairment, uric acid level, elderly, sodium level, choroidal effusion.

		Adverse reaction(s): Dizziness, headache, paresthesia, vertigo, somnolence, dysgeusia, visual impairment, tinnitus, palpitations, flushing, hypotension, cough, dyspnea, abdominal pain, constipation, diarrhea, dyspepsia, nausea, vomiting, pruritus, rash, muscle spasms, ankle swelling, asthenia, fatigue, oedema. **Contraindication(s):** Hypersensitivity to the active substances, to other sulfonamides, to dihydropyridine derivatives, any other ACE-inhibitor or to any of the excipients. History of angioedema (Quincke's oedema) associated with previous ACE inhibitor therapy, Hereditary/idiopathic angioedema, Second and third trimesters of pregnancy, Hepatic encephalopathy, Severe hepatic impairment, Hypokalaemia, Severe hypotension, Shock, including cardiogenic shock, Obstruction of the outflow-tract of the left ventricle (e.g., high grade aortic stenosis, Hemodynamically unstable heart failure after acute myocardial infarction. Concomitant use of Triplixam with aliskiren-containing products in patients with diabetes mellitus or renal impairment (GFR < 60mL/min/1.73m2). Concomitant use with sacubitril/valsartan therapy: must not be initiated earlier than 36 hours after the last dose of sacubitril/valsartan. Extracorporeal treatments leading to contact of blood with negatively charged surfaces. Significant bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney. **Interaction(s):** Lithium, drugs inducing hyperkalemia (e.g. potassium-sparing diuretic, potassium salts, etc.), aliskiren (concomitant use contraindicated in diabetic and patients with renal impairment), concomitant therapy with ACE inhibitor (ACEi) and angiotensin-receptor blocker (ARB), estramustine, dantrolene, grapefruit, baclofen, NSAIDs, antidiabetic agents, non-potassium sparing diuretics, torsades de pointes inducing drugs, amphotericin B (IV route), glucocorticoids (systemic route), mineralocorticoids (systemic route), tetracosactide, stimulant laxatives, cardiac glycosides, allopurinol, CYP3A4 inducers, CYP3A4 inhibitors, imipramine-like depressants, neuroleptics, other antihypertensive agents and vasodilators, cytostatic or immunosuppressive agents, procainamide, anaesthetic drugs, gold, sympathomimetics, iodinated contrast media, calcium (salts), ciclosporin, simvastatin.

7	Proparacaine HCl 0.5% Ophthalmic Drops **Kategori preskriber:** B **MDC** : S01HA04-110-D20-01-XXX **NEML** : Yes **Ubat Kuota:** Tidak	**Approved Indication(s):** Topical anaesthesia in ophthalmic procedures **Prescribing restriction(s):** None **Dose:** 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. **Precaution(s):** Use cautiously in patients with cardiac disease and hyperthyroidism, prolonged use not recommended. Protect the eye from irritants, rubbing and foreign bodies during period of anaesthesia **Adverse reaction(s):** Transient stinging and burning, conjunctival redness, keratitis, systemic toxicity. Long term use may result in corneal damage, loss of vision and retard healing **Contraindication(s):** Hypersensitivity **Interaction(s):** Hyaluronidase, St John's wort, increase effects of phenylephedrine, tropicamide

8	Tiotropium 2.5mcg and Olodaterol 2.5mcg per actuation, inhalation *(Spiolto Respimat)* **Kategori preskriber:** A/KK **MDC**: R03AL06-989-A10-01-XXX **NEML** : No **Ubat Kuota:** 30 pesakit/PKD	**Approved Indication(s):** As a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). **Prescribing restriction(s):** Patients without inhaler coordination problem (Only applies to Primary Care settings) **Dose:** 2 puffs once daily, at the same time of the day. **Precaution(s):** Asthma, acute use, paradoxical bronchospasm, narrow-angle glaucoma, prostatic hyperplasia, bladder-neck obstruction, eye symptoms, dental caries, patients with renal impairment, cardiovascular effects, hypokalemia, hyperglycemia, anaesthesia. **Adverse reaction(s):** Common (≥1/100 to <1/10): Dry mouth Uncommon (≥1/1,000 to <1/100): Dizziness, insomnia, headache, atrial fibrillation, palpitations, tachycardia, hypertension, cough, constipation. **Contraindication(s):** Hypersensitivity to tiotropium, olodaterol, any excipients, atropine or its derivatives. **Interaction(s):** Anticholinergic agents, adrenergic agents, xanthine derivaties, steroids or diuretics, beta-blockers, MAO inhibitors, tricyclic antidepressants, QTc prolonging drugs.

LAMPIRAN B

PEMANSUHAN UBAT DALAM FORMULARI PKD KULAI

BIL	NAMA UBAT/KATEGORI PRESKRIBER	INDIKASI DALAM FUKKM	ALTERNATIF DALAM FORMULARI PKD KULAI	JUSTIFIKASI PEMANSUHAN
1	Indacaterol Maleate 110mcg & Glycopyrronium Bromide 50mcg *(Ultibro Breezhaler)* **Kategori preskriber: A/KK**	As a once-daily maintenance bronchodilator treatment to relieve symptoms and reduce exacerbations in adult patients with chronic obstructive pulmonary disease (COPD).	1) Tiotropium 2.5mcg and Olodaterol 2.5mcg per actuation, inhalation *(Spiolto Respimat)*	1) Kemasukan ubat alternatif baharu yang mempunyai kelebihan terapeutik lebih baik 2) Kos perolehan Spiolto Respimat yang lebih murah
2	Loratadine 10 mg Tablet **Kategori prescriber**: **B**	Allergic rhinitis and allergic dermatoses	1) Cetirizine 10 mg Tablet	1) Kemasukan ubat alternatif baharu
3	Magnesium Trisilicate Mixture **Kategori preskriber: C**	Heartburn, dyspepsia	1) Magnesium Trisilicate Tablet	1) Terdapat ubat alternatif dalam formulari
4	Methyl Salicylate 25% Ointment (LMS) **Kategori preskriber: C+**	Relief of minor aches and pains of muscles and joints associated with simple backache, arthritis and rheumatic conditions.	Analgesik Alternatif 1) Paracetamol 500 mg Tablet 2) Ibuprofen 200 mg Tablet 3) Diclofenac Sodium 50 mg Tablet 4) Etoricoxib 90 mg Tablet 5) Mefenamic Acid 250 mg Capsule 6) Tramadol 50 mg Capsule	1) Terdapat ubat analgesik alternatif yang lebih optimum dan berkesan