

Fiji Essential Medicines List



3rd EDITION 2013

FOREWARD

This edition arises out of the revision of the 2006 Fiji Essential Medicine List (EML) which has now been re-titled as the Fiji Essential Medicines List (EML) 2012.

It is a compilation of work consistently undertaken by the three Divisional Medicines & Therapeutic Committees, the National Medicines & Therapeutic Committee (NMTC) using Standard Treatment Guidelines and protocols.

The Essential Medicines Concept adopted by the World Health Organisation ensures that priority medicines such as Antiretroviral, diseases suffered by the majority of the population and the application of the Vital, Essential and Non Essential Analysis for procurement of cost effective medicine will facilitate the accessibility and affordability of these medicines to the citizens of Fiji.

Furthermore, the EML includes relevant policies formulated by the NMTC, forms and procedures for reporting, Vital Drug list and an attempt to portray estimated cost of all medicines procured through our system.

The work by NMTC in compiling a listing of medicine which have been selected on the basis of quality, safety and efficacy primarily and cost as secondarily for the Ministry of Health service providers and other stakeholders must be recommended.

Pharmaceutical services are integral component of clinical services and every effort be directed towards regular improvement in accessibility, availability and affordability of these safe and efficacious medicines via best practice such as rational use of antibiotics as basis of benchmarking these services.

We should all aspire to achieve and provide the best outcome for our patients and clients.

Eloni Tora (Dr)
Permanent Secretary, Health
December 2012

DISCLAIMER

The authors do not warrant the accuracy of the information contained in the Fiji Essential Medicines List and do not take responsibility for any death, loss, damage or injury caused by using the information in this List.

While every effort has been made to ensure that this List is correct and in accordance with current evidence based and clinical practices, the dynamic nature of medicines information requires that users exercise in all cases independent professional judgement and understand the individual clinical scenario when referring, prescribing or providing information from the Fiji Essential Medicines List.

INTRODUCTION

This List is in line with the National Drug Policy 1994 in promoting Rational Use of Medicines by prescribing within the EML with reference to Standard Treatment Guidelines to reduce unwanted adverse events and wastage.

Since the EML is undergoing constant change, the efforts of the National Medicines & Therapeutics Committee are directed towards the end, that it be constantly improved in order to provide the best clinical practices of patient care as economically as possible.

Please take time to read through each section of the EML and the Committee welcomes any constructive comments for continuous improvement of future publications.

Your comments can be directed to:

The Secretary
National Medicines & Therapeutics Committee
Essential Medicines Program
Fiji Pharmaceutical Services Centre
P.O. Box 106
SUVA

ABBREVIATIONS

The following abbreviations have been used in compiling the drug list: HM - Hospital manufactured.

Level 1 - Divisional hospital only.

Level 2 - Divisional + Specialist hospital only.

Level 3 - Divisional + Specialist + Sub divisional hospitals.

Level 4 - Divisional + Specialist + Sub divisional hospitals + Health Centres.

Level 5 - Divisional + Specialist + Sub divisional hospitals + Health Centres+ Nursing Station.

Level 5a - Nursing Station with medical officer's authorization

Request Only -Those drugs which will only be purchased on request.

Hub - Reproductive Health Clinic & Specialty Clinic for HIV/AIDS cases

Abbreviations

mg- milligram

g - gram

mL- milliliter

L- liter

w/v- weight per volume

v/v - volume per volume

Microgram –To be written in full

Units –To be written in full

International Units -To be written in full

Note: The number in superscript following the drug name indicates the section under which the drug has been classified in the Pharmacological Drug List.

For example, Amoxycillin 6. This means that Amoxycillin is included in the Pharmacological Drug List Section 6.

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Table A - Alphabetical Listing of Formulary Drug Profile

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
A					
Abacavir (ABC) ²⁹	tab	300mg	Hub		For HIV/AIDS
Acetazolamide ^{16 21}	tab	250mg	3	0.05	
Acetazolamide ²¹	inj	500mg	1	20.19	
Acetic Acid 6%	soln	500mL	3-OT	6.01	For Surgical and Gynae Use
Acetylcholine Chloride	inj	20mg	1	29.12	
Acetylcysteine	inj	2g/10mL	1	9.45	Antidote Paracetamol Poisoning.
Actinomycin D	inj	500mcg	1		Aka Dactinomycin. CYTOTOXIC CONSULTANT ONLY
Aciclovir Sodium ⁶	inj	250mg	1	6.42	RESTRICTED ANTIVIRAL
Aciclovir ²¹	eye oint	30mg/g	1	39.55	Eye Department Only
Aciclovir ²⁸	tab	400mg	1, Hub		Immunocompromised Patients & Opportunistic Infections for HIV/AIDS
Adenosine ¹²	inj	6mg/2mL	1	16.8	
Adrenaline ^{3, 12}	inj	1mg/1mL	5a	0.6	Doctor's Order Only at N/S
Adriamycin ⁸	inj	50mg (25mL)	1	50.87	Aka Doxorubicin CYTOTOXIC CONSULTANT ONLY
Alcohol 96% (SVR)	soln	1L	1	6.07	
Allopurinol ²	tab	100mg	4	0.03	
Alprostadil ¹²	inj	500mcg/mL (5mL)	1		Aka Prostaglandin E1. PAEDIATRIC CONSULTANT ONLY
Aminophylline ²⁵	inj	250mg/10mL	4	1	
Amiodarone ¹²	tab	200mg	1	1	
Amiodarone ¹²	inj	150mg/3mL	1	9.01	
Amitriptylline ²⁴	tab	25mg	4	0.01	
Amoxycillin ⁶	cap	250mg	4	0.03	
Amoxycillin ⁶	cap	500mg	4	0.05	
Amoxycillin ⁶	susp	125mg/5mL (100mL)	5	0.78	
Amoxycillin with Clavullinic Acid	tab	500mg/125mg	1	0.34	CONSULTANT ONLY
Amphotericin B ⁶	inj	50mg (25mL)	1	26.79	RESTRICTED ANTIMICROBIAL

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Amphotericin ²¹	eye oint	3%	1		CONSULTANT OPHTHAMOLOGY
Ampicillin ⁶	inj	500mg	3	0.79	IMCI Protocol at N/S
Arabinocide C ⁸	inj	100mg/5mL	1	7.8	CYTOTOXIC - CONSULTANT ONLY
L- Asparaginase ⁸	inj	10,000iu	1	109.91	CYTOTOXIC - CONSULTANT ONLY
Aspirin ^{2, 7,17}	tab	300mg	5	0.01	
Atenolol ¹²	tab	50mg	4	0.01	
Atracurium ²⁰	inj	25mg/2.5mL	1	5.94	
Atropine Sulphate ^{1,4,17}	inj	600mcg/1mL	3	2.1	
Atropine Sulphate ²¹	eye drops	1%	1	2.06	
Azathioprine ⁸	tab	50mg	2	0.34	For Autoimmune disorder
Azithromycin ⁶	tab	500mg	Hub	0.38	For STI cases only

B

Baclofen ²⁰	tab	10mg	2	0.05	
Beclomethasone ²⁵	inhaler	100mcg/dose	4	6.68	
Beclomethasone Dipropionate ²⁸	nasal spray	50mcg/dose	1		For ENT Clinic Only
Benzhexol ⁹	tab	2mg	4	0.01	
Benztropine Mesylate ^{4,9}	Inj	1mg/mL (2mL)	2	6.17	
Benztropine Mesylate ⁹	tab	2mg	2	0.16	
Betamethasone (Valerate salt)	cream	0.1%	4	0.97	
Betamethasone ¹³	scalp lotion	0.1%	1	8.22	Skin Clinic Only
Betamethasone- Neomycin ²¹	eye drops	0.1%/0.35%	1	0.84	Eye Department Only
Betamethasone- Neomycin ²¹	eye oint	0.1%/0.35%	1	8.22	Eye Department Only
Bisacodyl ¹⁷	supp	10mg	4	0.14	
Bisacodyl ¹⁷	tab	5mg	4	0.01	
Bismuth in Idoform* (BIPP) B.P ²⁸	paste		2	64.45	For ENT Clinic Only

***Bismuth Subnitrate 250g, Idoform 500g, Liquid paraffin 250g**

Bleomycin Sulphate ⁸	inj	15,000 IU	1	135.46	CYTOTOXIC - CONSULTANT ONLY
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DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Bone Wax	oint	2.5g	1	3.94	CONSULTANT ONLY- CWMH
Bromocriptine ^{9,18}	tab	2.5mg	1	0.39	
Bupivacaine Plain ¹	inj	0.50%	1	1.2	
Bupivacaine Heavy ²	inj	0.50%	1	19.2	
Bupivacaine with Adrenaline ¹	inj	0.5%/ 1:200,000	1	6.09	
Busulphan ⁸	tab	5mg	1	0.48	CYTOTOXIC – CONSULTANT ONLY
C					
Calamine ¹³	lotion	100mL	5	1.08	For Chronic Renal Failure Patients
Calcium Carbonate ²⁷	tab	500mg	3	0.07	
Calcium Chloride ²⁶	inj	10%	1	5.04	
Calciferol Strong ^{26, 27}	tab	5000 Units	1	2.33	
Carbamazepine ⁵	tab	200mg	3	0.33	RESTRICTED ANTIMICROBIAL – CONSULTANT ONLY
Carbimazole ¹⁸	tab	5mg	3	0.02	
Cefaclor SR ⁶	tab	375mg	1	0.49	
Cefotaxime ⁶	inj	500mg	1	4.00	
Ceftriaxone ⁶	inj	250mg	1	1.06	RESTRICTED ANTIMICROBIAL – CONSULTANT ONLY
Ceftriaxone ⁶	inj	1g	1	2.47	RESTRICTED ANTIMICROBIAL – CONSULTANT ONLY
Cephalothin Sodium ⁶	inj	1g	1	8.21	RESTRICTED ANTIMICROBIAL – CONSULTANT ONLY
Charcoal Activated ⁴	soln		4	21.81	For Paediatric Use Only
Chloral Hydrate ²⁰	oral soln	100mg/mL (200mL)	1	31.87	
Chlorambucil ⁸	tab	5mg	1	1.36	CYTOTOXIC – CONSULTANT ONLY
Chloramphenicol ⁶	cap	250mg	4	0.03	IM/IV
Chloramphenicol ⁶	inj	1g	4	0.81	
Chloramphenicol ⁶	susp	125mg/5mL	4	2.61	
Chloramphenicol ²¹	eye drop	0.5%	4	0.53	
Chloramphenicol ²¹	eye oint	1%	4	0.4	
Chloramphenicol ²¹	ear drop	5%	5	0.82	
Chlorhexadine Gluconate ¹⁵	soln	20% (4.5L)	1	113.35	
Chlorhexadine Gluconate ¹⁵	cream	1%(500mL)	5	4.86	
Chlorhexadine (HM) ¹⁵	soln	1%	1		

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Chlorhexadine in SVM (HM) ¹⁵	soln	0.5%	5	4.58	
Chlorhexadine Cetrime ¹⁵	aq. cream	1.5%15% (50g)	5	0.63	
Chloroquine Sulphate ⁶	tab	200mg	1	0.28	
Chlorpromazine ²⁴	tab	100mg	3	0.02	
Chlorpromazine ²⁴	inj	50mg/2mL	4	0.26	
Ciprofloxacin ⁶	tab	500mg	1	0.09	RESTRICTED ANTIMICROBIAL CONSULTANT ONLY
Ciprofloxacin ⁶	inj	100mg/50mL	1	6.3	RESTRICTED ANTIMICROBIAL CONSULTANT ONLY
Cisplatin ⁸	inj	10mg	1	8.49	CYTOTOXIC – CONSULTANT ONLY
Cisplatin ⁸	inj	1mg/mL	1	16.34	CYTOTOXIC – CONSULTANT ONLY
Cloxacillin Sodium ⁶	inj	500mg	3	0.76	Alternative if Cloxacillin inj is hard to procure, NMTC, approved
Coal Tar	oint	100g	2	2.48	For Skin Clinic Only
Codeine Phosphate ^{2,17,25}	tab	30mg	3	0.09	DANGEROUS DRUG
Colchicine ²	tab	500microgram	1	0.04	
Compound Tragacanth Pulv BP	Powder		3	39.02	
Co-trimoxazole ^{6*}	tab	480mg	4	0.02	
Co-trimoxazole ^{6*}	susp	240mg/5mL	5	0.65	

**For the treatment and prophylaxis of Pneumocystis carinii pneumonia and toxoplasmosis, treatment of norcadia infections, treatment of urinary tract infections and acute exacerbations of chronic bronchitis and treatment of acute otitis media in children where there is good reason to prefer, co-trimoxazole to a single antibiotic.*

Cyclophosphamide ⁸	inj	200mg	1	2.56	CYTOTOXIC CONSULTANT ONLY
Cyclophosphamide ⁸	inj	500mg	1	5.22	CYTOTOXIC CONSULTANT ONLY
Cyclophosphamide ⁸	inj	1g	1	36.81	CYTOTOXIC CONSULTANT ONLY
Cyclophosphamide ⁸	tab	50mg	1	0.25	CYTOTOXIC CONSULTANT ONLY

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
D					
Dacarbazine ⁸	inj	200mg		56.77	CYTOTOXIC CONSULTANT ONLY
Dapsone ⁶	tab	50mg	2	0.24	TWOMEY HOSPITAL ONLY
Dapsone ⁶	tab	100mg	2		TWOMEY HOSPITAL ONLY
Daunorubicin Hydrochloride ⁸	inj	20mg	1	25.64	CYTOTOXIC CONSULTANT ONLY
Desferrioxamine ⁴	inj	500mg/5mL	1	12.3	For iron overload
Desmopressin Acetate* ¹⁸	inj	4mcg/mL (1mL)	1		PAEDIATRIC CONSULTANT ONLY
Dexamethasone ^{3,8,18}	tab	500microgram	1	0.1	
Dexamethasone ^{3,8,18}	tab	4mg	1	0.37	2mg not available
Dexamethasone ^{3,8,18}	Inj	4mg/mL	3	0.28	
Dexamethasone ²¹	eye drop	0.1%	1		For Eye Department Only
Dexamethasone/ Neomycin/ Polymyxin B ²¹	eye drop	1mg/3500IU/ 6000 IU	1		For Eye Department Only
Didanosine (ddl) ²⁹	Chewable tab	250mg	Hub		For HIV/AIDS
Didanosine (ddl) ²⁹	Chewable tab	150mg	Hub		For HIV/AIDS
Diazepam ^{1,24}	tab	5mg	4	0.01	
Diazepam ^{1,5,24}	inj	10mg/2mL	5a		IMCI protocol/ Doctor's order only at N/S
Diethylcarbamazine ⁶	tab	50mg	1	0.01	MDA
Digoxin ¹²	elixir	50mcg/mL	4	8.03	
Digoxin PG ¹²	tab	62.5mcg	4	0.03	
Digoxin ¹²	tab	250mcg	4	0.06	
Digoxin ¹²	inj	50mcg/2mL	4	2.4	

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARK
Dithranol ¹³	oint	0.25% (100g)	2		For Skin Clinic Only
Diphenoxylate/ Atropine ¹⁷	tab	2.5mg/25mcg	4	0.02	
Dobutamine Hydrochloride ¹²	inj	250mg/20mL (20mL)	1	7.48	
Dopamine Hydrochloride ¹²	inj	200mg/5mL	3	6.75	
Doxepin ²⁴	cap	25mg	2	0.02	
Doxycycline ⁶	cap	100mg	5a	0.03	Refer to STI protocol in Nursing Station
Drperidol ^{1,24}	inj	10mg/2.5mL	1	4.7	

E

ECG Electrode ¹⁴	gel	250mL	4	4.68	
Difluconazole ²²		150mg/STAT	4	8.93	
Efavirenz (EFV) ²⁹	tab	50mg	Hub		For HIV/AIDS
Efavirenz (EFV) ²⁹	tab	100mg	Hub		For HIV/AIDS
Efavirenz (EFV) ²⁹	tab	200mg	Hub		For HIV/AIDS
Efavirenz (EFV) ²⁹	tab	600mg	Hub		For HIV/AIDS
Enalapril ¹²	tab	5mg	4	0.02	
Enalapril ¹²	tab	10mg	4		
Ephedrine ¹²	inj	30mg/mL	1	0.26	
Ergometrine/Oxytocin ²²	inj	500mcg/5iu	3	2.55	Refrigerate
Erythromycin ⁶	tab	250mg	4	0.17	
Erythromycin (Estolate as base) ⁶	susp	125mg/5mL (100mL)	3	1.87	

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Erythromycin ⁶	inj	1g	1	10.17	RESTRICTED ANTIMICROBIAL CONSULTANT ONLY
Ethambutol ⁶	tab	400mg	2	0.07	
Ethanolamine Loeate ²⁸	inj	100mg/2mL	1		
Ethinylloestradiol ¹⁸	tab	50mcg	1	0.18	
Ethosuximide ⁵	cap	250mg	2	0.31	
Ethyl Chloride ¹	spray	100mL	3	9.28	
F					
Fentanyl ²	inj	100mcg/2mL	1	1.02	DANGEROUS DRUG
Ferrous Sulphate ¹⁰	tab	200mg	5	0.01	
Ferrous Gluconate ¹⁰	elixir	200mg/5mL (100mL)	5	7.69	IMCI Protocol at N/S
Flucloxacillin Sodium ⁶	susp	125mg/5mL (100mL)	5	6.94	IMCI protocol at N/S
Flucloxacillin Sodium ⁶	cap	250mg	4	0.09	
Flucloxacillin Sodium ⁶	cap	500mg	4	0.17	
Flucloxacillin Sodium ⁶	inj	500mg	3		Alternative to Cloxacillin if hard to source.
Fludrocortisone ¹⁸	tab	100mcg	1	0.08	
Fluorescein ¹⁴	eye drops	2% (minims)	1	31.06	Eye Department Only
5-Fluorouracil Sodium ⁶	inj	500mg	1	1.34	CYTOTOXIC CONSULTANT ONLY
Fluphenazine Deconoate ²⁴	inj	25mg/mL	2	1.07	
Folic Acid ¹⁰	tab	5mg	5	0.01	
Folinic Acid ⁴	inj	3mg/mL	1	2.15	Aka Leucovorin; CONSULTANT ONLY

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Folinic Acid ⁵	inj	100mg/10mL	1	45.64	Aka Leucovorin; CONSULTANT ONLY
Fluconazole ⁶	cap	150mg	Hub/1		For HIV/AIDS opportunistic infection &Immuno- compromised patients.
Fluconazole ⁶	inj	2mg/mL (100mL)	1		For HIV/AIDS opportunistic infection & Immuno- compromised patients.
Fluoxetine Hydrochloride ²⁴	tab	20mg	2		St. Giles Only- Depression only not responding to TCAs
Flupenthixol decanoate ²⁴	inj	100mg/mL (0.5mL)	2		St. Giles Only- Depression & Schizophrenic cases non-oral dosage compliant.
Formalin B.P.	liq	1L	1	8.43	
Frusemide ¹⁶	inj	20mg/2mL	4	0.36	
Frusemide ¹⁶	tab	40mg	4	0.01	
Frusemide ¹⁶	tab	500mg	1	0.16	
Fullers Earth ⁴	kit		1	12.5	For Paraquat Poisoning
G					
Gentamicin ²¹	Eye/ear drop	0.3% (10mL)	1	19.49	For Eye Department Only
Gentamicin ²⁸	ear drop	0.3% (10mL)	1		For ENT Clinic
Gentamicin ⁶	inj	80mg/2mL	3	0.12	

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Gentian Violet ¹³	paint	1%(10mL)	5	0.01	
Glibenclamide ¹⁸	tab	5mg	4	0.01	
Glipizide ¹⁸	tab	5mg	4	0.03	
Glucose B.P.	powder	275g	3	7.71	
Glutaraldehyde (Stabilized) ¹⁵	soln	2%	1	70.5	
Glycerine B.P.	Mixt	500mL	3	22.57	
Glyceryl Trinitrate ¹²	oint	2%	1		
Glyceryl Trinitrate ¹²	tab	600mcg	4		Sublingual Tablets
Goserelin acetate	implant	3.6mg	1		Urology Clinic- CONSULTANT ONLY Refer to protocol
Griseofulvin ⁶	tab	125mg	4	0.02	
<hr/>					
H					
Haloperidol ²⁴	tab	1.5mg	4	0.04	
Haloperidol ²⁴	tab	5mg	4	0.03	
Haloperidol ²⁴	inj	50mg/mL	3	4.75	
Halothane ¹	liq	250ml	1	51.49	
Hammond Oint ¹⁷	oint	30g	4	12.42	
Heparin Sodium ¹⁰	inj	25000u/5mL	1	2.13	
Homatropine ²¹	eye drop	2%	1	12.66	For Eye Department Only
Hyaluronidase ²¹	inj	1500iu	1	29.35	
Hydrallazine ¹²	inj	20mg/mL	4	9.94	
Hydrallazine ¹²	tab	25mg	4	0.05	

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Hydrochlorothiazide ⁶	tab	25mg	4	0.01	
Hydrocortisone Sodium Succinate ^{3, 18}	inj	100mg	4	0.64	
Hydrocortisone ¹³	cream	1%	5	0.71	
Hydrocortisone ¹⁸	tab	20mg	1	0.21	
Hydrogen Peroxide ¹⁵	soln	6%/200mL	1	1.76	For Surgical Use Only
Hydroxychloroquine	tab	200mg	2	0.42	
Hydroxycobalamine ¹⁰	inj	1mg/2mL	4	0.63	Vitamin B12
Hydroxypropylmethyl-cellulose ²¹	inj	20mg/1mL	1	114	OCUCOAT®- For Eye Department Only
Hydroxyurea ⁸	cap	500mg			

I

Ibuprofen ²	tab	400mg	4	0.01	
Idinavir Sulphate (DV) ²⁹	cap	400mg		Hub	For HIV/AIDS
Imipramine ²⁴	tab	25mg	2	0.09	
Insulin Neutral ¹⁸	inj	1000u/10mL	4		Refrigerate
Insulin Isophane ¹⁸	inj	1000u/10mL	4		Refrigerate
Insulin Isophane/ Neutral mixed (Biphasic) ¹⁸	inj	1000u/10mL	4		Refrigerate
Indomethacin ²	cap	25mg	4	0.01	
Indomethacin (Sodium Trihydrate) ³	inj	1mg/mL (1mL)	1		For PDA- PAEDIATRIC CONSULTANT ONLY
Ipratropium Bromide ²⁵	soln	25%	1		
Iron Dextran ¹⁰	inj	100mg/2mL	4	0.79	For IM & IV Routes

DRUG NAME	FORM	STRENGTH	LEVEL	COOST	REMARKS
Isoflurane ¹	liq	500mL	1		Use with specialized inhaler sets
Isoniazid ⁶	tab	100mg	2	0.02	Aka: INH
Isoprenaline ¹²	inj	2mg/2mL	1	4.5	
Isosorbide Dinitrate ¹²	tab	10mg	4	0.01	
Isosorbide Dinitrate ¹²	inj	1mg/mL (50mL)	4	15	Use Special non-PVC administration sets – CCU & Consultant Only

J

Jelly Lubricant ¹³	jelly	42g	5	2.44	
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K

Ketamine Hydrochloride ¹	inj	100mg/5mL	1	2.93	
Ketoconazole ⁶	tab	200mg	2	0.15	For Skin Clinic Only

L

Labetalol Hydrochloride ¹²	inj	100mg/20mL	1	13.32	CONSULTANT ONLY
Lactulose ¹⁷	syrup	3.35g/500mL	1	6.45	For Hepatic Encephalopathy
Levodopa/Benserazide Hydrochloride ⁹	tab	100mg/25mg	2	0.22	
Levodopa/Benserazide Hydrochloride ⁹	tab	200mg/50mg	2	0.32	

DRUG NAMES	FORM	STRENGTH	LEVEL	COST	REMARKS
Lignocaine ^{1,12}	inj	1%	1	0.74	For IM or IV use
Lamivudine ⁶	tab	150mg	Hub/1		PEP Needle stick Injury & For HIV/AIDS
Lignocaine ¹	inj	2%/10mL	5	0.58	For IM or IV use
	inj	5%	1	16.51	
Lignocaine with Adrenaline ¹	inj	2%/1:200,000	1	4.3	
Lignocaine with Adrenaline ¹	inj	2%/1:80,000	4	13.86	
Lignocaine Topical ¹	spray	10%/200mL	1	15.94	
Lignocaine Topical ¹	soln	4%/200mL	1		
Lignocaine ¹	oral gel	2%/200mL	4	1.69	
Lignocaine/Prilocaine ¹	patch	2.5%/2.5% (Pkt of 25)	1	138.93	PAEDIATRIC USE ONLY
Lithium Carbonate ²⁴	tab	250mg	2	0.28	
Lopinavir/Ritonavir (LPV/r) ²⁹	tab	200mg/50mg	Hub		For HIV/AIDS

M

Magnesium Sulphate ²⁶	inj	50%	3	1.85	
Magnesium Sulphate ¹³	paste	50g	5	2.13	

DRUG NAMES	FORM	STRENGTH	LEVEL	COST	REMARKS
Mebendazole ⁶	Chewable tab	100mg	5	0.01	IMCI Protocol at N/S
Medium Chain Triglyceride ²⁶	oil	500mL	1	37.27	Inpatients and Discharge only
Medroxy-progesterone ¹⁸	tab	10mg	1	0.39	Use in secondary amenorrhea only
Melphalan ⁸	tab	5mg	1	1.64	CONSULTANT ONLY
Mercaptopurine ⁸	tab	50mg	1	1.31	CONSULTANT ONLY
Methadone ²	tab	5mg	1	0.16	DANGEROUS DRUG
Metformin ¹⁸	tab	500mg	4	0.02	
Methotrexate Sodium ⁸	inj	50mg/2mL	1	4.6	CONSULTANT ONLY
Methotrexate Sodium ⁸	tab	2.5mg	1	0.26	CONSULTANT ONLY
Methylated Spirit ¹⁵	soln	70%	5		(SVM)
Methyldopa ¹²	tab	250mg	4	0.06	
Methylene Blue	inj	1%	1	10.71	For Surgical Use Only
Methyl Hydroxybenzoate Pulv	powder	100g	3	6.2	
Methylprednisolone acetate ⁸	inj	1g	1	63.2	CONSULTANT ONLY
Metoclopramide Hydrochloride ¹⁷	inj	10mg/2mL	1	0.21	
Metronidazole ⁶	tab	400mg	4	0.01	
Metronidazole ⁶	supp	500mg	1	2.33	RESTRICTED ANTIMICROBIAL CONSULTANT ONLY

DRUG NAMES	FORM	STRENGTH	LEVEL	COST	REMARKS
Metronidazole ⁶	inj	500mg/100mL	1	1.8	RESTRICTED ANTIMICROBIAL CONSULTANT ONLY
Clotrimazole	vag cream	2%	1	5.32	For Gynae Clinic Only
Midazolam ¹	oral soln	2mg/mL (200mL)	1	3.3	PAEDIATRIC USE ONLY
Midazolam ¹	inj	10mg/2mL	1	3.3	PAEDIATRIC USE ONLY
Misoprostal ²²	tab	200microgram	1	0.44	CONSULTANT ONLY –O&G
Morphine Sulphate ^{1,2}	inj	10mg/mL	4	0.47	DANGEROUS DRUG
Morphine Sulphate ²	oral soln	20mg/mL (30mL)	3		DANGEROUS DRUG
Morphine Sulphate ²	tab	10mg	3	0.25	DANGEROUS DRUG
Morphine Sulphate SR ²	tab	30mg	3	0.5	DANGEROUS DRUG
Multivitamin* ²⁷	coated tab		4	0.02	
*Vitamin A – 2500 IU, Nicotinamide (Vit B3) – 7.5mg, Thiamine (Vit B1) – 1mg, Ascorbic Acid – 15mg, Riboflavin (Vit B2) – 0.5mg, Colecalciferol (Vit D3) – 300 IU.					
Multivitamin* ²⁷	syrup	100mL	4	0.02	
* Vitamin A- 2,500 IU, Vitamin D3- 400IU, Vitamin B1- 1mg, Vitamin B2- 0.7mg, Vitamin B6-1mg, Vitamin C- 18mg, Nicotinamide- 5mg.					

N

Naloxone ⁴	inj	400mcg/1mL	3	1.51	Antidote- Opioids
Naphazoline HCl ²¹	eye drops	1%/15mL	1		For Eye Department Only
Nelfinavir (NFV) ²⁹	CAP	250MG	Hub		For HIV/AIDS

DRUG NAMES	FORM	STRENGTH	LEVEL	COST	REMARKS
Neomycin ¹³	oint	1%	4	0.94	
Neomycin/Polymixin B/ Gramicidin		1.75mg/ 10,000 IU/ 0.025mg			
Neostigmine ²⁰	inj	2.5mg/1mL	1	0.65	
Nevirapine (NVP) ²⁹	tab	200mg	Hub		For HIV/AIDS
Nifedipine ¹²	cap	10mg	4	0.01	Obstetric Use Only
Nifedipine MR ¹²	tab	20mg	4	0.01	
Nitrofurantoin ⁶	tab	100mg	3	0.05	
Noradrenaline ^{3, 12}	inj	2mg/2mL	1	19.72	
Norethisterone ¹⁸	tab	5mg	3	0.03	For Gynae Clinic Only
Nystatin ⁶	susp	100,000u/mL	4	1.84	

O

Oestrogen Conjugated ²²	cream	42.5g	1	9.79	
Olanzapine ²⁴	tab	10mg	2	0.12	For St. Giles Only
Omeprazole ¹⁷	cap	20mg	1		
Ondansetron HCl ¹⁷	tab	8mg	1		Chemo therapy Induced Nausea & Vomiting. Refer to protocol

DRUG NAMES	FORM	STRENGTH	LEVEL	COST	REMARKS
Ondansetron HCl ¹⁷	inj	8mg/4mL	1		Chemo therapy Induced Nausea & Vomiting. Refer to protocol
Oral Rehydration Salt 7, 26	crystal	For 1L prep.	5	4.86	UNICEF Modified Formula
Oxybuprocaine ²¹	eye drop	0.4%	1	1.55	For Eye Department Only
Oxybutinin HCl ²⁰	tab	5mg	2	0.1	
Oxytocin ²²	inj	10 IU/1mL	5	0.32	Refrigerate

P

Pancuronium Bromide ²⁰	inj	4mg/2mL	1	1.35	
Paracetamol ^{2, 7}	tab	500mg	5	0.01	
Paracetamol ^{2, 7}	supp	125mg	3	0.08	
Paracetamol ^{2, 7}	supp	500mg	1	1.32	
Paracetamol ²	mixt	120mg/5mL (100mL)	5	0.58	
Paraffin B.P. ¹⁷	liq	500mL	5		
Paclitexal* ⁸	inj	100mg/ 16.7mL	1		FOR CONSULTANT USE ONLY Refer to Protocol

*** Advanced Metastatic ovarian cancer after failure of prior therapy which includes a platinum**

Penicillin Crystalline ⁶	inj	1mega unit	4	0.53	
Penicillin Benzathine ⁶	inj	2.4mega unit	4	0.95	
Penicillin Procaine ⁶	inj	4 mega unit	4	1.41	

DRUG NAMES	FORM	STRENGTH	LEVEL	COST	REMARKS
Penicillin V ⁶	tab	250mg	4	0.03	
Penicillin V ⁶	syrup	125mg/5mL (100mL)	4	2.12	
Permethrin ¹³	cream	5% (15g)	4	1.51	
Pethidine ^{1, 2}	inj	50mg/1mL	4	0.41	DANGEROUS DRUG
Pethidine ^{1, 2}	inj	100mg/1mL	5a	1.12	DANGEROUS DRUG
Phenobarbitone Sodium ²⁴	inj	200mg/1mL	1	1.71	
Phenobarbitone ^{5, 24}	tab	15mg	4	0.02	
Phenobarbitone ^{5, 24}	tab	30mg	4	0.06	
Phenobarbitone (HM) ^{5, 24}	syrup	100mg/5mL	1		
Co-phenyl Forte (Anaesthetic) ¹²	topical spray		1		For ENT Clinic Only
Phenylephrine ²¹	eye drop	10%	1	1.76	
Phenytoin ⁵	susp	30mg/5mL	4	17.47	
Phenytoin ⁵	cap	100mg	4	0.01	
Phenytoin Sodium ⁵	inj	250mg/5mL	3	4.01	
Pilocarpine ²¹	eye drop	1%	3	4.2	For Eye Department Only
Pilocarpine ²¹	eye drop	2%	3	6.2	For Eye Department Only
Pilocarpine ²¹	eye drop	4%	3	9.32	For Eye Department Only
Piperacillin ⁶	inj	2g	1	44.2	RESTRICTED ANTIMICROBIAL

DRUG NAMES	FORM	STRENGTH	LEVEL	COST	REMARKS
Plastic Spray ¹³	spray		1		
Podophyllotoxin ¹³	tincture	0.5%	Hub	102.63	FOR HIV
Polymixin B/ Neomycin /Gramicidin/ Thiomersal ²¹	Eye drop	500IU/ 2.5mg/ 25mcg/mL/ 0.001%	1	2.12	For Eye Department Only
Polymixin B/ Neomycin/ Bacitracin ²¹	Eye oint (STERILE.)	500IU/5mg/ 400 Units/g	1	5.21	For Eye Department Only
Potassium Chloride SR ¹⁶	tab	600mg	4	0.01	
Potassium Chloride ²⁶	inj	7.46% w/v	2	0.73	
Potassium Chloride ²⁶	mixt	1mmol/mL (100mL)	1	20.7	PAEDIATRICS ONLY
Povidone Iodine Alcoholic ¹⁵	soln	10% (500mL)	3	11	For SDH With Operating Theater
Povidone Iodine Aqueous ¹⁵	soln	10% (500mL)	3	9.68	
Povidone Iodine Scrub ¹⁵	soln	7.5% (500mL)	3	6.48	For SDH with Operating Theater
Pralidoxime ⁴	inj	500mg/20mL	3	62.61	For Anti-cholinesterase poisoning.
Prednisolone with Phenylephrine HCl ²¹	eye drop	10mg/ 1.2mg/mL	1	18.34	For Eye Department Only
Prednisolone acetate ^{3, 8, 18}	tab	1mg	1	0.03	
Prednisolone acetate ^{3, 8, 18}	tab	5mg	4	0.01	
Prednisolone acetate ¹⁸	tab	20mg	1	0.11	CONSULTANT USE ONLY Paediatrics

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Prilocaine ¹	inj	4%/2.2mL	1	0.71	For Dental Use Only
Primidone ⁵	tab	250mg	2	0.23	For St. Giles Only
	tab	500mg	4	0.12	
Procarbamazine HCl ⁸	cap	50mg	1	2.17	CYTOTOXIC-CONSULTANT ONLY
Prochlorperazine HCl ¹⁷	tab	5mg	4	0.01	
Prochlorperazine HCl ¹⁷	inj	12.5mg/mL	4	0.72	
Promethazine ^{3, 17, 25}	tab	10mg	4	0.01	
Promethazine ^{3, 25}	elixir	1mg/mL	3	0.93	
Promethazine ^{3, 17, 25}	inj	50mg/2mL	4	0.36	
Propranolol ¹²	inj	1mg/mL	1	0.93	
Propranolol ¹²	tab	10mg	4	0.01	
Propranolol ^{7,12}	tab	40mg	4	0.01	
Propyl Hydroxy-benzoate Pulv B.P.	powder	100g	3	6.2	
Propylene Glycol B.P.	liq	1L	3	22.11	
Protamine Sulphate ^{4,10}	inj	1% (5mL)	1	6.76	Antidote- Heparin
Psoriasis ¹³	oint	100g	2	26.01	For Skin Clinic Only

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Pyrazinamide ⁶	tab	500mg	2	0.07	
Pyridostigmine ²⁰	tab	60mg	1	0.38	For Myasthenia Gravis Patients
Pyridoxine ²⁷	tab	25mg	3	0.03	

Q

Quinine Dihydrochloride ⁶	inj	600mg/10mL	1	0.95	
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R

Ranitidine (as Hydrochloride) ¹²	tab	300mg	4	0.06	
Ranitidine (as Hydrochloride) ¹²	inj	50mg/2mL	1	0.53	CONSULTANT ONLY
Rifampicin ⁶	oral susp	100mg/50mL (60mL)	2		
Rifampicin ⁶	cap	150mg	2	0.07	
Rifampicin ⁶	cap	300mg	2	0.14	
Rifampicin/ Isoniazid ⁶	cap	150mg/100mg	2	0.1	
Rifampicin/ Isoniazid ⁶	cap	300mg/150mg	2	0.1	
Risperidone ²⁴	tab	4mg	3	0.13	

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Rotinavir ^{®29}	cap	100mg	Hub		For HIV/AIDS
S					
Salbutamol ^{22, 25}	inj	500mcg/mL	3	0.35	CONSULTANT ONLY
Salbutamol ^{22, 25}	tab	4mg	4	0.01	
Salbutamol ²⁵	inhaler	100mcg/dose	4	2.88	
Salbutamol Respirator ²⁵	soln	0.5% (30mL)	4	2.01	
Salbutamol ²⁵	elixir	2mg/5mL	4	0.61	
Saquinavir (SQV) ²⁹	cap- gel filled	200mg	Hub		For HIV/AIDS
Silver Nitrate ¹³	stick	Pkt of 1 stick	4	1.62	
Silver Sulphadiazine ¹³	cream	1%	3	11.23	
Simvastatin ¹²	tab	20mg	1		CONSULTANT ONLY Refer to Protocol
Soda Lime	granules	4.5kg	1	7.83	
Sodium Bicarbonate ²⁶	inj	8.4% (10mL)	3	12.43	
Sodium Chloride ²⁶	inj	0.9% (20mL)	3	0.29	
Sodium Chloride ²⁶	inj	20%	1	0.23	
Sodium Chloride B.P.	crystals	1kg	3	6.93	

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Sodium Citrate B.P.	crystals	1kg	3	12.88	
Sodium Hypochlorite	soln	1%/1L	5	7.63	HOSPITAL GRADE
Sodium Hypochlorite	soln	1%/5L	1	21.88	HOSPITAL GRADE
Sodium Polystyrene ²⁶	powder	15g/scoop	1	84.88	Aka Resonium A
Sodium Valproate ⁵	elixir	200mg/5mL	2	17.89	
Sodium Valproate ⁵	tab	200mg	4	0.05	Enteric Coated
Spirolonactone ¹⁶	tab	25mg	3	0.06	
Streptokinase ¹²	inj	1.5Milliunits	1	113.57	CONSULTANT ONLY- CCU
Sulphasalazine ¹⁷	tab	500mg	2	0.14	
Suxamethonium Chloride ²⁰	inj	100mg/2mL	1	0.77	
Syrup B.P.	soln	4L	3	6.52	

T

Tamoxifen Citrate ⁸	tab	20mg	1	0.14	CYTOTOXIC CONSULTANT O&G ONLY
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DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
Tetracosactrin ¹⁴	inj	250mcg/1mL	1	13.65	CONSULTANT ONLY
Tetracycline ²¹	eye oint	1% (3.5g)	4	0.28	
Theophylline ²⁵	elixir	80mg/15mL	1	10.87	
Theophylline SR ²⁵	tab	300mg	4	0.08	
Terbinafine ⁶	tab	250mg	4	0.25	
Thiamine HCl ²⁷	tab	500mg	1	0.35	
Thiamine HCl ²⁷	inj	100mg/2mL	1	1.92	
Thiopentone Sodium ¹	inj	2.5g	1	36.16	
Thyroxine ¹⁸	tab	50 microgram	3	0.02	Oroxine Brand®
Thyroxine ¹⁸	tab	100 microgram	3	0.02	Oroxine Brand®
Timolol ²¹	eye drop	0.5%	1	1.24	For Eye Department Only
Timolol ²¹	eye drop	0.25%	1	0.76	For Eye Department Only
Trifluoperazine HCl ²⁴	tab	1mg	2	0.05	
Trifluoperazine HCl ²⁴	tab	5mg	2	0.04	
DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS

Trimethoprim ⁶	tab	300mg	4	0.11	
Tropicamide ^{14, 21}	eye drop	1%	1	2.92	For Eye Department Only
Tropicamide ²¹	eye drop	0.5% (15mL)	1	21.75	For Eye Department Only

V

Vancomycin Hydrochloride ⁶	inj	500mg	1	9.16	RESTRICTED ANTIMICROBIAL CONSULTANT ONLY
Vecuronium Bromide ²⁰	inj	10mg/1mL (5mL)	1	17.78	
Verapamil hydrochloride ¹²	inj	2.5mg/mL (2mL)	3	3.7	
Verapamil hydrochloride ¹²	tab	40mg	3	0.07	
Vinblastin Sulphate ⁸	inj	1mg/mL (10mL)	1	27.16	CYTOTOXIC CONSULTANT ONLY
Vincristine Sulphate ⁸	inj	1mg/1mL (1mL)	1	5.3	CYTOTOXIC CONSULTANT ONLY
Vitamin A ²⁷	gel filled cap	100,000 IU	5		IMCI Protocol at N/S
Vitamin K ^{10, 27}	inj	1mg/mL	3	0.42	
Vitamin K ^{10, 27}	inj	10mg/mL	3	0.35	

DRUG NAME	FORM	STRENGTH	LEVEL	COST	REMARKS
W					
Warfarin Sodium ¹⁰	tab	1mg	1	0.06	MAREVAN®
Warfarin Sodium ¹⁰	tab	3mg	1		MAREVAN®
Warfarin Sodium ¹⁰	tab	5mg	1	0.08	MAREVAN®
Wax Removal ²⁸ (Carbamide Peroxide 6.5%)	ear drop	15mL	4	3.18	
White Soft Paraffin B.P.	oint	1kg	1		
Water for Injection ²⁶	inj	5mL	5	0.04	Polyvial Bottle
Water for Injection ²⁶	inj	100mL	1	3.78	For Humidifier Use Only- NICU

Z

Zidovudine (ZDV) ⁶	CAP	100MG	1	0.35	For Needle Stick Injury
Zidovudine (ZDV) ²⁹	cap	300mg	Hub		For HIV/AIDS
Zinc Sulphate ¹⁷	tab	20mg			Dispersible Tablets
Zinc Oxide	oint		5	1.71	

Table B - Alphabetic Listing of Transfusion Fluids

TRANSFUSION FLUID	DIV. HOSP	SPH	SDH	H/C	N/S	UNIT COST	REMARKS
Dextrose 10% inj 500ml Bag	*					2.26	
Dextrose 5% Injection 1000ml Bag	*	*	*	*	*	1.57	
Dextrose 50% inj 500ml Bag	*	*	*	*	*	1.72	
Glycine Injection 1.5% 2000ml Bag	*					29.04	
Hartmanns Solution Injection 1000ml Bag	*	*	*	*	*	1.57	
Mannitol Solution 20% Injection 500ml Bag	*					2.82	ICU use only
Peritoneal Dialysis Solution 1.5% Injection 2000ml Bag#	*					17.99	See below
Peritoneal Dialysis solution 2.5% Injection 2 Litre Bag#	*					17.19	See below
Sodium Chloride 0.3% with Dextrose 3% Injection 1000ml Bag	*	*	*	*	*	1.64	
Sodium Chloride 0.9% Injection 1000ml Bag	*	*	*	*	*	1.5	
Volume Expander Solution Injection 500ml Bag	*	*	*			6.9	

#Peritoneal Dialysis Solution is indicated for acute renal failure treatment, leptospirosis, immunological indications. For renal transplant patients who have confirmed travel arrangements, positive donor identification will be dialysed free of charge up to 4 weeks only.

Table C - Alphabetic Listing of Reproductive Health Commodities

Family Planning Commodities	DIV	HOSP	SPH	SDH	H/C	"Hub"	N/S	UNIT COST	REMARKS
Male Condoms - Pacific Design (PD), 52mm	*		*	*	*	*	*	0.04	
Depo-medroxyprogesterone Acetate 150mg Injection (DEPO-PROVERA; 3monthly)	*		*	*	*		*	1.72	Dispense after initial assessment by Medical Officer
IUCD Copper T 380	*		*	*				6.03	Distributed after insertion training
Microgynon Tablets (3 cycles in 1 Pkt)									
30 -ED: Ethinyloestradiol 30mcg/	*		*	*	*		*	2.14	Dispense after initial assessment by Medical Officer
Levonogestrel 150mcg/ Ferrous Fumarate 75 mg									
Levonogestrel 0.03mg (MICROLUT) 35 tabs	*		*	*	*		*	0.66	Dispense after initial assessment by Medical Officer
Noristerat enanthate 200mg Injection - 2 monthly	*		*	*	*			3.04	Dispense after initial assessment by Medical Officer
Levonogestrel Tablet 0.75mg - Box of 2 pills. (POSTINOR)				*	*	*		0.91	Emergency Pill
Etonogestrel 68mg (IMPLANON) - Single Rod Implant				*	*			40.02	Distribute after implant training.

All Reproductive Health Commodities orders to FPSor any health facility must be accompanied by a filled Reproductive Health Commodity Return Form

TABLE D - Alphabetical Listing of Immunological Preparations

ITEM	DIV. HOSP	MAT. HOSP	SDH	H/C	N/S	UNIT COST	REMARKS
Anti-D RHS Immunoglobulin 250mcg/mL ¹⁹	*	*	*			66.76	Single Dose
BCG Vaccine ¹⁹	*	*	*	*	*	2.13	20 Doses
Cholera Vaccine ¹⁹	"ONLY FOR SUVA, LTKA, LABASA HEALTH CTR/OFFICE"						Single Dose-Request Only
HBV Immunoglobulin 400units/mL ¹⁹	*					82.96	Single Dose
Hepatitis B Vaccine 20mcg (Infant) ¹⁹	*	*	*	*	*	0.72	Single Dose
Hepatitis B Vaccine 20mcg (Adult)* ¹⁹	*	*				0.45	
<i>*Staff Vaccination co-ordinated by Divisional Infection Control Manager</i>							
Human Papilloma Virus ¹⁹				*	*	25.25	
Measles- Rubella ¹⁹	*	*	*	*	*	0.84	10 Doses
Normal Human Gammaglobulin 16%/2mL ¹⁹	*					N/AV	Single Dose Requests only by CONSULTANT
Oral Poliomyelitis (Sabin) Vaccine ¹⁹	*	*	*	*	*	0.13	10 Drops
Pneumococcal Vaccine –10 Valent				*	*	26.67	
PPD Human Tuberculin (Mantoux) ¹⁴	*		*			3.67	10 Doses
Rotavirus Vaccine				*	*	13.47	

TABLE D - Alphabetical Listing of Immunological Preparations

ITEM	DIV. HOSP	MAT. HOSP	SDH	H/C	N/S	UNIT COST	REMARKS
Tetanus Toxoid Vaccine ¹⁹	*	*	*	*	*	0.14	10 Doses
Typhoid Vaccine ¹⁹	*	*	*	*		N/AV	3 Doses- Request Only
DPT-HB + Hib ¹⁹	*	*	*	*	*	3.22	2 Doses (Pentavalent)
Varicella Zoster Immunoglobulin ¹⁹	*					N/AV	Single Dose- Request Only
Yellow Fever Vaccine ^{#19}	*					37.43	Single Dose

*** Members of Public and staff from other Govt. Depts. to purchase from BPS.**

PHARMACOLOGICAL DRUG LIST INDEX

Section

- 1 Anaesthetics
- 2 Analgesics, antipyretics and related agent
- 3 Anti-allergics and drugs used in anaphylaxis
- 4 Antidotes and other substances used in poisoning
- 5 Antiepileptic
- 6 Anti-infectives
- 7 Antimigraine drugs
- 8 Antineoplastics and immunosuppressants
- 9 Antiparkinsonism drugs
- 10 Blood, drugs affecting
- 11 Blood products and substitute
- 12 Cardiovascular drugs
- 13 Dermatological preparations
- 14 Diagnostic agents
- 15 Disinfectants and antiseptics
- 16 Diuretics
- 17 Gastrointestinal drugs
- 18 Hormones, other endocrine drugs and Reproductive Health
Commodities
- 19 Immunological
- 20 Muscle relaxants, Cholinergic agents and
Anticholinesterases
- 21 Ophthalmological preparations
- 22 Gynaecological and obstetric preparations
- 23 Dialysis, peritoneal
- 24 Psychotherapeutic agents
- 25 Respiratory agents
- 26 Preparations correcting water, electrolyte and acid-base
balance
- 27 Vitamins and minerals
- 28 Ear, Nose and Oropharyngeal preparations
- 29 Anti-retroviral (ARVs)

Table E – Formulary listings in Pharmacological Categories.

PHARMACOLOGICAL DRUG LIST

DRUG NAME	FORM	STRENGTH
SECTION 1 ANAESTHETICS		
1.1 General Anaesthetics		
Halothane	Soln	
Isoflurane	Liq	
Ketamine	Inj	100mg/1mL
Thiopentone Sodium	Inj	2.5g
1.2 Local Anaesthetics		
Bupivacaine Plain	Inj	0.50%
Bupivacaine Heavy	Inj	0.50%
Bupivacaine with Adrenaline	Inj	0.5%/1:200,000
Ethyl Chloride	Spray	
Lignocaine Heavy	Inj	1%(10mL)
Lignocaine Plain	Inj	2%(20mL)
Lignocaine with Adrenaline	Inj	2%1:200000
Lignocaine with Adrenaline	Inj	2%1:80000
Lignocaine Topical	Spray	10%
Lignocaine	Jelly	2%
Lignocaine/Prilocaine	Cream	2.5%/2.5%
Prilocaine	Inj	4%(2.2mL)
1.3 Pre-Operative Medicine		
Atropine Sulphate	Inj	600mcg/1mL
Diazepam	Tab	5mg
Diazepam	Inj	10mg/2mL
Droperidol	Inj	10mg/2.5mL
Midazolam	Inj	10mg/2mL
Morphine Sulphate	Inj	10mg/1mL
Pethidine	Inj	50mg/2mL
Pethidine	Inj	100mg/2mL
Promethazine	Inj	50mg/2mL
SECTION 2 ANALGESICS, ANTIPYRETICS AND RELATED AGENTS		
2.1 Non-Opioids		
Allopurinol	Tab	100mg
Aspirin	Tab	300mg
Colchicine	Tab	500mcg
Hydrocortisone Acetate	Inj	25mg/1mL
Ibuprofen	Tab	400mg
Indomethacin	Cap	25mg
Paracetamol	Tab	500mg
Paracetamol	Elixir	120mg/5mL
Paracetamol	Supp	125mg
Paracetamol	Supp	500mg
Probenecid	Tab	500mg

DRUG NAME	FORM	STRENGTH
2.2 Opioids		
Codeine Phosphate	Tab	30mg
Fentanyl	Inj	100mcg/2mL
Methadone	Tab	5mg
Morphine Sulphate	Tab	10mg
Morphine Sulphate SR	Tab	30mg
Morphine Sulphate	Inj	10mg/1mL
Morphine Sulphate	Mixture	10mg/mL
Pethidine	Inj	50mg/1mL
Pethidine	Inj	100mg/2mL
SECTION 3 ANTIALLERGICS AND DRUGS USED IN ANAPHYLAXIS		
Adrenaline	Inj	1mg/1mL
Noradrenaline	Inj	2mg/2ml
Dexamethasone	Tab	500mcg
Dexamethasone	Tab	4mg
Dexamethasone	Inj	4mg/1mL
Hydrocortisone Sod. Succinate	Inj	100mg
Prednisolone	Tab	
Prednisolone	Tab	5mg
Prednisolone	Tab	20mg
Promethazine	Tab	10mg
Promethazine	Elixir	1mg/mL
Promethazine	Inj	50mg/2mL
SECTION 4 ANTIDOTES AND OTHER SUBSTANCES USED IN POISONING		
Acetylcysteine	Inj	2g/10mL
Atropine Sulphate	Inj	600mcg/1mL
Benztropine	Inj	2mg/2mL
Charcoal Activated	Soln	
Desferrioxamine	Inj	500mg
Folinic Acid	Inj	3mg/1mL
Folinic Acid	Inj	100mg/10mL
Fullers Earth	Kit	
Methylene Blue	Inj	1%
Nalaxone	Inj	400mcg/1mL
Pralidoxime	Inj	500mg/10mL
Protamine Sulphate	Inj	1%
SECTION 5 ANTIEPILEPTICS		
Carbamazepine	Tab	200mg
Diazepam	Inj	10mg/2mL
Ethosuximide	Cap	250mg
Phenobarbitone	Tab	15mg
Phenobarbitone	Tab	30mg
Phenobarbitone (HM)	Elixir	100mg/5mL
Phenytoin	Susp	30mg/5mL

DRUG NAME	FORM	STRENGTH
SECTION 5 ANTIEPILEPTICS Cont'		
Phenytoin	Cap	100mg
Phenytoin Sodium	Inj	250mg/5mL
Primidone	Tab	250mg
Sodium Valproate	Elixir	200mg/5mL
Sodium Valproate	Tab	300mg
SECTION 6 ANTI-INFECTIVE DRUGS		
6.1 Anthelmintics		
6.1.1 Intestinal Anthelmintics		
Mebendazole	Tab	100mg/500mg
6.1.2 Antifilarials		
Diethylcarbamazine	Tab	50mg
6.2 Antibacterials		
6.2.1 Penicillins		
Amoxycillin	Cap	250mg
Amoxycillin	Cap	500mg
Amoxycillin	Susp	125mg/5mL
Amoxycillin/Clavulanic Acid	Tab	500mg/125mg
Ampicillin	Inj	500mg
Cloxacillin	Inj	500mg
Flucloxacillin	Inj	500mg
Flucloxacillin	Susp	125mg/5mL
Flucloxacillin	Cap	250mg
Flucloxacillin	Cap	500mg
Penicillin G	Inj	1mega unit
Penicillin Benzathine	Inj	2.4 mega unit
Penicillin Procaine	Inj	4mega unit
Penicillin V	Tab	250mg
Penicillin V	Syrup	125mg/5mL
Piperacillin	Inj	1g
6.2.2 Other Antibacterial Drugs		
Azithromycin	Tab	500mg
Cefaclor SR	Tab	375mg
Ceftriaxone	Inj	250mg
Ceftriaxone	Inj	1g
Cefotaxime	Inj	500mg
Cephalothin Sodium	Inj	1g
Chloramphenicol	Cap	250mg
Chloramphenicol	Inj	1g
Chloramphenicol	Susp	125mg/5mL

DRUG NAME	FORM	STRENGTH
6.2.2 Other Antibacterial Drugs Cont'		
Ciprofloxacin	Tab	500mg
Ciprofloxacin	Inj	100mg/50mL
Co-trimoxazole	Tab	480mg
Co-trimoxazole	Susp	240mg/5mL
Doxycycline	Cap	100mg
Erthromycin	Tab	250mg/5mL
Erthromycin	Susp	125mg/5mL
Erthromycin	Inj	1g
Fusidic Acid	Tab	250mg
Gentamicin	Inj	80mg/2mL
Metronidazole	Tab	200mg/400mg
Metronidazole	Supp	500mg
Metronidazole	Inj	500mg/100mL
Nitrofurantoin	Tab	100mg/50mg
Tetracycline	Cap	250mg
Trimethoprim	Tab	280mg
Vancomycin	Inj	500mg
6.2.3 Antileprosy Drugs		
Clofazimine	Tab	50mg
Dapsone	Tab	50mg
Dapsone	Tab	100mg
Rifampicin	Cap	150mg
Rifampicin	Cap	300mg
6.2.4 Anti-tuberculosis Drugs		
Ethambutol	Tab	400mg
Ethambutol/Isoniazid	Tab	100mg/100mg
Isoniazid	Tab	100mg
Pyrazinamide	Tab	500mg
Rifampicin	Cap	150mg
Rifampicin	Cap	300mg
Rifampicin/Isoniazid	Cap	150mg/100mg
Rifampicin/Isoniazid	Cap	300mg/150mg
Streptomycin	Inj	1g
Stop TB Kit Category I & III	Tab	
Stop TB Kit Category II	Tab	
6.2.5 Antiviral Drugs		
Aciclovir	Inj	250mg
Aciclovir	Tab	400mg
Lamivudine	Tab	150mg
Zidovudine	Cap	100mg

DRUG NAME	FORM	STRENGTH
6.3 Antifungal Drugs		
Amphotericin B	Inj	50mg
Fluconazole	Inj	500mcg/mL
Fluconazole	Cap	150mg
Griseofulvin	Tab	125mg
Ketoconazole	Tab	200mg
Nystatin	Susp	100,000u/mL
Terbinafine	Tab	250mg
6.4 Antiprotozal Drugs		
6.4.1 Antiamoebic Drugs		
Choroquine Sulphate	Tab	200mg
Metronidazole	Tab	400mg
6.4.2 Antimalarial Drugs		
a) Curative		
Chloroquine Sulphate	Tab	200mg
Doxycycline	Cap	100mg
Quinine Dihydrochloride	Inj	600mg/10mL
b) Prophylaxis		
SECTION 7 ANTIMIGRAINE DRUGS		
Aspirin	Tab	300mg
Metoclopramide	Inj	10mg/2mL
Paracetamol	Tab	500mg
Paracetamol	Supp	125mg
Paracetamol	Supp	500mg
Paracetamol	Mixt	125mg/5mL
SECTION 8 ANTINEOPLASTIC & IMMUNOSUPPRESSIVE DRUGS		
8.1 Immunosuppressive drugs		
Azathioprine	Tab	50mg
Cyclophosphamide	Tab	50mg
Dexamethasone	Tab	500mcg
Hydroxychloroquine	Tab	200mg
Methylprednisolone	Inj	200mg
Prednisolone	Tab	1mg
Prednisolone	Tab	5mg
Prednisolone	Tab	20mg

DRUG NAME	FORM	STRENGTH
8.2 Antineoplastic drugs		
Actinomycin D	Inj	500mcg
Adriamycin	Inj	50mg
Arabinocide - C	Inj	100mg
Bleomycin	Inj	15,000IU
Chlorambucil	Tab	5mg
Cisplatin	Inj	10mg
Cisplatin	Inj	50mg
Cyclophosphamide	Inj	200mg
Cyclophosphamide	Inj	500mg
Cyclophosphamide	Inj	1g
Cyclophosphamide	Tab	50mg
Dacarbazine	Inj	200mg
Daunorubicin	Inj	20mg
5-Fluorouracil	Inj	500mg
Hydroxyurea	Cap	500mg
L-asparaginase	Inj	10,000iu
Melphalan	Tab	5mg
Mercaptopurine	Tab	50mg
Methotrexate	Inj	50mg/2mL
Methotrexate	Tab	2.5mg
Paclitaxal	Inj	
Procarbazine	Cap	50mg
Vinblastine	Inj	10mg
Vincristine Sulphate	Inj	1mg
8.3 Hormones & Anti-hormones		
Dexamethasone	Tab	500mcg
Dexamethasone	Tab	4mg
Dexamethasone	Inj	5mg/1mL
Ethinylloestradiol	Tab	50mcg
Prednisolone	Tab	1mg
Prednisolone	Tab	5mg
Prednisolone	Tab	20mg
Tamoxifen	Tab	20mg
SECTION 9 ANTIPARKINSONISM DRUGS		
Benzhexol	Tab	2mg
Benztropine	Inj	2mg/2mL
Benztropine	Tab	2mg
Bromocriptine	Tab	2.5mg
Levodopa/Benserazide	Cap	200mg/50mg
Levodopa/Benserazide	Cap	100mg/25mg

DRUG NAME	FORM	STRENGTH
SECTION 10 BLOOD, DRUGS AFFECTING		
10.1 Anti-anaemia Drugs		
Ferrous Sulphate	Tab	200mg
Ferrous Gluconate	Elixir	200mg/5mL
Folic Acid	Tab	5mg
Hydroxycobalamin	Inj	1mg/2mL
Iron Dextran - IM/IV	Inj	100mg/2mL
10.2 Anticoagulants and Antagonists		
Heparin sodium	Inj	25000u/5mL
Protamine Sulphate	Inj	1%
Vitamin K1	Inj	1mg/0.5mL
Vitamin K1	Inj	10mg/1mL
Warfarin Sodium	Tab	5mg
Warfarin Sodium	Tab	2mg
Warfarin Sodium	Tab	1mg
SECTION 11 BLOOD PRODUCTS AND BLOOD SUBSTITUTES		
Plasma volume expander		500mL
SECTION 12 CARDIVASCULAR DRUGS		
12.1 Antianginal Drugs		
Atenolol	Tab	50mg
Glyceryl Trinitrate S/L	Tab	600mcg
Isosorbide Dinitrate	Tab	10mg (60mg)
Isosorbide Dinitrate	Inj	50mg
Propranolol	Inj	1mg/1mL
Propranolol	Tab	40mg
Propranolol	Tab	10mg
Verapamil	Tab	40mg
12.2 Antiarrhythmic Drugs		
Adenosine	Inj	6mg/2mL
Amiodarone	Tab	100mg / 200mg
Amiodarone	Inj	150mg/3mL
Atenolol	Tab	50mg
Lignocaine Plain	Inj	1% (10mL)
Propranolol	Inj	1mg/1mL
Propranolol	Tab	40mg
Propranolol	Tab	10mg
Quinidine Durules S.R.	Tab	250mg
Verapamil	Inj	2.5mg/1mL
Verapamil	Tab	40mg

DRUG NAME	FORM	STRENGTH
12.3 Antihypertensive Drugs		
Atenolol	Tab	50mg
Hydrochlorothiazide	Tab	25mg
Hydrallazine	Inj	20mg/1mL
Hydrallazine	Tab	25mg
Lebetalol	Inj	100mg/20mL
Methyl Dopa	Tab	250mg
Nifedipine	Cap	10mg
Nifedipine SR	Tab	20mg
Propranolol	Inj	1mg/1mL
Propranolol	Tab	40mg
Propranolol	Tab	10mg
12.4 Drugs used in heart Failure		
Digoxin	Elixir	50mcg/mL
Digoxin	Tab	62.5mcg
Digoxin	Tab	250mcg
Digoxin	Inj	500mcg/2mL
Enalapril	Tab	5mg
Enalapril	Tab	10mg
Isosorbide Dinitrate	Inj	50mg
12.5 Drugs Used in Vascular Shock		
Adrenaline	Inj	1mg/1mL
Dobutamine	Inj	250mg/20mL
Dopamine	Inj	200mg/5mL
Ephedrine	Inj	30mg/1mL
Isoprenaline	Inj	2mg/2mL
12.6 Antithrombotic Drugs		
Aspirin	Tab	300mg
Streptokinase	Inj	1.5mU
12.7 Drugs used for Patent Ductus Arteriosus		
Indomethacin (as Sodium Trihydrate)	Inj	1mg
Prostaglandin E ₁ (Alprostadil)	Inj	500mcg/mL
12.8 Local sclerosants		
Ethanolamine Oleate	Inj	5%
12.9 Lipid Lowering Agent		
Simvastatin	Tab	10mg
Simvastatin	Tab	20mg

DRUG NAME	FORM	STRENGTH
SECTION 13 DERMATOLOGICAL PREPARATIONS		
13.1 Antifungal Agents		
Miconazole	Cream	1%
13.2 Anti-infective Agents		
Neomycin	Oint	1%
Silver Sulphadiazine	Cream	1%
13.3 Anti-inflammatory and Anti-puritic Drugs		
Betamethasone	Cream	0.10%
Betamethasone	Lotion	0.10%
Calamine	Lotion	
Hydrocortisone	Cream	1%
Zinc Oxide	Oint	
13.4 Keratoplastic and Keratolytic Agents		
Coal Tar	Oint	
Psoriasis	Oint	
13.5 Scabicides and Pediculocides		
Permethrin	Cream	5%
13.6 Other Dermatological Preparations		
Jelly Lubricant		
Magnesium Sulphate	Paste	
Podophyllotoxin	Tincture	0.50%
Silver nitrate	Sticks	
SECTION 14 DIAGNOSTIC AGENTS		
14.1 Ophthalmic Drugs		
Fluorescein	Eye drops	2%
Tropicamide	Eye drops	1%
14.2 Immunological Agents		
PPD Human tuberculin (Mantoux)		100units/mL
14.3 Other Agents		
Blood Glucose Monitoring	Strips	
ECG Electrode Gel	Gel	
Glucostix	Strips	
Keto-Diastrix	Strips	
Tetracosactrin	Inj	250mcg/1mL
Uristix	Strips	

DRUG NAME	FORM	STRENGTH
SECTION 15 DISINFECTION AND ANTISEPTICS		
Ethyl Alcohol (SVR)	Soln	96%
Chlorhexidine Gluconate	Soln	20%
Chlorhexidine Gluconate	Cream	1%
Chlorhexidine (HM)	Soln	1%
Chlorhexidine in SVM (HM)	Soln	0.50%
Chlorhexidine - Centrimide	Soln	1.5%/15%
Chlorhexidine - Centrimide	Sachets	1.5%/15%
Glutaraldehyde (Stabilized)	Soln	2%
Hydrogen peroxide	Soln	6%
Iodine Weak	Soln	3%
Methylated Spirit	Soln	70%
Povidone Iodine alcoholic	Soln	10%
Povidone Iodine aqueous	Soln	1%
Povidone Iodine scrub	Soln	7.5%
SECTION 16 DIURETICS		
Acetazolamide	Tab	250mg
Furosemide	Inj	20mg/2mL
Furosemide	Tab	40mg
Furosemide	Tab	500mg
Hydrochlorothiazide	Tab	25mg
Mannitol	Soln	20%
Spironolactone	Tab	25mg
SECTION 17 GASTROINTESTINAL DRUGS		
17.1 Antacids and Other Related Drugs		
Bismuth Subcitrate	Tab	120mg
Omeprazole	Tab	20mg
Ranitidine (as Hydrochloride)	Tab	300mg
Ranitidine (as Hydrochloride)	Inj	50mg/2mL
17.2 Antiemetic Drugs		
Metoclopramide	Inj	10mg/2mL
Ondansetron	Inj	2mg/mL (4mL)
Ondansetron	Tab	4mg
Prochlorerazine	Tab	5mg
Prochlorerazine	Inj	12.5mg/mL
Promethazine	Tab	10mg/2mL
Promethazine	Inj	50mg/2mL
17.3 Anti-Haemorrhoidal Drugs		
Hammamelis	Oint	
17.4 Anti-Inflammatory Drugs		
Sulphasalazine (EN)	Tab	500mg

DRUG NAME	FORM	STRENGTH
17.5 Cathartic Drugs		
Bisacodyl	Supp	10mg
Bisacodyl	Tab	5mg
Paraffin	Liq	
17.6 Anti-diarrhoeal Drugs		
Diphenoxylate/Atropine	Tab	2.5mg/25mcg
Oral Rehydration Salt	Sachets	
Zinc Sulphate (Dispersible Tab)	Tab	20mg
17.7 Drugs Used in Hepatic Encophalopathy		
Lactulose	Syrup	3.35/5mL
SECTION 18 HORMONES, OTHER ENDOCRINE DRUGS AND CONTRACEPTIVES		
18.1 Adrenal Hormones and Synthetic Substitutes		
Bromocriptine	Tab	2.5mg
Dexamethasone	Tab	500mcg
Dexamethasone	Tab	4mg
Dexamethasone	Inj	4mg/1mL
Fludrocortisone	Tab	100mcg
Hydrocortisone Sod. Succinate	Inj	100mg
Prednisolone	Tab	1mg
Prednisolone	Tab	5mg
Prednisolone	Tab	20mg
18.2 Contraceptives		
Condom - Male	52mm	
IUCD Copper T 380	IUCD	
Depo-medroxyprogesterone Acetate 150mg Depo-Provera	Inj	150mg/mL
Microgynon 30 ED- Ethinylloestradiol/ Levonogestrel	Tab	30mcg/150mcg
Microlut – Levonogestrel	Tab	0.03mg
Levonogestrel (POSTINOR) Box of 2 tablets	Tab	0.75mg
Noristerat	Inj	200mg/mL
18.3 Oestrogens		
Ethinylloestradiol	Tab	50mcg
18.4 Insulin and Other Antidiabetic Agents		
Desmopressin	Inj	4mcg/mL
Glibenclamide	Tab	5mg
Glipizide	Tab	5mg
Insulin Neutral	Inj	1000u/10mL
Insulin Isophane	Inj	1000u/10mL
Insulin Isophane/ Neutral mixed (BIPHASIC) 70/30	Inj	1000u/10mL
Metformin	Tab	500mg

DRUG NAME	FORM	STRENGTH
18.6 Progestogens		
Medroxyprogesterone Acetate	Tab	10mg
Norethisterone	Tab	5mg
18.7 Thyroid and Anti-Thyroid Drugs		
Carbimazole	Tab	5mg
Thyroxine	Tab	50 microgram
Thyroxine	Tab	100 microgram
SECTION 19 IMMUNOLOGICALS		
19.1 Sera and Immunoglobulins		
Anti-D RHD Immunoglobulin	Inj	250mcg/mL
HBV Immunoglobulin	Inj	400units/mL
Normal Human Immunoglobulin	Inj	16%/2mL
Varicella Zoster Immunoglobulin	Inj	
19.2 Vaccines		
19.2.1 For Universal Immunisation		
BCG (20 doses)	Inj	
DPT-Hib-HBV (2 doses)	Inj	
Hepatitis B Vaccine (Infant) 10 mcg	Inj	
Hepatitis B Vaccine (Adult) 20mcg/mL	Inj	
Human Papilloma Virus	Inj	
Measles-Rubella (10 doses)	Inj	
Pneumococcal Vaccine	Inj	
Poliomyelitis (Sabin) - 10 doses	Oral drop	
Rotavirus Vaccine -Rotarix	Inj	
Tetanus Toxoid Absorbed - 10 doses	Inj	
19.2.2 For Specific Groups of Individuals		
Cholera - Single Dose	Inj	
Typhoid - Single Dose	Inj	
Yellow Fever - Single dose	Inj	
SECTION 20 MUSCLE RELAXANTS, ANTI-CHOLINESTERASES AND CHOLINEGIC AGENTS		
20.1 Muscle Relaxants - Peripherally Acting		
Alcuronium	Inj	10mg/2mL
Atracurium	Inj	25mg/2.5mL
Pancuronium Bromide	Inj	4mg/2mL
Suxamethonium Chloride	Inj	100mg/2mL
Vecuronium	Inj	10mg/mL
20.2 Muscle Relaxants - Centrally Acting		
Baclofen	Tab	10mg

DRUG NAME	FORM	STRENGTH
20.3 Cholinergic Agents		
Edrophonium chloride	Inj	10mg/1mL
Neostigmine	Inj	2.5mg/1mL
Pyridostigmine	Tab	60mg
20.4 Drugs Used in Urinary Frequency		
Oxybutinin HCl	Tab	5mg
SECTION 21 OPHTHALMOLOGICAL PREPARATIONS		
21.1 Anti-Infectives		
Acyclovir	Eye oint	30mg/g
Chloramphenicol	Eye drop	0.50%
Chloramphenicol	Eye oint	1%
Gentamicin	Eye drop	0.30%
Neomycin/Polymyxin B/Gramicidin	Eye oint	1.75mg/ 10,000IU/ 0.025mg
Tetracycline	Eye oint	1%
21.2 Anti-Inflammatory Agents		
Dexamethasone	Eye drop	0.10%
Dexamethasone/Neomycin/Polymyxin B	Eye drop	1mg / 3500IU / 6000IU
Prednisolone Acetate/	Eye drop	10mg-1.2mg/mL
Phenylephrine HCl	Eye drop	10%
21.3 Local Anaesthetics		
Oxybuprocaine (minims)	Eye drop	0.40%
21.4 Miotics and Anti-glaucoma Drugs		
Acetazolamide	Tab	250mg
Acetazolamide	Inj	500mg
Acetylcholine Chloride	Inj	20mg
Pilocarpine	Eye drop	1%
Pilocarpine	Eye drop	2%
Pilocarpine	Eye drop	4%
Timolol	Eye drop	0.25%
Timolol	Eye drop	0.50%
21.5 Mydriatics		
Atropine Sulphate	Eye drop	1%
Homatropine	Eye drop	2%
Phenylephrine	Eye drop	10%
Tropicamide	Eye drop	1%
21.6 Other Ophthalmological Preparations		
Hyaluronidase	Inj	1500iu
Hydroxypropylmethylcellulose	Inj	25mg/mL
Mydracaine No. 2	Inj	
Naphazoline HCl	Eye drop	1%/15mL

DRUG NAME	FORM	STRENGTH
SECTION 22 GYNAECOLOGICAL AND OBSTETRIC PREPARATIONS		
22.1 Oxytocis		
Ergometrine/Oxytocin	Inj	500mcg/5iu
Oxytocin	Inj	10iu/1mL
Misoprostol	Tab	200mcg
22.2 Anti-oxytocis		
Salbutamol	Inj	1mg/1mL
Salbutamol	Tab	4mg
22.3 Gynaecological		
Clotrimazole Vag Cream	Vag. Cream	2%
Oestrogen Conjugated	Vag. Cream	
SECTION 23 DIALYSIS, PERITONEAL		
Peritoneal Dialysis solution 1.5%		2 Litres
Peritoneal Dialysis solution 4.25%		2 Litres
SECTION 24 PSYCHOTHERAPEUTIC DRUGS		
Amitriptylline	Tab	25mg
Chlorpromazine	Tab	25mg
Chlorpromazine	Tab	100mg
Chlorpromazine	Inj	50mg/2mL
Diazepam	Tab	5mg
Diazepam	Inj	10mg/2mL
Doxepin	Cap	25mg
Droperidol	Inj	10mg/2mL
Fluoxetine	Cap	20mg
Flupenthixol	Inj	25mg/mL
Fluphenazine Decanoate	Inj	25mg/1mL
Haloperidol	Tab	1.5mg
Haloperidol	Tab	5mg
Haloperidol	Inj	5mg/1mL
Imipramine	Tab	25mg
Lithium Carbonate	Tab	250mg
Olanzapine	Tab	10mg
Phenelzine	Tab	15mg
Risperidone	Tab	2mg
Thioridazine	Tab	10mg
Thioridazine	Tab	50mg
Thioridazine	Tab	100mg
Trifluoperazine HCl	Tab	1mg
Trifluoperazine HCl	Tab	5mg

DRUG NAME	FORM	STRENGTH
SECTION 25 RESPIRATORY AGENTS		
25.1 Anti-Asthmatic Drugs		
Aminophylline	Inj	250mg/10mL
Beclomethasone	Inhaler	100mcg
Ipratropium Bromide	Resp. Soln	25%
Salbutamol	Inj	1mg/1mL
Salbutamol	Tab	4mg
Salbutamol	Inhaler	100mcg
Salbutamol	Resp. Soln	0.50%
Salbutamol	Elixir	2mg/5mL
Theophylline	Elixir	80mg/15mL
Theophylline SR	Tab	300mg
25.2 Antihistamines		
Promethazine	Inj	50mg/2mL
Promethazine	Tab	10mg
Promethazine	Elixir	1mg/mL
SECTION 26 PREPARATIONS CORRECTING WATER, ELECTROLYTE AND ACID-BASE		
26.1 Oral Preparations		
Calcium Gluconate	Tab	600mg
Calciferol Strong	Tab	50000unit
Oral Rehydration Salts	Sachets	
Potassium Chloride	Mixt	5mmol/5mL
Sodium Polystyrene Sulphate Resin (Resonium A)	Powder	
26.2 Parenteral Preparations		
Calcium Chloride	Inj	10%
Dextrose 3.3% with Sodium Chloride 0.3%	Inj	1 Litre
Dextrose 5%	Inj	1 Litre
Dextrose 10%	Inj	500mL
Dextrose 50%	Inj	500mL
Hartman's Solution	Fluid bag	1 Litre
Magnesium Sulphate	Inj	50%
Plasma Volume Expander	Inj	500mL
Potassium Chloride	Inj	7.46%
Potassium Di-hydrogen Phosphate	Inj	10%
Sodium Bicarbonate	Inj	8.4%
Sodium Chloride 0.9%	Inj	10mL
Sodium Chloride 20%	Inj	20%
Sodium Chloride 0.9%	Fluid bag	1 Litre
Water for Injection	Inj	5mL
Water for Injection	Inj	100mL
26.3 Others		
Medium Chain Triglyceride		Oil

DRUG NAME	FORM	STRENGTH
SECTION 27 VITAMINS AND MINERALS		
Calcium Carbonate	Tab	500mg
Calcium Gluconate	Tab	600mg
Calciferol Strong	Tab	50000unit
Hydroxycobalamin (Vitamin B ₁₂)	Inj	1mg/2mL
Multivitamin	Tab	
Multivitamin	Syrup	100mL
Pyridoxine	Tab	25mg
Thiamine HCl	Tab	100mg
Thiamine HCl	Inj	100mg/2mL
Vitamin K (1)	Inj	10mg/1mL
Vitamin K (1)	Inj	1mg/0.5mL
SECTION 28 EAR, NOSE AND OROPHARYNGEAL PREPARATIONS		
28.1 Ear Preparations		
Candid ®	Ear drops	
Chloramphenicol	Ear drops	5%
Gentamicin	Ear drops	0.3%
Wax Removal	Ear drops	
28.2 Nasal Preparations		
Beconase	Nasal spray	
Co-Phenyl Forte	Topical spray	
28.3 Throat Preparations		
Co-Phenyl Forte	Topical Spray	
SECTION 29 ANTI-RETROVIRALS (ARVs)		
29.1 Non-nucleoside Reverse Transcriptase Inhibitor (NNRTI's)		
Efavirenz (EFV)	Tab	50mg
Efavirenz (EFV)	Tab	100mg
Efavirenz (EFV)	Tab	200mg
Efavirenz (EFV)	Tab	600mg
Nevirapine (NVP)	Tab	200mg
29.2 Protease Inhibitors (PIs)		
Idinavir (DV) Sulphate	Caps	400mg
Nelfinavir (NFV)	Caps	250mg
Ritonavir - (r)	Caps	100mg
Lopinavir/ritonavir (LPV/r)	Tab	133.3mg/33.3mg
Saquinavir (SQV)	Gel filled caps	200mg

DRUG NAME	FORM	STRENGTH
29.3 Nucleoside Reverse Transcriptase Inhibitors (NRTI's)		
Abacavir (ABC)	Tab	300mg
Didanosine (ddl)	Chewable Tab	25mg
Didanosine (ddl)	Chewable Tab	100mg
Lamivudine (3TC)	Tab	150mg
Stavudine (d4T)	Tab	30mg
Stavudine (d4T)	Tab	40mg
Zidovudine (ZDV)	Caps	300mg

Table F – Vital Medicines List (71)

ITEM CODE	ITEM DESCRIPTION	STRENGTH	FORM	UNIT COST
32627	DPT-Hib-HBV	2 dose	Inj	6.22
00008	Adrenaline	1mg/mL	Inj	0.59
00021	Atenolol	50mg	Tab	0.01
00023	Atropine	500mcg/mL	Inj	2.06
00027	Benzhexol	2mg	Tab	0.01
00030	Benztropine	2mg/mL	Inj	6.17
00047	Enalapril	5mg	Tab	0.02
00048	Carbamazepine	200mg	Tab	0.03
00052	Cephalothin	1g	Inj	0.91
01881	Chloral Hydrate Syrup	100mg/mL	Syrup	31.87
00061	Chloramphenicol Sod. Succinate	1g	Inj	0.78
00073	Cloxacillin*	500mg	Inj	0.76
<i>*NMTC has approved purchase of Flucloxacillin Inj 500mg if Cloxacillin Inj 500mg is hard to source.</i>				
00041	Dextrose	8%	Inj	4.77
00091	Diazepam	5mg/mL	Inj	0.21
00095	Digoxin	250microgram	Tab	0.06
00096	Digoxin	250mcg/mL	Inj	2.40
00099	Dobutamine	250mcg/20mL	Inj	7.47
00101	Dopamine	200mg/5mL	Inj	6.75
00132	Frusemide	20mg/2mL	Inj	0.36
00133	Frusemide	40mg	Tab	0.01
00134	Frusemide	500mg	Tab	0.16
00138	Gentamicin	80mg/2mL	Inj	0.12
00425	Glipizide	5mg	Tab	0.03
00146	Haloperidol	5mg/mL	Inj	0.59
00151	Hydrallazine	20mg/mL	Inj	9.94
00155	Hydrocortisone Sod. Succinate	100mg	Inj	0.64
00373	Hydroxypropyl – methylcellulose (Ocucoat)	20mg/mL	Inj	114
00159	Insulin – Isophane	1000Units/10mL	Inj	17.19
00160	Insulin – Soluble	1000Units/10mL	Inj	17.00
00161	Insulin Mixtard	70/30	Inj	17.24
02550	Isoflurane	100mL	Liq	
00177	Lignocaine Plain	2%	Inj	0.84
00184	Magnesium Sulphate	2.47g/5mL	Inj	1.85
00511	Mannitol	20% (500mL)	IV Fluid	2.81
00191	Metformin	500mg	Tab	0.02
00200	Metronidazole	500mg	Tab	1.80

Table F – Vital Medicines List (71)

ITEM CODE	ITEM DESCRIPTION	STRENGTH	FORM	UNIT COST
00202	Midazolam	5mg/mL	Inj	3.30
00204	Morphine Suphate	10mg/mL	Inj	0.47
00208	Naloxone	400mcg/mL	Inj	1.51
00212	Neostigimine	2.5mg/mL	Inj	0.65
00409	Nifedipine MR	20mg	Tab	0.01
00221	Oxytocin	10 IU/mL	Inj	0.32
00219	Oxybuprocaine	0.40%	Inj	1.55
00222	Pancuronium Bromide	2mg/mL	Inj	1.35
00228	Penicillin G	1 Mega Unit	Inj	0.50
00236	Phenobarbitone	200mg/mL	Inj	1.71
00242	Phenytoin Sodium	100mg	Cap	0.08
00243	Phenytoin Sodium	250mg/5mL	Inj	4.01
00251	Potassium Chloride	7.46% w/v	Inj	0.74
00261	Prednisolone/ Prednisone	5mg	Tab	0.01
00289	Salbutamol	0.50%	Respirator Solution	2.01
01819	Sodium Chloride	0.90%	IV Fluid	1.50
00296	Sodium Valproate	40mg/mL	Elixir	17.89
00297	Sodium Valproate EC	200mg	Tab	0.05
00370	Streptokinase	1.5 mU	Inj	113.57
00303	Suxamethonium Chloride	50mg/mL	Inj	0.77
00308	Thiopentone Sodium	2.5g	Inj	36.17
00325	Verapamil	2.5mg/mL	Inj	3.70
00329	Vitamin K	1mg/mL	Inj	0.42
00330	Warfarin (MAREVAN BRAND)	5mg	Tab	0.08
32645	Warfarin (MAREVAN BRAND)	3 mg	Tab	
00331	Warfarin (MAREVAN BRAND)	1 mg	Tab	0.06
01286	BCG	20 dose	Inj	2.37
01289	HBV Infant	10mcg (1 dose)	Inj	0.72
01290	HBV Adult	20mcg/dose (10 dose)	Inj	4.56
01291	PPD Human Tuberculin (MANTOUX)	100,000 Units/mL	Inj	36.78
01292	HBV Immunoglobulin	300 Units/mL	Inj	82.96
01293	Measles/ Rubella	10 dose	Inj	8.44
01294	Polio Vaccine	10 dose	PO	1.31
01298	Tetanus Toxoid	10 dose	Inj	1.43
00321	Tropicamide	1%	Eye drops	2.92

Table G – Nursing Station Emergency Kit

	ITEM	STRENGTH	AMOUNT
1	Morphine Injection	10mg/mL	2 Ampoules
2	Pethidine Injection	50mg/mL	2 Ampoules
3	Promethazine Injection	50mg/2mL	2 Ampoules
4	Diazepam Injection	10mg/2mL	2 Ampoules
5	Prochlorperazine Injection	12.5mg/mL	2 Ampoules
6	Chlorpromazine Injection	50mg/2mL	2 Ampoules
7	Digoxin Injection	500 microgram	3 Ampoules
8	Frusemide Injection	20mg/2ml	10 Ampoules
9	Atropine Injection	600 microgram/mL	2 Ampoules
10	Hydrocortisone Sodium Succinate Injection	100mg	10 Vials
11	Glyceryl Trinitrate S/L	600 microgram/mL	100 Tablets
12	Salbutamol Respirator Soln	1mg/mL	5 bottles
13	Phenytoin Injection	250mg/5mL	2 Ampoules
14	Hydrallazine Injection	20mg/mL	2 Ampoules
15	Ampicillin Injection	500 mg	10 Vials
16	Cloxacillin Injection	500mg	10 Vials
17	Gentamicin Injection	80mg/2mL	4 Ampoules
18	Chloramphenicol Injection	500mg	10 Vials
19	Adrenaline Injection	1mg/mL	10 Vials
20	Oxytocin Injection	10 IU/mL	10 Vials

B. REFERENCE FOR DETAILED MEDICINE INFORMATION

The following medicine reference works are compulsory for Pharmacy Departments:

- National Drug Policy 1994
- Essential Medicines List – current edition
- Fiji Standard Treatment Guidelines – All updated and current editions – NMTC
- Medical Supplies Management Manual – Ministry of Health, FIJI, 1998.
- Australian Medicines Handbook – current edition.
- Australian Pharmaceutical Formulary – current edition
- Martindale – current edition
- British Pharmacopoeia – current edition
- SHPA - Book of Injectables – current edition

ADVERSE DRUG REACTION REPORT

(Note: Identities of Reporter, Patient and Institution will remain confidential)

Demographic Details

Patient (Initials or National Health Number):

Age: _____ Sex: F M (Please circle)

Weight: _____ kg Height: _____ Race: _____

All Medicines in Use **Asterisk suspect medicine(s) include traditional medicines/ supplements/OTCs.

Medicine(s), Vaccine(s), Traditional medicine(s), OTC.	Daily Dosage And Route	Date Begun	Date Stopped	Reason for Use

DESCRIPTION OF ADVERSE DRUG REACTION

Date of Onset: _____

Treatment of Reactions:

Outcome: PLEASE TICK

Recovered () Not recovered () Unknown () Fatal ()

Date of Death: ____ / ____ / ____

Comments (e.g. relevant H2 allergies, previous exposure to this drug):

Reporting Person Name/Designation: _____

Institution: _____

Signature: _____ Date: ____ / ____ / ____

CAUSALITY ASSESSMENT: PLEASE CIRCLE (MTC USE ONLY)

CERTAIN POSSIBLE PROBABLE UNLIKELY

*Please forward form as soon as Possible to: Secretary, National Medicines & Therapeutics Committee, Fiji
Pharmaceutical Service, P.O. Box 106, Suva or Facsimile: 338 8003*

**APPLICATION FOR A NEW DRUG TO BE INCLUDED IN
THE FIJI ESSENTIAL MEDICINES LIST (FORM 2)**

Name of DRUG: _____

Strength & Formulation of DRUG: _____

Indication of Use: _____

Other drugs on the EML with similar indications and why this drug is preferred (Please attach Literature review to support your claim)

Cost (per dose and per daily dosage regimen at recommended doses)

Estimated number of cases to be seen annually: _____

Drug(s) to be deleted from the EML if the new drug is accepted: _____

Other perceived non-medical benefits of introducing this drug: _____

Name & Position of Requesting Officer: _____

Department: _____ **Health Facility:** _____

Date: _____ **Signature:** _____

(Send completed form to Inpatients Pharmacist for notification to NMTC Secretary – Fiji Pharmaceutical Services, fax No: 3388003)

NMTC Response: Approved/Not Approved

If Approved, State: Quantity Purchased: _____ **Cost/unit:** _____

Total Cost: _____ **Item Code:** _____

REQUEST NON EML DRUG FORM (FORM 3)
(To be filled in by REQUESTING officer)

Name of DRUG: _____

Strength & Formulation of DRUG: _____

Indication of Use: _____

Duration of Therapy: _____

Provide Justification for purchase of this DRUG: (Please attach Literature review, diagnostic results including microbiology report, second opinion from the microbiologist, pathologist, infection control specialist etc)

Name & Position of Requesting Officer: _____

Department: _____ **Health Facility:** _____

Date: _____ **Signature:** _____

(Send completed form to Inpatients Pharmacist for notification to NMTC Secretary - Fiji Pharmaceutical Services, fax No: 3388003)

NMTC Non-EML Response or FPS response (Essential Medicines)

Request No: _____

Approved/ Not-Approved

If Approved, State:

Quantity Purchased: _____ **Cost/unit:** _____

Total Cost: _____ **Item Code:** _____

MEDICATION INCIDENT REPORT FORM (FORM 5)

INSTITUTION: _____

UNIT: _____

NATURE OF REPORT (Please tick and Provide Details)	1.	<input type="checkbox"/>	DRUG QUALITY
	2.	<input type="checkbox"/>	DRUG PRESCRIBED INCORRECTLY
	3.	<input type="checkbox"/>	DRUG ADMINISTERED INCORRECTLY
	4.	<input type="checkbox"/>	DRUG DISPENSED INCORRECTLY
	5.	<input type="checkbox"/>	DRUG NOT GIVEN
	6.	<input type="checkbox"/>	UNABLE TO SUPPLY
	7.	<input type="checkbox"/>	COMPLAINT for PATIENT-STAFF
	8.	<input type="checkbox"/>	OTHER

INCIDENT DETAILS: _____

DRUG:

Please state Strength & Formulation	Dose: _____
	Regimen: _____
	Duration: _____

Patient Category: Inpatients () Outpatients () Discharge ()
 (Please tick)

State the problem: _____

Action Taken: _____

Please submit the completed form to the Principal Pharmacist of your nearest Divisional Hospital as soon as possible. Principal Pharmacist to forward report to Secretary, NMTC, Fiji Pharmaceutical Services, P.O. Box 106, Suva or by facsimile 3388 003, one week before the next scheduled NMTC meeting.

DRUG QUALITY COMPLAINT FORM (FORM 6)

(To be filled in by reporting officer)

Name of drug: _____ Item No: _____
Batch/Lot No: _____ Expiry date: _____
Brand: _____ Country manufactured: _____
Registration No (if applicable): _____

Please state problem(s) encountered with product:

1. _____

2. _____

Name of reporting officer: _____ Signature: _____
Unit: _____ Health Facility: _____
Date: _____

(Please note: Return drug and completed form to Pharmacist/Pharmacy technician in Charge to be forwarded to FPS)

.....
To be filled in by local Pharmacist/Pharmacy Technician In Charge:

Product re-examined and tested if possible: YES NO

Comments on product quality:

Name: _____ Position: _____ Date: _____
Signature: _____

DRUG REPORTING/PRODUCT COMPLAINT GUIDELINES (FORM 7)

All product complaints/problems should be reported in all instances where there is concern relating to the safety of a drug or it fails to meet expectations.

What is a drug quality complaint?

Complaint can be anything which creates a hazard or places you or your patient at risk, eg:

- Compromised sterility
- Physical Structure Defects e.g. mouldy tablet; poor dissolution
- Incomplete instructions
- Poor design
- Packaging or labeling defects
- Sub-therapeutic Effects in comparison to time of onset of action and desired therapeutic effects

- I. DO NOT THROW THE FAULTY DRUG OUT, unless it is contaminated or personnel are put at risk. Place item in a specimen bag, if applicable, including packaging and batch number if available.
- II. Contact the Chief Pharmacist or nominated person for your health facility.
- III. Complete the Drug/Medicines Complaint Report form and forward to the Chief Pharmacist.

What happens to your Report?

Forward the completed form and product to the nominated person in your Facility.

The report is placed on a Register with National Medicines & Therapeutics Committee and a copy forwarded to the Supplier.

Depending on the nature of the fault a recall of that drug may occur.

A replenishment stock will be distributed until replacements stocks are received. The Supplier will be contacted regarding the problem.

A report will be sent back to the unit as soon as possible and widely circulated.

Drug Quality Complaints

It is the responsibility of the person initiating the complaint to categorize the complaint and instigate the appropriate procedure as laid out below.

In all instances the Chief Pharmacist is to be advised as soon as practicable, in order to ensure the appropriate response is taken, actioned and Pharmacist/Pharmacy Technician in Charge notified. Wherever possible the product and packaging should be retained (except in instances of contamination or personal risk).

A Drug Quality Complaint Report is to be completed and the FPS Chief Pharmacist advised.

DRUG RECALL PROCEDURE (FORM 8)
(Initiated by Chief Pharmacist)

1. Chief Pharmacist issues Product Recall notice.
 2. Notice forwarded to Clinical Managers and the Risk Manager.
 3. FPS Warehouse Manager identifies and facilitates area/s of product use and isolates any affected stock.
 4. Risk Manager notifies Warehouse Manager who notifies Chief Pharmacist regarding findings. If appropriate, a memorandum may be issued, or copies of the recall notice placed on maxibins where stock is held.
 5. Any affected stock is quarantined by Infection Control Officer/Stores Officer for forwarding to FPS and documentation completed.
 6. Replacement stock must be supplied by the supplier before any stock is removed from sites. Replacement stock is arranged for distribution by Warehouse Manager to appropriate health facilities, in cooperation with the Stores Officer.
- ** In the event of recall the supplier must supply an alternative equivalent for a minimum period of four to six (4 to 6) months' normal usage (FPS minimum stock level)**
- ** If all stock held within the health service division is subject to the recall, the Chief Pharmacist is to liaise with the company for immediate stock replacement. If this is not possible, an alternative supplier is sought.**



DRUG RECALL PRO FORMA (FORM 9)

(Filled by FPS)

A recall has been initiated on the following:-

PRODUCT: _____

ITEM NUMBER: _____

BATCH/LOT: _____

SUPPLIER: _____

PHONE: _____

FAX: _____

REASON FOR RECALL: _____

METHOD RETURN: _____

REPLACEMENT STOCK RECEIVED: _____

COMMENTS:

QUALITY ASSURANCE ACTION:

RESULTS OF QUALITY ASSURANCE TEST:

(RETURN REPORT TO Chief Pharmacist – for forwarding to Secretary NMTC)

Tabled at the next National Medicines & Therapeutics Committee

Date : ____/____/____

Meeting No: _____