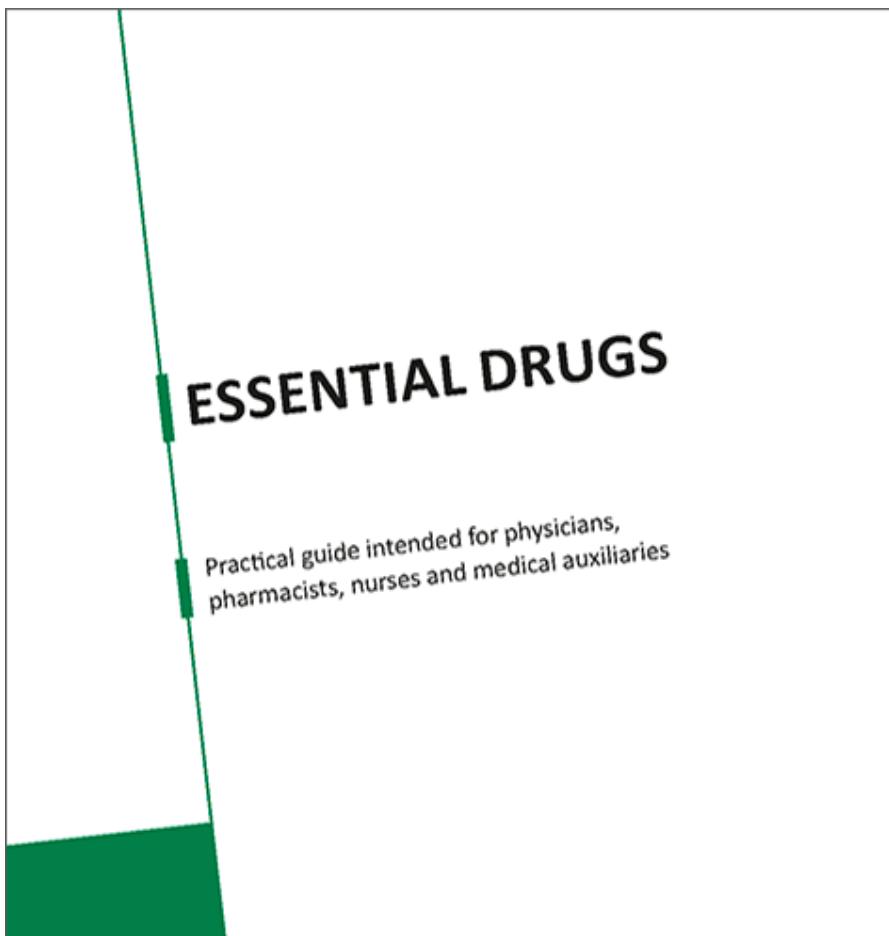




Exported on: 18/06/2025

# Essential drugs

**Practical guide intended for physicians, pharmacists, nurses and medical auxiliaries**



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# Authors/Contributors

*Essential drugs* has been developed by Médecins Sans Frontières.

MSF would like to express its sincere gratitude to everyone who has contributed to developing these guidelines.

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# Preface

*The 1978 Alma Ata Conference on primary health care recognized that essential drugs are vital for preventing and treating illnesses which affect millions of people throughout the world. Essential drugs save lives and improve health.*

*In 1981, the World Health Organization established the Action Programme on Essential Drugs to support countries to implementing national drug policies and to work towards rational use of drugs. This work was broadened in 1998 when WHO created the department of Essential Drugs and Other Medicines (EDM), combining the responsibilities of the former DAP with WHO's global efforts to promote quality, safety, efficacy, and accurate information for all medicines.*

*EDM works with countries, international agencies, NGOs like Médecins Sans Frontières, and other organizations to ensure that people everywhere have access to the essential drugs they need at a price which is affordable; that the drugs are safe, effective, and of good quality; and that they are prescribed and used rationally.*

*Appropriate tools are critical to the effective implementation of essential drugs policies. This practical handbook, based on Médecins Sans Frontières' field experience, is one of the tools which we strongly recommend.*

*Designed to give practical, concise information to physicians, pharmacists and nurses, this "Essential drugs - practical guidelines" is an important contribution from Médecins Sans Frontières to improve the rational use of drugs, which will be a continuing challenge in the coming years.*

*Dr Jonathan D. Quick  
Director,  
Essential Drugs and Other medicines  
World Health Organization*

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# Foreword

This guide is not a dictionary of pharmacological agents. It is a practical manual intended for health professionals, physicians, pharmacists, nurses and health auxiliaries involved in curative care and drug management.

We have tried to provide simple, practical solutions to the questions and problems faced by medical staff, using the accumulated field experience of Médecins Sans Frontières, the recommendations of reference organizations such as the World Health Organization (WHO) and specialized documentation in each field.

This manual is not only used by Médecins Sans Frontières, but also in a wide range of other programmes and contexts.

The list of drugs in this edition has been revised: in accordance to the most recent WHO list of essential medicines (<https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02>), certain drugs have been added, others have been removed.

Among the entries in this guide, some are not listed in the WHO list of essential medicines. However these drugs are in the same pharmaceutical class for which the WHO has named only one "*example of a therapeutic group*" preceded by a square symbol to indicate that various drugs can be used as alternatives.

Certain medicines, which are not on the WHO list, are still frequently administered although their use is not recommended. These medicines have been included in this guide by entries marked by a grey diagonal line.

The entries are classified according to the route of administration and in alphabetical order. This classification reflects the drug management system proposed in this manual (see [Organization and management of a pharmacy](#)).

Only the main contra-indications, adverse effects, precautions and drug interactions of each drug have

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To ensure that this guide continues to evolve while remaining adapted to field realities, please send any comments or suggestions.

As treatment protocols are regularly revised, please check the monthly [updates](#).

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# Use of the guide

Last updated: April 2024

## Nomenclature of drugs

The International Non-proprietary Names (INN) of drugs is used in this guide.

## Dosage

Prescription tables showing average dosage in drug units (tablets, ampoules etc.) according to weight or age of patients are included for the most commonly used drugs.

## Dilution and administration of injectable drugs

Refer to the manufacturer's instructions as the primary source of information. Manufacturer's instructions are tailored to the specific formulation and concentration of a drug to ensure its effectiveness and safe use.

The dilution and administration instructions in this guide are provided as a guidance, to be used only if the manufacturer's instructions are not available.

## Symbols

Prescription under medical supervision

This box indicates potentially toxic drugs, administered under medical prescription only in many countries.



This symbol is used to draw attention to drugs whose toxicity is significant and whose use requires specific precautions and/or closer patient monitoring.

## Recommendations for drug storage

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# Abbreviations and acronyms

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ACE	angiotensin converting enzyme
ACT	artemisinin-based combination therapy
ALT	alanine aminotransferase
amp.	ampoule
ARV	antiretroviral
AST	aspartate aminotransferase
BCG	bacillus Calmette-Guérin
BP	blood pressure
°C	degree Celsius
cap	capsule
CNS	central nervous system
co-amoxiclav	amoxicillin + clavulanic acid
co-trimoxazole	sulfamethoxazole + trimethoprim
CSF	cerebrospinal fluid
D1 (D2, D3, etc.)	Day 1 or first day (Day 2 or 2 <sup>nd</sup> day, Day 3 or 3 <sup>rd</sup> day, etc.)
e.g.	for example
dl	decilitre

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HIV	human immunodeficiency virus
i.e.	that is
Ig	immunoglobulin
IM	intramuscular
IO	intraosseous
IU	international unit
IV	intravenous
kcal	kilocalorie
KCl	potassium chloride
kg	kilogram
mEq	milliequivalent
mg	milligram
MIU	million international units
ml	millilitre
mmHg	millimetre of mercury
mmol	millimole
MSF	Médecins Sans Frontières

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SC	subcutaneous
SMX	sulfamethoxazole
SMX + TMP	sulfamethoxazole + trimethoprim = co-trimoxazole
sol.	solution
SpO <sub>2</sub>	arterial blood oxygen saturation measured by pulse oximetry
SSRI	selective serotonin reuptake inhibitor
susp.	suspension
tab	tablet
TMP	trimethoprim
v/v	volume in volume
WHO	World Health Organization

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# Oral drugs

[ABACAVIR = ABC oral](#)

[ACETAMINOPHEN oral](#)

[ACETYLSALICYLIC acid = ASPIRIN = ASA oral](#)

[ACICLOVIR oral](#)

[ALBENDAZOLE oral](#)

[ALBUTEROL aerosol](#)

[ALBUTEROL nebuliser solution](#)

[ALUMINIUM HYDROXIDE/MAGNESIUM HYDROXIDE oral](#)

[AMITRIPTYLINE oral](#)

[AMLODIPINE oral](#)

[AMOXICILLIN oral](#)

[AMOXICILLIN/CLAVULANIC acid = CO-AMOXICLAV oral](#)

[ARTEMETHER/LUMEFANTRINE = AL oral](#)

[ARTESUNATE/AMODIAQUINE = AS/AQ oral](#)

[ASCORBIC acid = VITAMIN C oral](#)

[ASPIRIN oral](#)

[ATAZANAVIR = ATV oral](#)

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[BECLOMETASONE metered dose inhaler](#)

[BECLOMETASONE/FORMOTEROL metered dose inhaler](#)

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[CALCIUM FOLINATE = FOLINIC acid oral](#)

[CARBAMAZEPINE = CBZ oral](#)

[CEFALEXIN oral](#)

[CEFIXIME oral](#)

[Activated CHARCOAL oral](#)

[CHLOROQUINE sulfate or phosphate oral](#)

[CHLORPROMAZINE oral](#)

[CIMETIDINE oral](#)

[CIPROFLOXACIN oral](#)

[CLARITHROMYCIN oral](#)

[CLINDAMYCIN oral](#)

[CLOxacillin oral](#)

[CO-AMOXICLAV oral](#)

[CO-ARTEMETHER oral](#)

[CODEINE oral](#)

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[CO-TRIMOXAZOLE = SULFAMETHOXAZOLE \(SMX\)/TRIMETHOPRIM \(TMP\) oral](#)

[DAPSONE oral](#)

[DARUNAVIR = DRV oral](#)

[DESOGESTREL oral](#)

[DEXAMETHASONE oral](#)

[DIAZEPAM oral](#)

[DIFTYI CARRAMA7INF = DFC oral](#)

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[ERGOCALCIFEROL = VITAMIN D2 oral](#)

[ERYTHROMYCIN oral](#)

[ETHAMBUTOL = E oral](#)

[ETHINYLESTRADIOL/LEVONORGESTREL oral](#)

[FERROUS salts oral](#)

[FERROUS salts/FOLIC acid oral](#)

[FLUCONAZOLE oral](#)

[FLUCYTOSINE oral](#)

[FLUOXETINE oral](#)

[FOLIC acid = VITAMIN B9 oral](#)

[FOSFOMYCIN TROMETAMOL oral](#)

[FUROSEMIDE oral](#)

[GLIBENCLAMIDE oral](#)

[GLICLAZIDE oral](#)

[GLYCERYL TRINITRATE = NITROGLYCERIN = TRINITRIN oral](#)

[GRISEOFULVIN oral](#)

[HALOPERIDOL oral](#)

[HYDROCHLOROTHIAZIDE oral](#)

[HYDROXYZINE oral](#)

[HYOSCINE BUTYLBROMIDE = BUTYLCOPOLAMINE oral](#)

[IBUPROFEN oral](#)

[IODIZED OIL oral](#)

[IPRATROPII IM bromide metered dose inhaler](#)

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[LACTULOSE oral](#)

[LAMIVUDINE = 3TC oral](#)

[LEVETIRACETAM = LEV oral](#)

[LEVODOPA/CARBIDOPA oral](#)

[LEVONORGESTREL oral](#)

[LEVONORGESTREL for emergency contraception](#)

[LOPERAMIDE oral](#)

[LOPINAVIR/RITONAVIR = LPV/r oral](#)

[LORATADINE oral](#)

[MEBENDAZOLE oral](#)

[MEDROXYPROGESTERONE acetate oral](#)

[METFORMIN oral](#)

[METHYLDOPA oral](#)

[METOCLOPRAMIDE oral](#)

[METRONIDAZOLE oral](#)

[MICONAZOLE oral gel](#)

[MIFEPRISTONE oral](#)

[MISOPROSTOL oral](#)

[MORPHINE immediate-release \(MIR\) oral](#)

[MORPHINE sustained-release \(MSR\) oral](#)

[MULTIVITAMINS - VITAMIN B COMPLEX oral](#)

[NEVIRAPINE = NVP oral](#)

[NICI OSAMIDE oral](#)

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OMEPRAZOLE oral

ORAL REHYDRATION SALTS = ORS

PARACETAMOL = ACETAMINOPHEN oral

PAROXETINE oral

PHENOBARBITAL = PB oral

PHENOXYMETHYL PENICILLIN = PENICILLIN V oral

PHENYTOIN = PHT oral

POTASSIUM CHLORIDE immediate-release oral

POTASSIUM CHLORIDE sustained-release oral

PRAZIQUANTEL oral

PREDNISOLONE and PREDNISONE oral

PROMETHAZINE oral

PYRAZINAMIDE = Z oral

PYRIDOXINE = VITAMIN B6 oral

PYRIMETHAMINE oral

QUININE oral

ReSoMal (REhydration SOlution for MALnutrition) oral

RETINOL = VITAMIN A oral

RIFAMPICIN = R oral

RIFAPENTINE = P oral

RISPERIDONE oral

RITONAVIR = RTV oral

SAI RI ITAMOI metered dose inhaler

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[SPIRONOLACTONE oral](#)

[SULFADIAZINE oral](#)

[SULFADOXINE/PYRIMETHAMINE = SP oral](#)

[SULFAMETHOXAZOLE \(SMX\)/TRIMETHOPRIM \(TMP\) oral](#)

[TENOFOVIR DISOPROXIL FUMARATE = TDF oral](#)

[THIAMINE = VITAMIN B1 oral](#)

[TINIDAZOLE oral](#)

[TRAMADOL oral](#)

[TRANEXAMIC acid oral](#)

[TRICLABENDAZOLE oral](#)

[TRIHEXYPHENIDYL oral](#)

[TRINITRIN oral](#)

[ULIPRISTAL oral](#)

[VALPROIC acid = VPA = SODIUM VALPROATE oral](#)

[VITAMIN A oral](#)

[VITAMIN B1 oral](#)

[VITAMIN B3 oral](#)

[VITAMIN B6 oral](#)

[VITAMIN B9 oral](#)

[VITAMIN C oral](#)

[VITAMIN D2 oral](#)

[VITAMIN D3 oral](#)

[VITAMIN PP oral](#)

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# **ABACAVIR = ABC oral**

**Last updated: October 2024**

Prescription under medical supervision

## **Therapeutic action**

- Antiretroviral, HIV nucleoside reverse transcriptase inhibitor

## **Indications**

- HIV infection, in combination with other antiretrovirals

## **Forms and strengths**

- Fixed-dose combinations with lamivudine (3TC):
  - 120 mg abacavir/60 mg lamivudine breakable and dispersible tablet
  - 600 mg abacavir/300 mg lamivudine tablet

## **Dosage**

The daily dose can be administered once daily or in 2 divided doses.

- Child 1 month and over and adult:

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<b>Weight</b>	<b>Daily dose ABC/3TC</b>	<b>120/60 mg tablet</b>	<b>600/300 mg tablet</b>
3 to < 6 kg	120/60 mg	½ tab x 2 or 1 tab x 1	—
6 to < 10 kg	180/90 mg	½ tab morning and 1 tab evening or 1 ½ tab x 1	—
10 to < 14 kg	240/120 mg	1 tab x 2 or 2 tab x 1	—
14 to < 20 kg	300/150 mg	1 tab morning and 1 ½ tab evening or 2 ½ tab x 1	—
20 to < 25 kg	360/180 mg	1 ½ tab x 2 or 3 tab x 1	—
≥ 25 kg	600/300 mg	—	1 tab x 1

## Duration

- Depending on the efficacy and tolerance of abacavir.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe hepatic impairment or history of hypersensitivity reaction to abacavir that led to discontinuation of treatment.
- Administer with caution to patients with hypertension, diabetes, hyperlipidaemia (might increase the risk of coronary disease).
- May cause:
  - hypersensitivity reactions: fever, rash, gastrointestinal disturbances (nausea, vomiting, diarrhoea,
  - ... . . . .

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## **Storage**

 -  - Below 25 °C

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# **ACETAMINOPHEN oral**

See [PARACETAMOL oral](#)

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# **ACETYLSALICYLIC acid = ASPIRIN = ASA**

## **oral**

**Last updated: April 2024**

Prescription under medical supervision

 Due to their better safety profile, prefer paracetamol or ibuprofen for pain and fever management.

### **Therapeutic action**

- Analgesic, antipyretic, non steroidal anti-inflammatory (NSAID)
- Platelet antiaggregant (at low dose)

### **Indications**

- Mild pain, fever
- Secondary prevention of severe pre-eclampsia

### **Forms and strengths**

- 300 mg tablet
- 75 mg enteric coated tablet

### **Dosage and duration**

#### **Pain and fever**

Adolescent over 16 years and adult: 300 mg to 1 g every 4 to 6 hours (max. 4 g daily), for 1 to 3 days

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- Do not exceed indicated doses, particularly in older patients. Intoxications are severe, possibly fatal.
- May cause:
  - allergic reactions, epigastric pain, gastroduodenal ulcer, haemorrhage;
  - dizziness, tinnitus (early signs of overdose);
  - Reye's syndrome in children (encephalopathy and severe hepatic disorders).
 For all cases above, stop aspirin.
- Do not combine with methotrexate, anticoagulants or NSAID.
- Monitor combination with insulin (increased hypoglycaemia) and corticosteroids.
- **Pregnancy:**
  - pain and fever: avoid. CONTRA-INDICATED from the beginning of the 6<sup>th</sup> month. Use paracetamol.
  - prevention of pre-eclampsia: do not exceed 150 mg daily.
- **Breast-feeding:** avoid. Use paracetamol.

## Remarks

- Take during meals, preferably with a lot of water.
- Do not crush enteric coated tablets.
- Aspirin may be administered in secondary prevention of atherothrombosis, at a dose of 75 to 300 mg daily.
- Also comes in 500 mg tablets and 300 mg dispersible tablets.

## Storage

 – Below 25 °C

Do not use if tablets have a strong smell of vinegar. A slight vinegar smell is always present.

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# ACICLOVIR oral

Prescription under medical supervision

## Therapeutic action

- Antiviral active against herpes simplex virus and varicella zoster virus

## Indications

- Treatment of recurrent or extensive oral and oesophageal herpes in immunocompromised patients
- Treatment of herpetic kerato-uveitis
- Treatment of genital herpes
- Secondary prophylaxis of herpes in patients with frequent and/or severe recurrences
- Treatment of severe forms of zoster: necrotic or extensive forms, facial or ophthalmic zoster

## Forms and strengths

- 200 mg and 800 mg tablets  
Also comes in 40 mg/ml oral suspension.

## Dosage and duration

### Treatment of recurrent or extensive oral and oesophageal herpes in immunocompromised patients, treatment of herpetic kerato-uveitis

- Child under 2 years: 200 mg 5 times daily for 7 days
- Child 2 years and over and adult: 400 mg 5 times daily for 7 days

### Treatment of genital herpes

- Child 2 years and over and adult: 400 mg 3 times daily for 7 days; in immunocompromised patients, continue treatment until clinical resolution

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- Do not administer to patients with hypersensitivity to aciclovir.
- May cause: headache, skin rash, allergic reactions, gastrointestinal disturbances, raised transaminases, neurologic disorders in patients with renal impairment and elderly patients; rarely, haematological disorders.
- Reduce dosage in patients with renal impairment.
- Drink a lot of liquid during treatment.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- For the treatment of herpes simplex, aciclovir should be started as soon as possible (within 96 hours) after the appearance of lesions to reduce severity and duration of infection.
- For the treatment of herpes zoster, aciclovir should start preferably within 72 hours after the appearance of lesions. Aciclovir administration does not reduce the likelihood of developing zoster-associated pain but reduces the overall duration of this pain.

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# ALBENDAZOLE oral

Prescription under medical supervision

## Therapeutic action

- Anthelminthic

## Indications

- Ascariasis (*Ascaris lumbricoides*), enterobiasis (*Enterobius vermicularis*), hookworm infections (*Ancylostoma duodenale*, *Necator americanus*)
- Trichuriasis (*Trichuris trichiura*), strongyloidiasis (*Strongyloides stercoralis*)
- Trichinellosis (*Trichinella* sp)

## Forms and strengths

- 400 mg tablet

## Dosage and duration

### Ascariasis, enterobiasis, hookworm infections

- Child over 6 months and adult: 400 mg single dose
- Child over 6 months but under 10 kg: 200 mg single dose
- In the event of enterobiasis, a second dose may be given after 2 to 4 weeks.

### Trichuriasis, strongyloidiasis

- Child over 6 months and adult: 400 mg once daily for 3 days
- Child over 6 months but under 10 kg: 200 mg once daily for 3 days

### Trichinellosis

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- **Pregnancy:** avoid during the first trimester
- **Breast-feeding:** no contra-indication

## Remarks

- Tablets are to be chewed or crushed: follow manufacturer's recommendations.
- In the treatment of strongyloidiasis, ivermectin is more effective than albendazole.
- Albendazole is also used in the treatment of cutaneous larva migrans (*Ancylostoma braziliense* and *caninum*), larval cestode infections (hydatid disease, certain forms of neurocysticercosis) and in mass treatment for lymphatic filariasis (check national recommendations).

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# ALBUTEROL aerosol

See [SALBUTAMOL aerosol](#)

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# ALBUTEROL nebuliser solution

See [SALBUTAMOL nebuliser solution](#)

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# **ALUMINIUM HYDROXIDE/MAGNESIUM HYDROXIDE oral**

## **Therapeutic action**

- Antacid

## **Indications**

- Stomach pain associated with gastritis and peptic ulcer

## **Forms and strengths**

- 400 mg aluminium hydroxide/400 mg magnesium hydroxide chewable tablet

## **Dosage**

- Child over 5 years: rarely indicated. When necessary: half a tablet 3 times daily
- Adult: 1 to 2 tablets 3 times daily 20 minutes to one hour after meals, or 1 tablet during painful attacks

## **Duration**

- According to clinical response

## **Contra-indications, adverse effects, precautions**

- Decreases intestinal absorption of many drugs. Do not administer simultaneously with:
  - atazanavir, chloroquine, digoxin, doxycycline, iron salts, gabapentin, itraconazole, levothyroxine (take at least 2 hours apart).
  - ciprofloxacin (take ciprofloxacin 2 hours before or 4 hours after antacids), dolutegravir

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# AMITRIPTYLINE oral

Last updated: March 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of amitriptyline, patients should be kept under close surveillance.

## Therapeutic action

- Tricyclic antidepressant

## Indications

- Neuropathic pain
- Major depression (preferably use selective serotonin re-uptake inhibitors for this indication)

## Forms and strengths

- 25 mg tablet

## Dosage

### Neuropathic pain

- Adult: 25 mg once daily at bedtime (Week 1); 50 mg once daily at bedtime (Week 2); 75 mg once daily at bedtime (as of Week 3)

### Major depression

- Adult: 25 mg once daily at bedtime. Depending on efficacy and tolerance, increase over 8 to 10 days, up to 75 mg once daily at bedtime.

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- Do not administer to patients with recent myocardial infarction, arrhythmia, closed-angle glaucoma, prostate disorders.
- Administer with caution and carefully monitor use in older patients and in patients with epilepsy, chronic constipation, renal or hepatic impairment (reduce the dose by half), history of bipolar disorders and suicidal ideation.
- May cause:
  - drowsiness (caution when driving or operating machinery), orthostatic hypotension, sexual dysfunction;
  - anticholinergic effects: dry mouth, constipation, blurred vision, tachycardia, disorders of micturition. Treatment should be discontinued in the event of severe reactions (confusional state, urinary retention, cardiac rhythm disorders);
- Administer with caution and monitor combination with: CNS depressants (opioid analgesics, sedatives, H1 antihistamines, etc.), drugs known to have anticholinergic effects (atropine, chlorpromazine, promethazine, etc.), drugs which lower the seizure threshold (antipsychotics, mefloquine, etc.), serotonergic drugs (SSRI, tricyclic antidepressants, ondansetron, tramadol, etc.), anti-hypertensive drugs.
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** re-evaluate whether the treatment is still necessary; if it is continued, maintain amitriptyline at effective dose. Observe the neonate the first few days (risk of agitation, tremors, hypotonia, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester of pregnancy. If treatment for major depression starts during pregnancy, preferably use sertraline.
- **Breast-feeding:** monitor the child for excessive somnolence.

## Remarks

- Sedative effect occurs following initial doses, analgesic effect is delayed for 7 to 10 days and the antidepressant effect is delayed for at least 4 weeks. This must be explained to the patient.
- For neuropathic pain, amitriptyline is often administered in combination with carbamazepine or gabapentin.

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# AMLODIPINE oral

Last updated: March 2024

Prescription under medical supervision

## Therapeutic action

- Antihypertensive vasodilator (calcium channel blocker)

## Indications

- Hypertension

## Forms and strengths

- 5 mg tablet

## Dosage

- Adult: 5 mg once daily. Increase to 10 mg once daily if necessary (max. 10 mg daily). In older patients or patients with hepatic impairment, start with 2.5 mg once daily then increase gradually if necessary.

## Duration

- According to clinical response.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe hypotension, shock, unstable heart failure after acute myocardial infarction.
- May cause:

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- **Pregnancy:** no contra-indication. For the management of hypertension in pregnancy, use labetalol.
- **Breast-feeding:** avoid

## Remarks

- Also comes in telmisartan 40 mg/amlodipine 5 mg coformulated tablet.

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# AMOXICILLIN oral

Last updated: April 2024

Prescription under medical supervision

## Therapeutic action

- Penicillin antibacterial

## Indications

- Acute otitis media, streptococcal tonsillitis, sinusitis, bronchitis, pneumonia with no signs of severity
- Infection due to *Helicobacter pylori* (in combination with omeprazole and clarithromycin), leptospirosis, uncomplicated cutaneous anthrax
- Uncomplicated typhoid fever if the strain is susceptible (recent drug susceptibility test)
- Completion treatment following therapy with parenteral penicillins or cephalosporins

## Forms and strengths

- 250 mg and 500 mg tablets or capsules
- 250 mg dispersible scored tablet, for paediatric use
- 125 mg/5 ml powder for oral suspension:
  - to be reconstituted with filtered water
  - to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations)

## Dosage

### Usual dosage (e.g. leptospirosis, tonsillitis, infection due to *H. pylori*)

- Child: 25 mg/kg (max. 1 g) 2 times daily
- Adult: 1 g 2 times daily

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<b>Age</b>	<b>Weight</b>	<b>Daily dose</b>	<b>125 mg/5 ml susp.</b>	<b>250 mg tablet</b>	<b>500 mg tablet</b>
< 3 months	< 6 kg	125 mg x 2	5 ml x 2	½ tab x 2	-
3 to < 24 months	6 to < 12 kg	250 mg x 2	10 ml x 2	1 tab x 2	-
2 to < 8 years	12 to < 25 kg	500 mg x 2	20 ml x 2	2 tab x 2	1 tab x 2
≥ 8 years and adult	≥ 25 kg	1 g x 2	-	4 tab x 2	2 tab x 2

#### **High dosage (e.g. pneumonia, typhoid fever, resistant pneumococcal infections, cutaneous anthrax)**

- Child: 30 mg/kg (max. 1 g) 3 times daily
- Adult: 1 g 3 times daily

<b>Age</b>	<b>Weight</b>	<b>Daily dose</b>	<b>125 mg/5 ml susp.</b>	<b>250 mg tablet</b>	<b>500 mg tablet</b>
< 3 months	< 6 kg	125 mg x 3	5 ml x 3	½ tab x 3	-
3 to < 24 months	6 to < 12 kg	250 mg x 3	10 ml x 3	1 tab x 3	-
2 to < 8 years	12 to < 25 kg	500 mg x 3	20 ml x 3	2 tab x 3	1 tab x 3
≥ 8 years and adult	≥ 25 kg	1 g x 3	-	4 tab x 3	2 tab x 3

## **Duration**

- Otitis media, bronchitis, pneumonia: 5 days
- Tonsillitis: 6 days

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- May cause: gastrointestinal disturbances, allergic reactions, sometimes severe. In the event of allergic reaction, stop treatment immediately.
- Reduce dosage in patients with severe renal impairment.
- Do not combine with methotrexate.
- **Pregnancy and breast-feeding:** no contra-indication

## Storage

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For the oral suspension (powder or reconstituted suspension): follow manufacturer's instructions.

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# **AMOXICILLIN/CLAVULANIC acid = CO-AMOXICLAV oral**

Prescription under medical supervision

## **Therapeutic action**

- Combination of two antibacterials. The addition of clavulanic acid to amoxicillin extends its spectrum of activity to cover beta-lactamase producing Gram-positive and Gram-negative organisms, including some Gram-negative anaerobes.

## **Indications**

- Animal bites, if antibiotic therapy or antibiotic prophylaxis is clearly indicated
- Second line treatment of acute otitis media and acute bacterial sinusitis, when amoxicillin alone given at high dose failed
- Acute uncomplicated cystitis (no systemic signs) in girls over 2 years
- Postpartum upper genital tract infection
- Parenteral to oral switch therapy in severe infections (e.g. severe pneumonia)

## **Forms and strengths**

- The ratio of amoxicillin and clavulanic acid varies according to the manufacturer:

<b>Ratio 8:1</b>	<ul style="list-style-type: none"><li>500 mg amoxicillin/62.5 mg clavulanic acid tablet</li><li>500 mg amoxicillin/62.5 mg clavulanic acid/5 ml powder for oral suspension</li></ul>
<b>Ratio 7:1</b>	<ul style="list-style-type: none"><li>875 mg amoxicillin/125 mg clavulanic acid tablet</li><li>400 mg amoxicillin/57 mg clavulanic acid/5 ml, powder for oral suspension</li></ul>

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- Ratio 8:1: 2000 mg daily = 2 tablets of 500/62.5 mg 2 times daily
- Ratio 7:1: 1750 mg daily = 1 tablet of 875/125 mg 2 times daily

### **Acute uncomplicated cystitis in girls > 2 years**

- 12.5 mg/kg 2 times daily

### **Postpartum upper genital tract infection; parenteral to oral switch therapy in severe infections**

- Child < 40 kg: 50 mg/kg 2 times daily
- Child ≥ 40 kg and adult:
  - Ratio 8:1: 3000 mg daily = 2 tablets of 500/62.5 mg 3 times daily
  - Ratio 7:1: 2625 mg daily = 1 tablet of 875/125 mg 3 times daily

## **Duration**

- Animal bites: 5 to 7 days
- Otitis media: 5 days
- Sinusitis: 7 to 10 days
- Cystitis: 3 days
- Upper genital tract infection: 7 days
- Parenteral to oral switch therapy in severe pneumonia: to complete a total of 10 to 14 days of treatment.

## **Contra-indications, adverse effects, precautions**

- Do not administer to penicillin-allergic patients and patients with history of hepatic disorders during a previous treatment with co-amoxiclav.
- Administer with caution to patients allergic to cephalosporins (cross-sensitivity may occur).
- Administer with caution to patients with hepatic impairment; reduce dosage and give every 12 or 24 hours in patients with severe renal impairment.
- May cause: gastrointestinal disturbances (mainly diarrhoea); allergic reactions sometimes severe (stop treatment immediately); jaundice and cholestatic hepatitis in the event of prolonged treatment (> 10 to 15 days).
- The dose of clavulanic acid should not exceed 12.5 mg/kg daily or 375 mg daily.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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# **ARTEMETHER/LUMEFANTRINE = AL oral**

Prescription under medical supervision

## **Therapeutic action**

- Antimalarial

## **Indications**

- Treatment of uncomplicated falciparum malaria
- Treatment of uncomplicated malaria due to other Plasmodium species, when chloroquine cannot be used
- Completion treatment following parenteral therapy for severe malaria

## **Forms and strengths**

- Co-formulated tablets of artemether/lumefantrine, in blister packs, for a complete treatment for one individual
- There are 5 different blister packs corresponding to 4 different categories of weight:
  - 20 mg artemether/120 mg lumefantrine dispersible tablet, blister pack of 6 tablets
  - 20 mg artemether/120 mg lumefantrine dispersible tablet, blister pack of 12 tablets
  - 20 mg artemether/120 mg lumefantrine tablet, blister pack of 18 tablets
  - 20 mg artemether/120 mg lumefantrine tablet, blister pack of 24 tablets
  - 80 mg artemether/480 mg lumefantrine tablet, blister pack of 6 tablets

## **Dosage and duration**

- The treatment is administered 2 times daily for 3 days. On D1, the first dose is given at 0 hour and the second dose at 8-12 hours. Subsequent doses on D2 and D3 are given 2 times daily (morning and evening).

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Weight	20/120 mg tablet			80/480 mg tablet		
	D1	D2	D3	D1	D2	D3
5 to < 15 kg	1 disp tab x 2	1 disp tab x 2	1 disp tab x 2	-	-	-
15 to < 25 kg	2 disp tab x 2	2 disp tab x 2	2 disp tab x 2	-	-	-
25 to < 35 kg	3 tab x 2	3 tab x 2	3 tab x 2	-	-	-
≥ 35 kg	4 tab x 2	4 tab x 2	4 tab x 2	1 tab x 2	1 tab x 2	1 tab x 2

## Contra-indications, adverse effects, precautions

- May cause: headache, dizziness and gastrointestinal disturbances.
- Administer with caution to patients taking drugs that prolong the QT interval: amiodarone, other antimalarials, antipsychotics, fluconazole, fluoroquinolones, hydroxyzine, macrolides, ondansetron, etc.  
re-administer the full dose.
- If the patient vomits within 30 minutes after administration: re-administer the full dose. If the patient vomits between 30 minutes and 1 hour after administration, re-administer half of the dose.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Take with meals or a fat containing drink (e.g. milk).
- Lumefantrine is also called co-artemether.

## Storage

 -  - Below 30 °C

Leave tablets in blisters until use. Once a tablet is removed from its blister, it must be administered

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# **ARTESUNATE/AMODIAQUINE = AS/AQ oral**

Prescription under medical supervision

## **Therapeutic action**

- Antimalarial

## **Indications**

- Treatment of uncomplicated falciparum malaria
- Treatment of uncomplicated malaria due to other Plasmodium species, when chloroquine cannot be used
- Completion treatment following parenteral therapy for severe malaria

## **Forms and strengths**

- Co-formulated tablets of artesunate (AS)/amodiaquine (AQ), in blister packs, for a complete treatment for one individual
- There are 4 different blister packs corresponding to 4 different categories of weight:
  - 25 mg AS/67.5 mg AQ base tablet blister pack of 3 tablets
  - 50 mg AS/135 mg AQ base tablet blister pack of 3 tablets
  - 100 mg AS/270 mg AQ base tablet blister pack of 3 tablets
  - 100 mg AS/270 mg AQ base tablet blister pack of 6 tablets

## **Dosage and duration**

Tablets are to be taken once daily for 3 days.

Weight	Tablets	D1	D2	D3

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## Contra-indications, adverse effects, precautions

- Do not administer in the event of previous severe adverse reaction to treatment with amodiaquine (e.g. hypersensitivity reaction, hepatitis, leucopenia, agranulocytosis).
- Do not administer to patients taking efavirenz.
- Avoid combination with drugs that prolong QT interval: amiodarone, other antimalarials, antipsychotics, fluconazole, fluoroquinolones, hydroxyzine, macrolides, ondansetron, etc.
- May cause: gastrointestinal disturbances, pruritus, somnolence or insomnia, cough.
- If the patient vomits within 30 minutes after administration, re-administer the full dose. If the patient vomits between 30 minutes and 1 hour after administration, re-administer half of the dose.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- For patients unable to swallow the tablets (e.g. young children), the tablets can be dispersed by gentle agitation for approximately one minute in a small amount of water. After administration, give children some sugar or sugared water to cover amodiaquine's bitter taste.

## Storage

-Ø - ☉ - Below 30 °C

Leave tablets in blisters until use. Once a tablet is removed from its blister, it must be administered immediately.

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# **ASCORBIC acid = VITAMIN C oral**

## **Therapeutic action**

- Vitamin

## **Indications**

- Treatment and prevention of scurvy (vitamin C deficiency)

## **Forms and strengths**

- 250 mg chewable tablet
- 500 mg tablet

## **Dosage and duration**

### **Treatment of scurvy:**

The optimal dose has not been established. For information:

- Child 1 month to 11 years: 100 mg 3 times daily
  - Child 12 years and over and adult: 250 mg 3 times daily
- or
- Child 1 month to 3 years: 100 mg 2 times daily
  - Child 4 to 11 years: 250 mg 2 times daily
  - Child 12 years and over and adult : 500 mg 2 times daily

Treatment is administered at least 2 weeks or longer (until symptoms resolve), then preventive treatment is given as long as the situation requires.

### **Prevention of scurvy:**

- Child and adult: 50 mg daily, as long as the situation requires

## **Contra-indications, adverse effects, precautions**

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# ASPIRIN oral

See [ACETYLSALICYLIC ACID = ASA](#)

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# **ATAZANAVIR = ATV oral**

**Last updated: November 2022**

Prescription under medical supervision

## **Therapeutic action**

- Antiretroviral, HIV protease inhibitor

## **Indications**

- HIV infection, in combination with ritonavir (booster) and other antiretrovirals

## **Forms and strengths**

- 200 mg capsule
- 300 mg atazanavir/100 mg ritonavir tablet

## **Dosage**

- Child 10 to < 25 kg: one 200 mg capsule once daily (+ 100 mg ritonavir once daily)
- Child ≥ 25 kg and adult: one 300 mg/100 mg tablet once daily

## **Duration**

- Depending on the efficacy and tolerance of atazanavir and ritonavir.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with severe hepatic impairment.
- Administer with caution and monitor use in patients with haemophilia (increased bleeding) or mild to moderate hepatic impairment.

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- Administer with caution and monitor combination with drugs that prolong the QT interval (amiodarone, co-artemether, mefloquine, quinine, haloperidol, etc.).
- Do not administer simultaneously with antacids containing aluminium or magnesium hydroxide. Take 2 hours apart.
- Atazanavir in combination with ritonavir reduces the efficacy of implants and oral contraceptives: use injectable medroxyprogesterone or an intrauterine device or an oral contraceptive containing at least 30 micrograms of ethinylestradiol per tablet.
- **Pregnancy:** no contra-indication; monitor bilirubin levels and/or signs of jaundice in neonates.

## Remarks

- Take with meals together with ritonavir.
- Do not open the capsules.
- Also comes in 100 mg, 150 mg and 300 mg capsules, not in combination with ritonavir.

## Storage

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# AZITHROMYCIN oral

Last updated: December 2024

Prescription under medical supervision

## Therapeutic action

- Macrolide antibacterial

## Indications

- Trachoma, conjunctivitis due to *Chlamydia trachomatis*
- Cervicitis and urethritis due to *Chlamydia trachomatis* (in combination with a treatment for gonorrhoea), donovanosis, chancroid, early syphilis
- Cholera (if the strain is susceptible), typhoid fever, yaws, leptospirosis, louse-borne and tick-borne relapsing fevers
- Pertussis, diphtheria, pneumonia due to *Mycoplasma pneumoniae* and *Chlamydophila pneumoniae*
- Second-line treatment of shigellosis
- Streptococcal tonsillitis, acute otitis media, in penicillin-allergic patients only

## Forms and strengths

- 250 mg and 500 mg tablets
- 200 mg/5 ml powder for oral suspension, to be reconstituted with filtered water

## Dosage and duration

### Trachoma, cholera, cervicitis and urethritis due to *C. trachomatis*, chancroid, early syphilis

- Child: 20 mg/kg (max. 1 g) single dose
- Adult: 1 g single dose (2 g single dose in early syphilis)

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### **Donovanosis (granuloma inguinale)**

- Adult: 1 g on D1 then 500 mg once daily until healing of lesions

### **Pertussis**

- Child under 6 months: 10 mg/kg once daily for 5 days
- Child 6 months and over: 10 mg/kg (max. 500 mg) on D1 then 5 mg/kg (max. 250 mg) once daily from D2 to D5
- Adult: 500 mg on D1 then 250 mg once daily from D2 to D5

### **Pneumonia due to *M. pneumoniae* and *C. pneumoniae***

- Child: 10 mg/kg (max. 500 mg) once daily for 5 days
- Adult: 500 mg on D1 then 250 mg once daily from D2 to D5

### **Leptospirosis**

- Child: 10 mg/kg (max. 500 mg) on D1 then 5 mg/kg (max. 250 mg) once daily on D2 and D3
- Adult: 1 g on D1 then 500 mg once daily on D2 and D3

### **Shigellosis**

- Child: 12 mg/kg (max. 500 mg) on D1 then 6 mg/kg (max. 250 mg) once daily from D2 to D5
- Adult: 500 mg on D1 then 250 mg once daily from D2 to D5

### **Diphtheria**

- Child: 10 to 12 mg/kg (max. 500 mg) once daily for 14 days
- Adult: 500 mg once daily for 14 days

### **Relapsing fevers (louse-borne and tick-borne)**

- Child: 10 mg/kg (max. 500 mg) single dose for louse-borne relapsing fever and once daily for 7 to 10 days for tick-borne relapsing fever
- Adult: 500 mg single dose for louse-borne relapsing fever and once daily for 7 to 10 days for tick-borne relapsing fever

### **Streptococcal tonsillitis, only in penicillin-allergic patients**

- Child: 20 mg/kg (max. 500 mg) once daily for 3 days
- Adult: 500 mg once daily for 3 days

### **Acute otitis media, only in penicillin-allergic patients**

- Child: 10 mg/kg (max. 500 mg) once daily for 3 days

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- Avoid combination with drugs that prolong the QT interval (amiodarone, chloroquine, co-artemether, fluconazole, haloperidol, mefloquine, moxifloxacin, ondansetron, pentamidine, quinine, etc.).
- Administer with caution and monitor use in patients taking digoxin (increased digoxin plasma levels).
- **Pregnancy and breast-feeding:** no contra-indication

## Remarks

- Azithromycin is also used for septicaemia of pulmonary or gynaecological origin (child: 10 to 20 mg/kg (max. 1 g) once daily; adult: 500 mg to 1 g once daily), in combination with other antibacterials.
- Also comes in 250 mg or 500 mg capsules, to be taken one hour before or 2 hours after a meal.

## Storage

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For the oral suspension (powder or reconstituted suspension): follow manufacturer's instructions.

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# **BECLOMETASONE metered dose inhaler**

Last updated: June 2023

Prescription under medical supervision

## **Therapeutic action**

- Steroidal anti-inflammatory drug (inhaled corticosteroid)

## **Indications**

- Long term treatment of chronic asthma (maintenance and symptomatic treatment), alone or in combination with a beta-2 agonist bronchodilator

## **Forms and strengths**

- Solution or suspension for inhalation in pressurised metered dose inhalers, delivering 50, 100 or 250 micrograms of beclometasone dipropionate/puff

## **Dosage**

Start at the step most appropriate to initial severity. Always try to administer the lowest effective dose.

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Asthma severity	6 to 11 years	12 years and over and adult
<b>Intermittent asthma</b>	–	Only when symptomatic: 200 to 500 micrograms, in combination with salbutamol
<b>Mild persistent asthma</b>	50 to 100 micrograms (low dose) 2 times daily	100 to 250 micrograms (low dose) 2 times daily
<b>Moderate persistent asthma</b>	50 to 100 micrograms (low dose) 2 times daily, in combination with salmeterol  OR (if salmeterol is not available) 150 to 200 micrograms (medium dose) 2 times daily	100 to 250 micrograms (low dose) 2 times daily, in combination with salmeterol  OR (if salmeterol is not available) 300 to 500 micrograms (medium dose) 2 times daily
<b>Severe persistent asthma</b>	150 to 200 micrograms (medium dose) 2 times daily, in combination with salmeterol	300 to 500 micrograms (medium dose) 2 times daily, in combination with salmeterol  OR (if salmeterol is not available) > 500 micrograms (high dose) 2 times daily

In all cases, do not exceed 2000 micrograms daily.

## Duration

- As long as required. Re-evaluate after 2 to 3 months if doses are adequate or need to be increased or decreased.

## Administration technique

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- throat irritation, hoarseness and cough at the beginning of treatment; oro-pharyngeal candidiasis;
- adrenal suppression with high doses for prolonged periods.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- When beclometasone is given with salbutamol, preferably use combination inhaler. If not available, beclometasone should be inhaled right after salbutamol.
- Relief of symptoms may require several days or weeks of continuous therapy.
- Clean the mouthpiece before and after each use.
- Do not pierce or incinerate used aerosol containers (risk of explosion).
- Also comes in a combination metered dose inhaler with formoterol.

## Storage

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# **BECLOMETASONE/FORMOTEROL metered dose inhaler**

Last updated: June 2023

Prescription under medical supervision

## **Therapeutic action**

- Combination of inhaled corticosteroid (beclometasone) and long-acting beta-2 agonist bronchodilator (formoterol)

## **Indications**

- Long term treatment of chronic asthma (maintenance and symptomatic treatment)

## **Forms and strengths**

- Solution or suspension for inhalation in pressurised metered dose inhaler, delivering 100 micrograms of beclometasone dipropionate (extrafine particles) and 6 micrograms of formoterol fumarate/puff

## **Dosage**

Start at the step most appropriate to initial severity.

- Child 12 years and over and adult:

Asthma severity	100/6 micrograms per puff
<b>Intermittent asthma</b>	Only when symptomatic: 1 puff
<b>Mild persistent asthma</b>	

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- In all cases, do not exceed 8 puffs/day

## Duration

- As long as required. Re-evaluate after 2 to 3 months if doses are adequate or need to be increased or decreased.

## Administration technique

- Shake the inhaler. Remove the mouthpiece cover.
- Breathe in and breathe out as completely as possible. Place the lips tightly around the mouthpiece. Inhale deeply while activating the inhaler. Hold breath 10 seconds before exhaling.
- Hand-breath co-ordination is very difficult in older patients and patients with severe dyspnoea. Use a spacer to facilitate administration and improve the efficacy of treatment.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with untreated respiratory infection.
- May cause:
  - throat irritation, hoarseness and cough at the beginning of treatment; oro-pharyngeal candidiasis; adrenal suppression with high doses for prolonged periods;
  - headache, tremor and tachycardia, hyperglycaemia; hypokalaemia (after high doses).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Relief of symptoms may require several days or weeks of continuous therapy.
- Clean the mouthpiece before and after each use.
- Do not pierce or incinerate used aerosol containers (risk of explosion).
- 100 micrograms of beclometasone dipropionate extrafine particles is equivalent to 250 micrograms of beclometasone dipropionate non-extrafine particles.
- Beclometasone/formoterol may also be available as a dry powder inhaler. Doses are the same as for metered dose inhaler.
- Manufacturers may express the content per inhaler actuation in "metered dose" or "delivered

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# BIPERIDEN oral

Prescription under medical supervision

## Therapeutic action

- Anticholinergic antiparkinson drug

## Indications

- First-line treatment of extrapyramidal reactions induced by antipsychotics

## Forms and strengths

- 2 mg tablet

## Dosage

- Adult: 2 mg once daily, then increase if necessary up to 2 mg 2 to 3 times daily (max. 12 mg daily)
- Administer at the lowest effective dose in elderly patients and do not exceed 10 mg daily.

## Duration

- As long as the antipsychotic treatment lasts.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with closed-angle glaucoma, prostate disorders, gastrointestinal obstruction or atony.
- Administer with caution and carefully monitor use in elderly patients (risk of confusion, hallucinations).
- May cause: anticholinergic effects (dry mouth, constipation, blurred vision, tachycardia, disorders

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secretions).

## Remarks

- Also comes in 4 mg extended-release tablet, administered once daily.
- Biperiden is also used in the treatment of Parkinson's disease.

## Storage

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# BISACODYL oral

## Therapeutic action

- Stimulant laxative

## Indications

- Prevention of constipation in patients taking opioid analgesics (codeine, morphine, etc.)
- Short-term, symptomatic treatment of constipation

## Forms and strengths

- 5 mg enteric-coated tablet

## Dosage

- Child over 3 years: 5 to 10 mg once daily
- Adult: 10 to 15 mg once daily

## Duration

- Prevention of constipation in patients taking opioids: start bisacodyl when analgesic treatment continues more than 48 hours. Tablets must be taken daily, at night (onset of effect within 6 to 12 hours after administration), until the end of the opioid treatment. Regular follow up (frequency/consistency of stools) is essential in order to adjust dosage correctly.
- Treatment of constipation: until the patient passes stools, maximum 7 days.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with Crohn's disease, ulcerative colitis, intestinal obstruction, undiagnosed abdominal pain and dehydration.
- May cause: diarrhoea, abdominal cramps, hypokalaemia.

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## **Remarks**

- To prevent constipation in patients taking opioids, use lactulose if the patient's stools are solid; use bisacodyl if the patient's stools are soft.
- In children from 6 months to 3 years, do not use the oral route. Use only 5 mg paediatric suppositories (one suppository daily).
- Swallow tablets whole; do not crush or chew.
- Bisacodyl is equivalent to senna, the representative example of laxative stimulants in the WHO list of essential medicines.
- The treatment must be accompanied by dietary measures (plenty of fluids and fibre).

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# BISOPROLOL oral

Prescription under medical supervision

## Therapeutic action

- Cardioselective beta-blocker

## Indications

- Hypertension, treatment of chronic stable angina pectoris
- Chronic stable heart failure in combination with a converting enzyme inhibitor (enalapril)

## Forms and strengths

- 2.5 mg breakable tablet
- 10 mg breakable in ¼ tablet

## Dosage

### Hypertension, angina pectoris

- Adult: 5 to 10 mg once daily, preferably in the morning (max. 20 mg daily)  
In patients with renal or hepatic impairment: start with 2.5 mg once daily then increase, if necessary, according to clinical response (max. 10 mg daily)

### Heart failure

- Adult: start with 1.25 mg once daily and increase according to the table below, as long as the drug is well tolerated (heart rate, blood pressure, signs of worsening heart failure)

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<b>Weeks</b>	<b>Daily dose</b>	<b>Tablet(s)</b>
Week 1	1.25 mg once daily	2.5 mg tab: ½ tab daily
Week 2	2.5 mg once daily	2.5 mg tab: 1 tab daily or 10 mg tab: ¼ tab daily
Week 3	3.75 mg once daily	2.5 mg tab: 1½ tab daily
Week 4 to 8	5 mg once daily	10 mg tab: ½ tab daily
Week 9 to 12	7.5 mg once daily	2.5 mg tab: 1 tab daily + 10 mg tab: ½ tab daily or 10 mg tab: ¾ tab daily
From week 13	10 mg once daily (max. 10 mg daily)	10 mg tab: 1 tab daily

## Duration

- According to clinical response. Do not stop treatment abruptly, decrease doses gradually.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with asthma, chronic obstructive bronchopneumonia, acute heart failure, severe hypotension, bradycardia < 50/minute, atrio-ventricular heart blocks, Raynaud's syndrome.
- May cause:
  - bradycardia, hypotension, worsening of heart failure (reduce dose);
  - bronchospasm in patients with an obstructive respiratory disease;
  - hypoglycaemia, gastrointestinal disturbances, headache, fatigue, muscle weakness, erectile dysfunction.

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# **BUDESONIDE/FORMOTEROL metered dose inhaler**

**Last updated: June 2023**

Prescription under medical supervision

## **Therapeutic action**

- Combination of inhaled corticosteroid (budesonide) and long-acting beta-2 agonist bronchodilator (formoterol)

## **Indications**

- Long term treatment of chronic asthma (maintenance and symptomatic treatment)

## **Forms and strengths**

- Solution or suspension for inhalation in pressurised metered dose inhaler, delivering 80 micrograms of budesonide and 4.5 micrograms of formoterol fumarate/puff

## **Dosage**

Start at the step most appropriate to initial severity.

### **Moderate persistent asthma**

- Child 6 to 11 years: 1 puff once daily (very low dose) and 1 puff when symptomatic (max. 8 puffs daily)

### **Severe persistent asthma**

- Child 6 to 11 years: 1 puff 2 times daily (low dose) and 1 puff when symptomatic (max. 8 puffs daily)

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- Hand-breath co-ordination is difficult in children. Use a spacer to facilitate administration and improve the efficacy of treatment.

## **Contra-indications, adverse effects, precautions**

- Do not administer to children with untreated respiratory infection.
- May cause:
  - throat irritation, hoarseness and cough at the beginning of treatment; oro-pharyngeal candidiasis; adrenal suppression with high doses for prolonged periods;
  - headache, tremor and tachycardia, hyperglycaemia; hypokalaemia (after high doses).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## **Remarks**

- Relief of symptoms may require several days or weeks of continuous therapy.
- Clean the mouthpiece before and after each use.
- Do not pierce or incinerate used aerosol containers (risk of explosion).
- Budesonide/formoterol may also be available as a dry powder inhaler. Doses are the same as for metered dose inhaler.
- Manufacturers may express the content per inhaler actuation in "metered dose" or "delivered dose".

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# BUTYLCOPOLAMINE oral

See [HYOSCINE BUTYLBROMIDE oral](#)

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# CABERGOLINE oral

Prescription under medical supervision

## Therapeutic action

- Long-lasting lactation inhibitor

## Indications

- Inhibition of lactation or suppression of established lactation in case of intrauterine foetal death or neonatal death

## Forms and strengths

- 0.5 mg scored tablet

## Dosage and duration

### Lactation inhibition

- 1 mg single dose on the first day post-partum

### Lactation suppression

- 0.25 mg every 12 hours for 2 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with postpartum hypertension or psychosis, preeclampsia, valvulopathy, and history of pulmonary, retroperitoneal or pericardial fibrosis.
- May cause: hypotension, valvulopathy, dizziness, headache, nausea, drowsiness, hallucinations.
- Do not combine with chlorpromazine, haloperidol, metoclopramide, promethazine (effect of cabergoline antagonized by chlorpromazine /risk of vasodilation and hypotension is increased and

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- Cabergoline is a dopamine agonist also used in the treatment of Parkinson's disease.

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# **CALCIUM FOLINATE = FOLINIC acid oral**

Prescription under medical supervision

## **Therapeutic action**

- Antidote to folate antagonists

## **Indications**

- Prevention of haemotological toxicity of pyrimethamine when pyrimethamine is used as prophylaxis for, or in the treatment of toxoplasmosis or isosporiasis in immunodeficient patients

## **Forms and strengths**

- 15 mg tablet

Also comes in 5 mg and 25 mg capsules.

## **Dosage**

### **When pyrimethamine is used as primary or secondary prophylaxis for toxoplasmosis**

- Adult: 25 to 30 mg once weekly

### **During treatment of toxoplasmosis**

- Adult: 10 to 25 mg once daily

### **During treatment of isosporiasis**

- Adult: 5 to 15 mg once daily

## **Duration**

- For the duration of the pyrimethamine treatment

## **Contra-indications, adverse effects, precautions**

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# CARBAMAZEPINE = CBZ oral

Last updated: October 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of CBZ, patients should be kept under close surveillance.

## Therapeutic action

- Antiseizure (antiepileptic), mood stabilizer

## Indications

- Epilepsy generalised tonic-clonic seizures and focal (partial) seizures
- Neuropathic pain (alone or combined with amitriptyline)
- Prevention of recurrence of bipolar disorder

## Forms and strengths

- 200 mg tablet
- 100 mg/5 ml oral solution, to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations).

## Dosage

Start with a low dose then increase gradually based on patient's response and tolerance.

### Epilepsy

- Child 1 month to 11 years: start with 5 mg/kg once daily or 2.5 mg/kg 2 times daily; increase the daily dose by increments of 2.5 to 5 mg/kg every 3 to 7 days, up to 5 mg/kg 2 or 3 times daily if

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- Adult: start with 200 mg once daily at bedtime for one week, then 200 mg 2 times daily for one week, then 200 mg 3 times daily

### **Prevention of recurrence of bipolar disorder**

- Adult: start with 100 mg 2 times daily; increase the daily dose by increments of 200 mg every week, up to 200 mg 2 or 3 times daily if necessary (max. 1200 mg daily)

### **Duration**

- Epilepsy, prevention of recurrence of bipolar disorder: as long as required. Do not stop treatment abruptly, even if changing to another medication.
- Neuropathic pain: continue several months after pain relief is obtained, then attempt to stop treatment.

### **Contra-indications, adverse effects, precautions**

- Do not administer to patients with atrioventricular block, history of bone marrow depression.
- Administer with caution to patients with glaucoma, urinary retention, hepatic or renal impairment, heart failure or blood disorders and to older patients.
- May cause:
  - headache, dizziness, confusional state and agitation in older patients; drowsiness (caution when driving or operating machinery);
  - gastrointestinal and visual disturbances, vitamin D deficiency (consider supplementation), osteoporosis, leucopenia (often transitory), rash;
  - rarely: haematologic disorders (agranulocytosis, anaemia, bone marrow depression), hypersensitivity reactions (including severe cutaneous reactions such as Stevens-Johnson, Lyell and DRESS syndromes), pancreatitis, hepatitis, cardiac conduction defect. In these cases, stop treatment. Early symptoms such as fever, rash, mouth ulcers and bleeding require immediate medical attention.

Hypersensitivity reactions to CBZ are more common in individuals from China and Southeast Asia.
- If possible, perform at least FBC, liver enzymes and serum sodium levels, at baseline then regularly during treatment.
- Avoid or monitor the combination with:
  - rifampicin mefloquine (reduced effect of CBZ).

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- implants and oral contraceptives: use injectable medroxyprogesterone or an intrauterine device.
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:**
  - Epilepsy and bipolar disorder: avoid (risk of neural tube defects, cardiac and facial malformations, hypospadias).
    - ▷ In case of pregnancy during treatment of epilepsy, prefer a safer drug (levetiracetam). If CBZ is the only option, provide counselling about the risks to the child; use the lowest effective dose.
    - ▷ Administer folic acid high dose (5 mg daily) during the first trimester. Start as soon as possible, including during the preconception period in case of planned pregnancy.
    - ▷ CBZ plasma concentrations may decrease during pregnancy. Monitor clinical response; increase dose if needed then resume the usual dose after delivery. Monitor the child for a few days (risk of withdrawal symptoms).
  - Neuropathic pain: not recommended
- **Breast-feeding:** administer with caution (excreted in milk); reduce the dose if increased during pregnancy and monitor the child (risk of drowsiness, poor feeding and transient hepatic impairment).

## Remarks

- CBZ is not recommended for myoclonic, atonic and absence seizures (risk of worsening symptoms).

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# CEFALEXIN oral

Last updated: January 2024

Prescription under medical supervision

## Therapeutic action

- First-generation cephalosporin antibacterial

## Indications

- Skin infections due to staphylococci and/or streptococci: impetigo, furuncle, erysipelas and superficial cellulitis

## Forms and strengths

- 250 mg capsule
- 125 mg/5 ml powder for oral suspension:
  - to be reconstituted with filtered water
  - to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations)

## Dosage

- Neonate under 7 days: 25 mg/kg 2 times daily
- Neonate 7 to 28 days: 25 mg/kg 3 times daily

The exact dose should be calculated according to the newborn's weight.

- Child 1 month to under 12 years: 12.5 to 25 mg/kg 2 times daily
- Child 12 years and over and adult: 1 g 2 times daily

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<b>Age</b>	<b>Weight</b>	<b>Daily dose</b>	<b>125 mg/5 ml oral susp.</b>	<b>250 mg capsule</b>
1 to < 5 months	4 to < 7 kg	125 mg x 2	5 ml x 2	-
5 months to < 3 years	7 to < 15 kg	187.5 mg x 2	7.5 ml x 2	-
3 to < 6 years	15 to < 20 kg	250 mg x 2	10 ml x 2	-
6 to < 12 years	20 to < 40 kg	500 mg x 2	-	2 cap x 2
≥ 12 years and adult	≥ 40 kg	1 g x 2	-	4 cap x 2

## Duration

- Impetigo, furuncle: 7 days
- Erysipelas, cellulitis: 7 to 10 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to cephalosporin.
- Administer with caution to patients with allergy to penicillin (cross-sensitivity may occur) and severe renal impairment (reduce the dose).
- May cause: gastrointestinal disturbances (particularly diarrhoea), allergic reactions (skin eruption, fever, pruritus).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Take preferably between meals.

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# CEFIXIME oral

Last updated: September 2022

Prescription under medical supervision

## Therapeutic action

- Third-generation cephalosporin antibacterial

## Indications

- Typhoid fever
- Acute cystitis in girls over 2 years, pregnant women and lactating women
- Acute pyelonephritis in adults
- Cervicitis and urethritis due to *Neisseria gonorrhoeae* (in combination with a treatment for chlamydia)
- Second-line treatment of shigellosis

## Forms and strengths

- 200 mg tablet
- 100 mg/5 ml powder for oral suspension, to be reconstituted with filtered water

## Dosage

### Typhoid fever

- Child: 10 mg/kg (max. 200 mg) 2 times daily
- Adult: 200 mg 2 times daily

### Acute cystitis in girls over 2 years and shigellosis

- Child: 8 mg/kg (max. 400 mg) once daily

Adult: 200 mg

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- Typhoid fever and acute pyelonephritis: 10 to 14 days
- Acute cystitis: 3 days for girls and 5 days for adults
- Shigellosis: 5 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to cephalosporins.
- Administer with caution to penicillin-allergic patients (cross-sensitivity may occur) and in patients with severe renal impairment (reduce dosage).
- May cause: gastrointestinal disturbances (especially diarrhoea), headache, dizziness, allergic reactions (rash, pruritus, fever). In the event of allergic reaction, stop treatment immediately.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Storage

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For the oral suspension (powder or reconstituted suspension): follow manufacturer's instructions.

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# Activated CHARCOAL oral

## Therapeutic action

- Adsorbent

## Indications

- Poisoning by drugs, in particular: paracetamol, aspirin, ibuprofen, chloroquine, quinine, dapsone, phenobarbital, carbamazepine, digoxin
- Poisoning by other toxic substances: certain plants (datura, lantana, etc.), certain domestic, industrial or agricultural chemicals

## Forms and strengths

- Granules for oral suspension, in 50 g bottle, to be reconstituted with 250 ml of water

## Dosage and duration

The dose of charcoal has to be administered as soon as possible (preferably within one hour after ingestion of the toxic compound) and swallowed within a limited period, e.g., in 15 to 20 minutes:

- Child under 1 year: 1 g per kg
- Child from 1 to 12 years: 25 g
- Child over 12 years and adult: 50 g

If the dose of charcoal is not entirely swallowed or the toxic substance was ingested in large quantities or over 2 hours beforehand: follow the treatment for 24 hours after poisoning, by administering half or a quarter of the initial dose of charcoal every 4 or 6 hours, depending on the tolerance and cooperation of the patient.

## Contra-indications, adverse effects, precautions

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## **Remarks**

- To facilitate the administration of charcoal and avoid vomiting in children, mask the taste (mix with fruit juice, syrup) and administer the suspension slowly in small quantities.
- If there is a specific antidote to the drug ingested, use it in complement.

## **Storage**

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# CHLOROQUINE sulfate or phosphate oral

Last updated: December 2023

 Given that resistance of *P. falciparum* to chloroquine is widespread, this drug must not be used for the treatment of falciparum malaria.

## Therapeutic action

- Antimalarial

## Indications

- Treatment of malaria due to:
  - chloroquine-sensitive *P. vivax*
  - *P. ovale*, *P. malariae* and *P. knowlesi*

## Forms and strengths

- 155 mg chloroquine base tablet

The dose written on the labels is sometimes in chloroquine salt and sometimes in chloroquine base which leads to frequent confusion. WHO recommends prescriptions and labels in chloroquine base. 155 mg base = approx. 200 mg sulfate = approx. 250 mg phosphate or diphosphate.

## Dosage and duration

- Child and adult:
  - Day 1: 10 mg base/kg
  - Day 2: 10 mg base/kg
  - Day 3: 5 mg base/kg

## Contra-indications, adverse effects, precautions

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etc.

- Do not administer simultaneously with antacids (aluminium/magnesium hydroxide, etc.) or calcium carbonate: administer 2 hours apart.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Also comes in 100 mg chloroquine base tablet and 50 mg chloroquine base/5 ml syrup.

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# CHLORPROMAZINE oral

Last updated: February 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of chlorpromazine, patients should be kept under close surveillance.

## Therapeutic action

- Sedative antipsychotic

## Indications

- Acute or chronic psychosis, in the event of intolerance or treatment failure with other antipsychotics (preferably use haloperidol for this indication)

## Forms and strengths

- 25 mg and 100 mg tablets

## Dosage

- Adult: 25 to 50 mg once daily in the evening for one week. Increase gradually to 50 mg in the morning and 100 mg in the evening; if insufficient, administer 100 mg 3 times daily.
- Reduce the dose by half in older patients.
- Use the lowest effective dose, especially in the event of prolonged treatment.

## Duration

- Acute psychosis: at least 3 months

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- Administer with caution and carefully monitor use in older patients and patients with hypokalaemia, hypotension, renal or hepatic impairment, history of seizures.
- May cause:
  - drowsiness (caution when driving/operating machinery), dyskinesia, extrapyramidal symptoms, weight gain, orthostatic hypotension, hyperprolactinaemia, anticholinergic effects (dry mouth, blurred vision, urinary retention, constipation, tachycardia);
  - hyperglycaemia, photosensitivity, impaired thermoregulation; agranulocytosis, neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), rare but requiring immediate treatment discontinuation.
- In case of extrapyramidal symptoms, try reducing the dose of chlorpromazine or, if the extrapyramidal symptoms are severe, add biperiden or trihexyphenidyl.
- Avoid or monitor combination with:
  - central nervous system depressants (opioid analgesics, sedatives, H1 antihistamines, etc.); drugs with anticholinergic effects (amitriptyline, atropine, promethazine, etc.), antidiabetics, lithium;
  - antihypertensive drugs (risk of hypotension); drugs that prolong the QT interval (amiodarone, chloroquine, erythromycin, fluconazole, mefloquine, pentamidine, quinine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** re-evaluate whether the treatment is still necessary; if it is continued, use the lowest effective dose. Observe the neonate the first few days (risk of agitation, tremors, hypertonia/hypotonia, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester. If treatment starts during pregnancy, preferably use haloperidol.
- **Breast-feeding:** if absolutely necessary, use the lowest effective dose.

## Remarks

- Do not crush tablets (risk of contact dermatitis).

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# CIMETIDINE oral

Prescription under medical supervision

## Therapeutic action

- Antiulcer agent (histamine H<sub>2</sub>-receptor antagonist)

## Indications

- Prophylaxis of acid pulmonary aspiration syndrome in anaesthesia:
  - in patients with a full stomach (emergency caesarean section, etc.)
  - when a difficult intubation is expected

## Forms and strengths

- 200 mg effervescent tablet  
Also comes 800 mg effervescent tablet.

## Dosage and duration

- Adult: 200 to 400 mg single dose, if possible one hour before anaesthetic induction

## Contra-indications, adverse effects, precautions

- May cause: diarrhoea, headache, dizziness, skin rash, fever.
- Do not administer with an antacid (aluminium hydroxide, etc.).

## Remarks

- Effervescent cimetidine can be replaced by effervescent ranitidine, another H<sub>2</sub>-receptor antagonist, as a single dose of 150 mg.

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# CIPROFLOXACIN oral

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Fluoroquinolone antibacterial

## Indications

- Shigellosis, uncomplicated cutaneous anthrax
- Uncomplicated acute pyelonephritis, acute prostatitis, acute cystitis in non-pregnant women in the event of previous treatment failure
- Plague, alone or in combination with other antibacterials
- Completion treatment following therapy with parenteral ciprofloxacin

## Forms and strengths

- 250 mg and 500 mg tablets
- 250 mg/5 ml granules and solvent for oral suspension

## Dosage

### Shigellosis, uncomplicated cutaneous anthrax

- Child 1 month and over: 15 mg/kg (max. 500 mg) 2 times daily
- Adult: 500 mg 2 times daily

### Uncomplicated acute pyelonephritis, acute prostatitis, acute cystitis

- Adult: 500 mg 2 times daily

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<b>Age</b>	<b>Weight</b>	<b>250 mg/5 ml susp.</b>	<b>250 mg tablet</b>	<b>500 mg tablet</b>
1 to < 3 months	4 to < 6 kg	1.5 ml x 2	-	-
3 to < 7 months	6 to < 8 kg	2 ml x 2	-	-
7 months to < 2 years	8 to < 12 kg	2.5 ml x 2	-	-
2 to < 3 years	12 to < 15 kg	4 ml x 2	-	-
3 to < 8 years	15 to < 26 kg	5 ml x 2	1 tab x 2	-
8 to < 11 years	26 to < 36 kg	8 ml x 2	-	-
≥ 11 years and adult	≥ 36 kg	-	2 tab x 2	1 tab x 2

### **Plague**

- Child 1 month and over: 15 mg/kg 2 to 3 times daily (max. 750 mg 2 times daily or 500 mg 3 times daily)
- Adult: 750 mg 2 times daily (500 mg 3 times daily in pregnant women)

### **Duration**

- Shigellosis, cystitis: 3 days
- Cutaneous anthrax: 7 to 14 days depending on severity
- Pyelonephritis, plague: 10 to 14 days
- Prostatitis: 14 days (if signs and symptoms are ongoing after 14 days, continue the same treatment for a further 14 days)

### **Contra-indications, adverse effects, precautions**

- Do not administer to patients with history of allergy or serious adverse effects due to a

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- Avoid combination with drugs that prolong the QT interval (amiodarone, chloroquine, co-artemether, fluconazole, haloperidol, mefloquine, ondansetron, pentamidine, quinine, etc.).
- Monitor patients taking glibenclamide (risk of hypoglycaemia), NSAIDs (risk of seizure) and corticosteroids (risk of tendinitis).
- Do not administer simultaneously with:
  - antacids (aluminium or magnesium hydroxide, etc.): take ciprofloxacin 2 hours before or 4 hours after antacids;
  - iron salts, calcium, zinc sulfate: take 2 hours apart.
- Drink a lot of liquid during treatment (risk of crystalluria).
- **Pregnancy:** reserved for severe infections, when there is no therapeutic alternative.
- **Breast-feeding:** no contra-indication

## Remarks

- Ciprofloxacin is also used:
  - as first-line treatment of typhoid fever in some countries, however fluoroquinolone resistance is endemic in Asia and is increasing in several parts of the world;
  - as an alternative to first-line treatment for septicaemia (child: 15 to 20 mg/kg (max. 750 mg) 2 times daily; adult: 500 to 750 mg 2 times daily), in combination with other antibacterials.

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# CLARITHROMYCIN oral

Prescription under medical supervision

## Therapeutic action

- Macrolide antibacterial

## Indications

- Eradication of *Helicobacter pylori*, in combination with omeprazole and amoxicillin

## Forms and strengths

- 500 mg tablet

## Dosage and duration

- Adult: 500 mg 2 times daily for 7 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to clarithromycin or another macrolide.
- May cause:
  - headache, taste disturbances, insomnia, gastrointestinal disturbances, reversible hearing disorders;
  - heart rhythm disorders (QT prolongation);
  - hypersensitivity reactions sometimes severe (in this event, stop treatment immediately).
- Administer with caution and reduce dosage by half in patients with severe renal impairment.
- Avoid combination with drugs that prolong the QT interval: amiodarone, antimalarials, antipsychotics, efavirenz, fluconazole, fluoroquinolones, hydroxyzine, ondansetron, etc.
- ~~Administer with caution and monitor combination with oral antidiabetics, statins~~

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# CLINDAMYCIN oral

Last update: September 2022

Prescription under medical supervision

## Therapeutic action

- Lincosamide antibacterial

## Indications

- Severe staphylococcal and/or streptococcal infections (e.g. erysipelas, cellulitis, pneumonia):
  - in betalactam-allergic patients
  - in infections due to methicillin-resistant *Staphylococcus aureus*
- Uncomplicated cutaneous anthrax
- Completion treatment following therapy with parenteral clindamycin

## Forms and strengths

- 150 mg and 300 mg capsules

## Dosage

- Child: 10 to 13 mg/kg (max. 600 mg) 3 times daily
- Adult: 600 mg 3 times daily

Age	Weight	150 mg capsule	300 mg capsule
1 to < 6 years	10 to < 20 kg	1 cap x 3	-
6 to < 9 years	20 to < 30 kg	-	1 cap x 3

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- Cutaneous anthrax: 7 to 14 days depending on severity
- Pneumonia: 10 to 14 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to lincosamides or history of pseudomembranous colitis.
- Reduce dosage in patients with hepatic impairment.
- May cause: pseudomembranous colitis, rash, jaundice, severe allergic reactions. In these cases, stop treatment.
- In the event of pseudomembranous colitis, treat for *Clostridium difficile* infection (oral metronidazole).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** use only when there is no therapeutic alternative. Check infant's stools (risk of pseudomembranous colitis).

## Remarks

- Take capsules with a full glass of water (risk of esophageal irritation).
- If needed, open the capsule and mix the content into a spoon with food or fruit juice to mask the unpleasant taste.
- Clindamycin is used in combination with quinine for the treatment of malaria in pregnant women (10 mg/kg 2 times daily for 7 days).

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# CLOXACILLIN oral

Prescription under medical supervision

## Therapeutic action

- Penicillin antibacterial

## Indications

- Impetigo (preferably use cefalexin for this indication)

## Forms and strengths

- 250 mg and 500 mg capsules

## Dosage and duration

- Child over 10 years: 15 mg/kg 3 times daily for 7 days (max. 3 g daily)
- Adult: 1 g 3 times daily for 7 days

Age	Weight	250 mg capsule	500 mg capsule
10 to < 13 years	30 to < 45 kg	2 cap x 3	1 cap x 3
13 to < 15 years	45 to < 55 kg	3 cap x 3	–
Adult	≥ 55 kg	4 cap x 3	2 cap x 3

## Contra-indications, adverse effects, precautions

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## Remarks

- Take between meals.
- Dicloxacillin, flucloxacillin and oxacillin are antibacterials used for the same indication.
- Also comes in powder for oral solution 125 mg/5 ml and 1 g capsules.

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# CO-AMOXICLAV oral

See [AMOXICILLIN/CLAVULANIC acid oral](#)

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# CO-ARTEMETHER oral

See [ARTEMETHER/LUMEFANTRINE = AL oral](#)

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# CODEINE oral

Last updated: October 2024

Prescription under medical supervision

- Use for short term treatment (risk of dependence and tolerance).
- Due to the numerous and potentially severe adverse effects of codeine, patients should be kept under close surveillance.

## Therapeutic action

- Opioid analgesic

## Indications

- Moderate pain, alone or in combination with a non-opioid analgesic

## Forms and strengths

- 30 mg codeine phosphate tablet

## Dosage

- Child over 12 years and adult: 30 to 60 mg every 4 to 6 hours; maximum 240 mg daily

## Duration

- According to clinical evolution; as short as possible.

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- Reduce dosage in patients with renal or hepatic impairment and in elderly patients.
- Management of respiratory depression includes assisted ventilation and/or administration of naloxone.
- **Pregnancy:** no contra-indication. The newborn infant may develop withdrawal symptoms, respiratory depression and drowsiness in the event of prolonged administration of large doses at the end of the 3<sup>rd</sup> trimester. In this event, closely monitor the newborn infant.
- **Breast-feeding:** use with caution, for a short period (2-3 days), at the lowest effective dose. Monitor the mother and the infant: in the event of excessive drowsiness, stop treatment.

## Remarks

- Administer an appropriate laxative (e.g. lactulose) if analgesic treatment continues more than 48 hours.
- In some countries, codeine is on the list of narcotics: follow national regulations.

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# **COLECALCIFEROL = VITAMIN D3 oral**

Prescription under medical supervision

## **Therapeutic action**

- Vitamin necessary for the intestinal absorption of calcium and phosphate and for normal bone calcification

## **Indications**

- Prevention and treatment of vitamin D deficiencies (rickets, osteomalacia)

## **Forms and strengths**

- 10 000 IU/ml oral solution, in 10 ml vial
- 50 000 IU/ml oral solution, in 2 ml ampoule (100 000 IU)

## **Dosage and duration**

Colecalciferol and ergocalciferol are used at the same doses:

### **Prevention of vitamin D deficiencies**

- Term neonate: 400 to 800 IU once daily until 6 months of age
- Term neonate in contexts of high prevalence of vitamin D deficiency: 600 to 1200 IU once daily until 6 months of age
- Pregnant woman: 100 000 IU single dose (one 2 ml ampoule) in the 6<sup>th</sup> or 7<sup>th</sup> month of pregnancy

### **Treatment of vitamin D deficiencies**

- Child < 3 months: 2 000 IU once daily for 3 months
- Child from 3 to < 12 months: 2 000 IU once daily for 3 months or 50 000 IU single dose

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## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with hypercalcaemia, hypercalciuria, calcic lithiasis, severe renal impairment.
- Stop treatment if signs of overdosage occur: headache, anorexia, nausea, vomiting, increased thirst, polyuria.
- Avoid combination with thiazide diuretics, e.g. hydrochlorothiazide (decreased urinary calcium excretion).
- Monitor, if possible, calcaemia and calciuria during curative treatment.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication. When curative treatment is being administered to the mother, do not give vitamin D to the child.

## **Remarks**

- The number of IU per drop of oral solution varies according to manufacturers. Check instructions for use.
- Preferably use the vials of oral solution that, once opened, keep for 6 months.
- During the first 3 months of curative treatment, administer a supplement of 500 mg of calcium once daily.

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# **CO-TRIMOXAZOLE = SULFAMETHOXAZOLE (SMX)/TRIMETHOPRIM (TMP) oral**

Last updated: December 2024

Prescription under medical supervision

## **Therapeutic action**

- Combination of two antibacterials: a sulfonamide (sulfamethoxazole) and a diaminopyrimidine antifolate (trimethoprim)

## **Indications**

- Treatment of cerebral toxoplasmosis, pneumocystosis, isosporiasis, cyclosporiasis and brucellosis
- Prophylaxis of pneumocystosis, toxoplasmosis and isosporiasis
- Second-line treatment of pertussis
- Uncomplicated typhoid fever if the strain is susceptible (recent drug susceptibility test)

## **Forms and strengths**

- 400 mg SMX/80 mg TMP and 800 mg SMX/160 mg TMP tablets
- 100 mg SMX/20 mg TMP dispersible tablet

## **Dosage**

### **Treatment of cerebral toxoplasmosis**

- Child 6 weeks and over and adult: 25 mg SMX/5 mg TMP/kg 2 times daily

### **Treatment of pneumocystosis**

- Child 4 weeks and over: 50 mg SMX/10 mg TMP/kg (max. 1600 mg SMX/320 mg TMP) 2 times

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## **Treatment of pertussis, brucellosis and typhoid fever**

- Child 6 weeks and over: 20 mg SMX/4 mg TMP/kg (max. 800 mg SMX/160 mg TMP) 2 times daily
- Adult: 800 mg SMX/160 mg TMP 2 times daily

## **Duration**

- Cyclosporiasis: 7 days
- Isosporiasis: 7 to 10 days
- Typhoid fever, pertussis: 14 days
- Pneumocystosis: 21 days
- Cerebral toxoplasmosis: 4 to 6 weeks
- Brucellosis: 6 weeks

## **Contra-indications, adverse effects, precautions**

- Do not administer:
  - to children under 6 weeks (risk of neonatal hyperbilirubinemia and haemolysis), except for the treatment and prophylaxis of pneumocystosis;
  - to patients with severe renal or hepatic impairment or with history of hypersensitivity to sulfonamides.
- May cause:
  - haemolytic anaemia in patients with G6PD deficiency, haematologic disorders (thrombocytopenia, leucopenia, agranulocytosis, megaloblastic anaemia due to folic acid deficiency);
  - hypersensitivity reactions (including severe cutaneous reactions such as Stevens-Johnson, Lyell and DRESS syndromes). Early symptoms such as fever, rash, mouth ulcers and bleeding require immediate medical attention.  
In all these cases, stop treatment immediately.
  - gastrointestinal disturbances, hepatic or renal disorders (crystalluria, etc.), metabolic disorders (hyperkalaemia, hypoglycaemia, hyponatraemia);, neuropathy, photosensitivity (protect skin from sun exposure).
- In the event of prolonged treatment, monitor full blood count if possible.
- Avoid or monitor combination with:
  - drugs inducing hyperkalaemia such as potassium salts, spironolactone, enalapril, NSAIDs,

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- For other indications: avoid if possible.
- **Breast-feeding:** avoid in women breastfeeding neonates and in women breastfeeding infants that are premature, low birth weight, jaundiced, or ill (same risk as neonates). If used, observe the child for signs of anaemia or jaundice.

## Remarks

- Preferably take during meals.

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# DAPSONE oral

Last updated: October 2023

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of dapsone, patients should be kept under close surveillance.

## Therapeutic action

- Sulfone antibacterial, antileprotic

## Indications

- Prophylaxis of toxoplasmosis and pneumocystosis, in combination with pyrimethamine and folinic acid
- Treatment of pneumocystosis, in combination with trimethoprim
- Paucibacillary and multibacillary leprosy, in combination with rifampicin and clofazimine

## Forms and strengths

- 50 mg and 100 mg tablets

## Dosage

### Prophylaxis of pneumocystosis only

- Child: 2 mg/kg once daily (max. 100 mg daily)
- Adult: 100 mg once daily

### Prophylaxis of toxoplasmosis and pneumocystosis

- Child: 2 mg/kg once daily (max. 25 mg daily)

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## Duration

- Prophylaxis of toxoplasmosis and pneumocystosis: as long as necessary
- Treatment of pneumocystosis: 21 days
- Paucibacillary leprosy: 6 months
- Multibacillary leprosy: 12 months

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to sulfones or severe anaemia (first treat anaemia).
- Administer with caution to patients with renal or hepatic impairment.
- May cause: haemolytic anaemia in patients with G6PD deficiency, dose-related haemolytic anaemia, neutropenia, methaemoglobinæmia, pruritus, rash, gastrointestinal disturbances, peripheral neuropathies, agranulocytosis; hypersensitivity reactions during the first month of treatment (fever, jaundice, hepatitis, adenopathy, exfoliative dermatitis, etc.) requiring permanent discontinuation of treatment.
- Monitor blood count and transaminases if possible.
- Monitor combination with zidovudine (increased haematological toxicity).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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# DARUNAVIR = DRV oral

Last updated: November 2022

Prescription under medical supervision

## Therapeutic action

- Antiretroviral, HIV protease inhibitor

## Indications

- HIV infection, in combination with ritonavir (booster) and other antiretrovirals

## Forms and strengths

- 75 mg, 150 mg, 400 mg and 600 mg tablets
- 400 mg darunavir/50 mg ritonavir tablet

## Dosage

### Patients with no previous use of protease inhibitors

- Single formulations
  - Child 14 to < 35 kg: 600 mg once daily (+ 100 mg ritonavir once daily)
  - Child ≥ 35 kg and adult: 800 mg once daily (+ 100 mg ritonavir once daily)
- Fixed-dose combination
  - Child ≥ 40 kg and ≥ 12 years and adult: two 400/50 mg tablets once daily

### Patients with previous use of protease inhibitors

- Single formulations
  - Child 14 to < 25 kg: 375 mg 2 times daily (+ 50 mg ritonavir 2 times daily)
  - Child 25 to < 35 kg: 400 mg 2 times daily (+ 100 mg ritonavir 2 times daily)

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- Do not combine with rifampicin (decreased plasma concentrations of darunavir). Replace rifampicin with rifabutin.
- Administer with caution and monitor use in patients with haemophilia (increased bleeding) or mild to moderate hepatic impairment.
- May cause:
  - gastrointestinal disturbances, headache, insomnia, fatigue, dizziness, peripheral neuropathy, renal disorders, myocardial infarction, hypertension, tachycardia, hyperglycaemia, hyperlipidaemia, lipodystrophy;
  - skin rash sometimes severe, hepatic disorders; in this event, stop treatment immediately.
- Darunavir in combination with ritonavir reduces the efficacy of implants and oral contraceptives: use injectable medroxyprogesterone or an intrauterine device.
- **Pregnancy:** no contra-indication; use 2 times daily dosing due to decreased plasma concentrations of darunavir during pregnancy.

## Remarks

- Take with meals together with ritonavir.

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# **DESOGESTREL oral**

Prescription under medical supervision

## **Therapeutic action**

- Hormonal contraceptive, progestogen

## **Indications**

- Oral contraception

## **Forms and strengths**

- 0.075 mg (75 micrograms) tablet

## **Dosage**

- One tablet daily to be taken at the same time each day, on a continuous basis, including during menstruation.
- Contraception may be started at any moment of the cycle if it is reasonably certain the woman is not pregnant, including when switching from another form of contraception. Contraception will be effective as of the 3<sup>rd</sup> tablet.  
Use condoms for the first 2 days of the pack if the pill is started:
  - more than 5 days after the start of menstruation;
  - more than 28 days postpartum if not breastfeeding;
  - more than 7 days after an abortion.
- If a pill is missed, it should be taken as soon as possible and usual treatment continued. The missed pill and next scheduled pill can be taken together.  
If the missed pill is more than 12 hours overdue, the effectiveness of the contraceptive is reduced.  
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- Do not administer to women with breast cancer, severe or recent liver disease, unexplained vaginal bleeding, active thromboembolic disorders.
- May cause: amenorrhoea, menstrual disturbances, nausea, weight gain, breast tenderness, mood changes, acne, headache.
- Enzyme-inducing drugs (rifampicin, rifabutine, efavirenz, nevirapine, lopinavir, ritonavir, phenobarbital, phenytoin, carbamazepine, griseofulvin, etc.) reduce the effectiveness of the contraceptive.
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication

## Remarks

- Desogestrel is a possible alternative when oestroprogesterogens are contra-indicated or poorly tolerated. It has a wider window for error and may therefore be preferred to levonorgestrel which must be taken at strictly the exact same time daily.

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# **DEXAMETHASONE oral**

Last updated: September 2023

Prescription under medical supervision

## **Therapeutic action**

- Long-acting steroid anti-inflammatory drug (corticosteroid)

## **Indications**

- Symptomatic treatment of severe allergic and inflammatory reactions

## **Forms and strengths**

- 2 mg and 4 mg tablets

## **Dosage and duration**

Dosage varies according to indication, reaction severity and clinical response:

- Child: 0.15 to 0.6 mg/kg (max. 16 mg) once daily
- Adult: 0.5 to 24 mg (max. 40 mg) once daily

Duration varies according to indication. Due to dexamethasone's long half-life, a treatment of 1 or 2 days is usually sufficient in asthma or croup. In the event of treatment longer than 10 days, decrease doses gradually to avoid adrenal suppression.

## **Contra-indications, adverse effects, precautions**

- In case of systemic infection, only administer if patient is under antimicrobial treatment.
- May cause (if prolonged treatment with high doses): adrenal suppression, muscle atrophy, growth retardation, increased susceptibility to infections, sodium and water retention (oedema and hypertension), osteoporosis, hypokalaemia, digitalis toxicity due to potassium loss in patients.

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# DIAZEPAM oral

Last updated: February 2024

Prescription under medical supervision

 Do not exceed the recommended duration of treatment (risk of dependence and tolerance).

## Therapeutic action

- Anxiolytic, sedative, antiseizure (anticonvulsant), muscle relaxant

## Indications

- Severe anxiety, insomnia, and agitation

## Forms and strengths

- 2 mg and 5 mg tablets

## Dosage and duration

### Anxiety

- Adult: 2.5 to 5 mg 2 times daily for 2 to 3 weeks max. reducing the dose by half the last days before stopping treatment

### Insomnia

- Adult: 2 to 5 mg once daily at bedtime for 7 days max.

### Agitation

- Adult: 10 mg single dose

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- hypotension, muscle weakness, ataxia, hypotonia, drowsiness (caution when driving/operating machinery), lethargy, confusion, impaired concentration, memory loss, hyperactive or aggressive behaviour;
- withdrawal syndrome or rebound effect if prolonged treatment is discontinued abruptly;
- respiratory depression and coma in the event of overdose.
- Avoid or monitor in combination with:
  - drugs containing alcohol, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation);
  - enzyme inducers such as rifampicin, rifabutin, nevirapine, phenobarbital, phenytoin, carbamazepine, etc. (reduced effect of diazepam);
  - omeprazole, macrolides, ritonavir, isoniazid, fluconazole, itraconazole, etc. (increased diazepam toxicity);
  - phenytoin (increased phenytoin toxicity).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy and breast-feeding:** avoid (passage through the placenta and breast milk)

## Remarks

- Diazepam is subject to international controls: follow national regulations.
- Diazepam is also used in the treatment of pre-delirium tremens (alcohol withdrawal) in adults: 10 mg every 6 hours for 1 to 3 days, then reduce and stop over 7 days.

## Storage

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# DIETHYLCARBAMAZINE = DEC oral

Last updated: November 2023

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of DEC, patients should be kept under close surveillance.

## Therapeutic action

- Anthelminthic (antifilarial)

## Indications

- Lymphatic filariasis

## Forms and strengths

- 100 mg breakable tablet

## Dosage

- Child under 10 years: 0.5 mg/kg on D1, then increase the dose gradually over 3 days to 1 mg/kg 3 times daily
- Child over 10 years and adult: 1 mg/kg on D1, then increase the dose gradually over 3 days to 2 mg/kg 3 times daily

## Duration

- *W. bancrofti*: 12 days
- *B. malawi*, *B. timori*: 6 to 12 days

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- in patients with associated onchocerciasis: severe ocular damages (optic nerve lesions, retinal lesions);
- in patients with associated loiasis: encephalitis (potentially fatal) if *Loa loa* microfilaraemia is high.
- Reduce dosage in patients with renal impairment.
- **Pregnancy:** CONTRA-INDICATED (treatment may be deferred until after delivery)
- **Breast-feeding:** not recommended

## Remarks

- In countries with a national programme for the elimination of bancroftian filariasis, the combination diethylcarbamazine + albendazole is administered as a single annual dose for 4 to 6 years. This regimen is only suitable for countries that are free from *Onchocerca volvulus* and/or *Loa loa*.

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# DIGOXIN oral

Last updated: February 2024

Prescription under medical supervision

 Due to narrow margin between therapeutic and toxic dose, patients should be kept under close surveillance.

## Therapeutic action

- Cardiotonic

## Indications

- Supraventricular arrhythmias (fibrillation, flutter, paroxysmal tachycardia)
- Heart failure

## Forms and strengths

- 250 micrograms (0.25 mg) tablet

## Dosage

- Adult: 125 to 250 micrograms (0.125 to 0.25 mg) once daily
- Reduce the dose by half in older patients and in patients with renal impairment.

## Duration

- According to clinical response

## Contra-indications, adverse effects, precautions

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- potassium-depleting drugs: diuretics, corticosteroids, amphotericin B (increased risk of digoxin toxicity).
- Monitor if possible serum potassium level in patients taking potassium-depleting drugs and serum creatinine level in patients with renal impairment.
- Do not administer simultaneously with antacids such as aluminium hydroxide, etc., administer 2 hours apart.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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# **DIHYDROARTEMISININ/PIPERAQUINE = DHA/PPQ oral**

Prescription under medical supervision

## **Therapeutic action**

- Antimalarial

## **Indications**

- Treatment of uncomplicated falciparum malaria
- Treatment of uncomplicated malaria due to other Plasmodium species, when chloroquine cannot be used
- Completion treatment following parenteral therapy for severe malaria

## **Forms and strengths**

- Co-formulated tablets of dihydroartemisinin (DHA)/piperaquine (PPQ), in blister pack, for a complete treatment for one individual
- There are 5 different blister packs:
  - 20 mg DHA/160 mg PPQ tablets blister pack of 3 tablets
  - 40 mg DHA/320 mg PPQ tablets blister pack of 3 tablets
  - 40 mg DHA/320 mg PPQ tablets blister pack of 6 tablets
  - 40 mg DHA/320 mg PPQ tablets blister pack of 9 tablets
  - 40 mg DHA/320 mg PPQ tablets blister pack of 12 tablets

## **Dosage and duration**

- Child 5 to < 25 kg: 2.5 to 10 mg/kg daily of DHA + 20 to 32 mg/kg daily of PPQ

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<b>Weight</b>	<b>20 mg/160 mg tablet</b>	<b>40 mg/320 mg tablet</b>
5 to < 8 kg	1 tab	–
8 to < 11 kg	1½ tab	–
11 to < 17 kg	–	1 tab
17 to < 25 kg	–	1½ tab
25 to < 36 kg	–	2 tab
36 to < 60 kg	–	3 tab
60 to < 80 kg	–	4 tab
≥ 80 kg	–	5 tab

- Tablets are to be taken once daily for 3 days.

## **Contra-indications, adverse effects, precautions**

- Do not administer in the event of cardiac disorders (bradycardia, heart rhythm disorders, congestive heart failure).
- Do not combine with drugs that prolong the QT interval: amiodarone, other antimalarials, antipsychotics, fluconazole, fluoroquinolones, hydroxyzine, macrolides, ondansetron, etc.
- Administer with caution to patients > 60 years or with renal or hepatic impairment.
- May cause: cardiac disorders (QT prolongation, tachycardia); rarely, gastrointestinal disturbances, pruritus, hepatic disorders, joint and muscle pain.
- Monitor combination with: antiretrovirals (increased blood levels of these drugs), enzymes inducers such as rifampicin, carbamazepine, phenytoin, phenobarbital (reduced blood levels of DHA/PPQ).
- If the patient vomits within 30 minutes after administration, re-administer the full dose. If the patient

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# DOLUTEGRAVIR = DTG oral

Last updated: October 2024

Prescription under medical supervision

## Therapeutic action

- Antiretroviral, inhibitor of HIV integrase

## Indications

- HIV infection, in combination with other antiretrovirals

## Forms and strengths

- 10 mg dispersible tablet
- 50 mg tablet

## Dosage

The daily dose is administered once daily.

- Child 1 month and over and adult:

Weight	Daily dose	Tablets
3 to < 6 kg	5 mg	½ disp tab 10 mg
6 to < 10 kg	15 mg	1 ½ disp tab 10 mg
10 to < 14 kg	20 mg	2 disp tab 10 mg

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## Contra-indications, adverse effects, precautions

- Administer with caution to patients with severe hepatic impairment or coinfection with hepatitis B or hepatitis C virus.
- May cause:
  - insomnia, depression, anxiety, dizziness, headache, skin rash, gastrointestinal disturbances (nausea, vomiting, diarrhoea, etc.);
  - rarely: hepatotoxicity, hypersensitivity reactions.
- Do not administer simultaneously with antacids (aluminium or magnesium hydroxide, etc.), ferrous salts, calcium and zinc salts (effect of dolutegravir decreased). Take these drugs at least 6 hours before or 2 hours after dolutegravir.
- In patients taking:
  - metformin: monitor closely blood glucose level and renal function and adjust dose as needed (effect of metformin increased). Do not exceed 1 g of metformin daily.
  - enzyme-inducing drug (e.g. rifampicin, carbamazepine, phenytoin, phenobarbital, efavirenz, nevirapine): double the daily dose of dolutegravir (effect of dolutegravir decreased), e.g. 30 mg 2 times daily rather than 30 mg once daily, and maintain the double dose for 2 weeks after enzyme-inducing drug treatment completion.
- In adolescents and women of childbearing age, offer hormonal contraception or an intrauterine device.
- **Pregnancy:** small increased risk of neural tube defects but the benefits outweigh the risks. The administration of folic acid during the first trimester may reduce this risk.

## Remarks

- Three 10 mg dispersible tablets are equivalent to one 50 mg tablet.
- In children 20 kg and over, preferably use 50 mg tablet unless they cannot swallow tablets.
- Do not cut, crush or chew dispersible tablets. They can be swallowed or dispersed in a small amount of water.
- Dolutegravir is also used for HIV post-exposure prophylaxis in combination with other antiretrovirals.
- Also comes in fixed-dose combinations:
  - 300 mg tenofovir /300 mg lamivudine /50 mg dolutegravir. Preferably use this formulation when available in adolescents 30 kg and over and adults. In patients taking enzyme-inducing drugs,

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# DOXYCYCLINE oral

Last updated: September 2023

Prescription under medical supervision

 In children under 8 years, doxycycline can be used in treatments no longer than 21 days.

## Therapeutic action

- Cycline antibacterial

## Indications

- Cholera, uncomplicated cutaneous anthrax, louse-borne and tick-borne relapsing fevers, epidemic typhus and other rickettsioses, plague, brucellosis, leptospirosis, lymphogranuloma venereum
- Lymphatic filariasis, alternative to ivermectin in onchocerciasis
- Alternative to first-line treatments of treponematosis, atypical pneumonia (*Mycoplasma pneumoniae*, *Chlamydophila pneumoniae*), cervicitis and urethritis due to *Chlamydia trachomatis* (in combination with a treatment for gonorrhoea), donovanosis, syphilis

## Forms and strengths

- 100 mg tablet

## Dosage

### Louse-borne relapsing fever, epidemic typhus, cholera

- Child: 4 mg/kg (max. 100 mg) single dose
- Adult: 200 mg (300 mg in cholera) single dose

## Plague

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- Rickettsiosis: 5 to 7 days or until 3 days after fever has disappeared
- Leptospirosis, cervicitis and urethritis due to *C. trachomatis*: 7 days
- Cutaneous anthrax, tick-borne relapsing fever: 7 to 10 days
- Plague, atypical pneumonia: 10 to 14 days
- Early syphilis, bejel, pinta, lymphogranuloma: 14 days
- Filariasis: minimum 4 weeks
- Late latent syphilis: 30 days
- Brucellosis: 6 weeks
- Donovanosis: until complete healing of lesions

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with allergy to cyclines.
- Do not administer treatments longer than 21 days in children under 8 years (risk of discolouration of teeth).
- Administer with caution to patients with hepatic or renal impairment.
- May cause: gastrointestinal disturbances, allergic reactions, photosensitivity (protect exposed skin from sun exposure), oesophageal ulcerations (take tablets during meals with a glass of water in an upright position and at least 1 hour before going to bed).
- Do not give simultaneously with ferrous salts, zinc sulfate, calcium carbonate, antiacids (aluminium/magnesium hydroxide, etc.): administer 2 hours apart.
- Monitor combination with hepatic enzyme inducers: rifampicin, phenobarbital, phenytoin, carbamazepine, etc. (reduction of the doxycycline efficacy).
- **Pregnancy:** avoid during the 2<sup>nd</sup> and 3<sup>rd</sup> trimester (risk of discolouration and malformation of teeth). Use only for severe infections when doxycycline is the most effective option, and the benefits outweigh the risks. No contra-indication for single dose treatments.
- **Breast-feeding:** avoid if possible (risk of infant teeth discolouration) or do not exceed 10 days of treatment if there is no alternative.

## **Remarks**

- Doxycycline is also used:
  - as an alternative to first-line treatment for septicaemia of pulmonary origin (dose as for plague), in combination with other antibacterials;
  - for prophylaxis of plague, scrub typhus and leptospirosis

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# **EFAVIRENZ = EFV = EFZ oral**

Last updated: November 2022

Prescription under medical supervision

## **Therapeutic action**

- Antiretroviral, HIV-1 non nucleoside reverse transcriptase inhibitor

## **Indications**

- HIV-1 infection, in combination with other antiretrovirals

## **Forms and strengths**

- 200 mg breakable tablet, 200 mg capsule and 600 mg tablet

## **Dosage**

The daily dose is administered once daily at bedtime, on an empty stomach.

- Child 3 years and over and adult:

Weight	Daily dose	Tablets or capsules
10 to < 14 kg	200 mg	1 tab 200 mg or 1 cap 200 mg
14 to < 25 kg	300 mg	1 tab 200 mg + ½ tab 200 mg
25 to < 35 kg	400 mg	2 tab 200 mg or 2 cap 200 mg

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## **Contra-indications, adverse effects, precautions**

- Do not administer to children under 3 years and to patients with severe hepatic impairment.
- Do not combine with amodiaquine (risk of hepatotoxicity).
- Administer with caution to patients with psychiatric disorders (or history of) or epilepsy.
- Administer with caution and monitor combination with:
  - central nervous system depressants (opioids, benzodiazepines, phenobarbital, etc.), carbamazepine, phenytoin, oral anticoagulants;
  - QT prolonging drugs (amiodarone, co-artemether, mefloquine, quinine, haloperidol, etc.).
- May cause:
  - neuropsychiatric disorders: dizziness, headache, insomnia, drowsiness, abnormal dreaming, anxiety, aggressive behaviour, impaired concentration, seizures, depression, suicidal ideation;
  - hepatotoxicity and gastrointestinal disturbances;
  - skin reactions, possibly severe (Stevens-Johnson syndrome).
- Efavirenz reduces the efficacy of implants and oral contraceptives: use injectable medroxyprogesterone or an intrauterine device.
- **Pregnancy:** no contra-indication

## **Remarks**

- Capsules can be opened and their content mixed into a spoon with a small amount of food.
- Also comes in fixed-dose combinations (tenofovir/emtricitabine/efavirenz or tenofovir/lamivudine/efavirenz). Preferably use these formulations when available.

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# ENALAPRIL oral

Prescription under medical supervision

## Therapeutic action

- Angiotensin converting enzyme inhibitor (ACE)

## Indications

- Hypertension
- Chronic heart failure

## Forms and strengths

- 5 mg and 20 mg tablets

## Dosage

### Hypertension

- Adult: start with 5 mg once daily, then increase the dose gradually every 1 to 2 weeks, according to blood pressure, up to 10 to 20 mg once daily (max. 40 mg daily)
- In elderly patients, patients taking a diuretic or patients with renal impairment: start with 2.5 mg once daily then adapt dose according to renal function.

### Chronic heart failure

- Adult:
    - Week 1: 2.5 mg once daily for 3 days then 5 mg once daily
    - Week 2: 10 mg once daily for 3 days then 20 mg once daily
- The usual dose is 10 to 20 mg once daily or 5 to 10 mg 2 times daily depending on tolerance (max. 40 mg daily).

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- hypotension, dizziness, headache, gastrointestinal disturbances, dry cough, renal impairment, hyperkalaemia, hyponatraemia;
- allergic reactions, angioedema; hypoglycaemia, haematological disorders.
- Avoid or monitor combination with: potassium-sparing diuretics and/or potassium chloride (risk of hyperkalaemia); non steroidal anti-inflammatory drugs and/or diuretics (risk of renal impairment).
- Monitor combination with:
  - other antihypertensive drugs (risk of hypotension);
  - drugs that provoke hypotension (e.g. haloperidol, amitriptyline);
  - oral antidiabetics and insulin (risk of hypoglycaemia).
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication at recommended doses

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# **ERGOCALCIFEROL = VITAMIN D2 oral**

See [COLECALCIFEROL = VITAMIN D3 oral](#)

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# ERYTHROMYCIN oral

Last updated: January 2024

Prescription under medical supervision

## Therapeutic action

- Macrolide antibacterial

## Indications

- Alternative to first-line antibiotic treatment of:
  - Louse-borne relapsing fever, leptospirosis
  - Acute otitis media, pharyngitis and sinusitis; diphtheria, pertussis, atypical pneumonia due to *Mycoplasma pneumoniae* or *Chlamydophila pneumoniae*
  - Leg ulcer
  - Cervicitis and urethritis due to *Chlamydia trachomatis* (in combination with a treatment for gonorrhoea), donovanosis, chancroid, lymphogranuloma venereum, syphilis
  - Trachoma
- Neonatal conjunctivitis due to *Chlamydia trachomatis*
- Completion treatment following parenteral therapy with erythromycin

## Forms and strengths

- 250 mg and 500 mg tablets
- 125 mg/5 ml powder for oral suspension: ;
  - to be reconstituted with filtered water
  - to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations)

## Dosage

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## Other indications

- Child: 30 to 50 mg/kg daily in divided doses

Age	Weight	Daily dose	125 mg/5 ml susp.	250 mg tablet	500 mg tablet
1 to < 2 months	4 to < 5 kg	62.5 mg x 2	2.5 ml x 2	¼ tab x 2	–
2 to < 12 months	5 to < 10 kg	125 mg x 2	5 ml x 2	½ tab x 2	¼ tab x 2
1 to < 3 years	10 to < 15 kg	250 mg x 2	10 ml x 2	1 tab x 2	½ tab x 2
3 to < 8 years	15 to < 25 kg	250 mg x 3	10 ml x 3	1 tab x 3	½ tab x 3
8 to < 11 years	25 to < 35 kg	500 mg x 2	–	2 tab x 2	1 tab x 2
11 to < 13 years	35 to < 45 kg	500 mg x 3	–	2 tab x 3	1 tab x 3

- Adult: 500 mg 4 times daily or 1 g 2 to 3 times daily

## Duration

- Leptospirosis, pertussis, cervicitis and urethritis, chancroid, leg ulcer: 7 days
- Sinusitis: 7 to 10 days
- Pharyngitis, otitis: 10 days
- Atypical pneumonia: 10 to 14 days
- Diphtheria, early syphilis, lymphogranuloma venereum, donovanosis, conjunctivitis due to *C. trachomatis*, trachoma: 14 days
- Late latent syphilis: 30 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to erythromycin or another macrolide.
- Avoid or administer with caution to children under 6 months and particularly to neonates under 2 weeks.

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- Administer with caution and monitor use in patients taking carbamazepine, digoxin or warfarin (plasma concentrations of these drugs increased).
- **Pregnancy and breast-feeding:** no contra-indication

## Remarks

- Take tablets preferably one hour before or 2 hours after a meal.

## Storage

 -  - Below 25 °C

For the oral suspension (powder or reconstituted suspension): follow manufacturer's instructions.

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# **ETHAMBUTOL = E oral**

Last updated: August 2022

Prescription under medical supervision

## **Therapeutic action**

- First line antituberculosis antibacterial (bacteriostatic activity)

## **Indications**

- Tuberculosis, in combination with other antituberculosis antibacterials

## **Forms and strengths**

- 100 mg and 400 mg tablets
- 50 mg and 100 mg dispersible tablets

## **Dosage**

- Child and adult: 15 to 25 mg/kg once daily
- Do not exceed 1200 mg daily.
- Patient with renal impairment: 15 to 25 mg/kg 3 times weekly

## **Duration**

- According to protocol

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with severe renal impairment or pre-existing optic neuritis (e.g. diabetic retinopathy).

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## **Remarks**

- For patients sensitive to first-line antituberculosis treatment, ethambutol is given as part of a fixed dose combination.

## **Storage**

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# ETHINYLESTRADIOL/LEVONORGESTREL oral

Last updated: October 2021

Prescription under medical supervision

## Therapeutic action

- Combined hormonal contraceptive, oestrogen-progestogen

## Indications

- Oral contraception
- Abnormal uterine bleeding (especially functional uterine bleeding unrelated to pregnancy)

## Forms and strengths

- 28-day pack: 21 active tablets of 0.03 mg (30 micrograms) ethinylestradiol + 0.15 mg (150 micrograms) levonorgestrel and 7 inactive tablets (ferrous salts)

## Dosage and duration

- Oral contraception**

Adolescent and adult: one tablet daily, to be taken preferably at the same time each day, on a continuous basis, including during menstruation.

Explain to the woman which are the active and inactive tablets. Careful not to start with inactive tablets.

▫ Contraception may be started at any moment of the cycle if it is reasonably certain the woman is not pregnant, including when switching from another form of contraception. Contraception will

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- If 3 or more successive active tablets are missed, contraceptive effectiveness is compromised. Take one tablet as soon as possible, then continue treatment as usual and use condoms for the next 7 days.
  - ▷ if the tablets are missed during the 1<sup>st</sup> week of a pack (1<sup>st</sup> to 7<sup>th</sup> tablet) or if the woman has had intercourse in the 5 days before forgetting the tablets, use emergency contraception.
  - ▷ if the tablets are missed during the 3<sup>rd</sup> week of the pack (15<sup>th</sup> to 21<sup>st</sup> tablet), finish all the active tablets and start a new pack the next day, without taking the inactive tablets. If it is not possible to start a new pack immediately, use condoms for the next 7 days.
- **Persistent abnormal uterine bleeding despite tranexamic acid therapy or heavy bleeding when tranexamic acid is CONTRA-INDICATED**  
Adolescent and adult: one tablet 3 times daily for 7 days
- **Long-term treatment of functional uterine bleeding**  
Adolescent and adult: one tablet daily (as for contraception). Continue treatment according to clinical response.

## Contra-indications, adverse effects, precautions

- Do not administer to women with breast cancer, hypertension, uncontrolled or complicated diabetes, history of thromboembolic disorders, coronary insufficiency, valvular disease, stroke, severe or recent hepatic disease, migraine with neurological signs, renal impairment, hyperlipidaemia, to women smokers over age 35.
- May cause: reduced menstrual flow, nausea, weight gain, breast tenderness, mood changes, acne and headache. Other rare and severe adverse effects require discontinuation of treatment: hypertension, cardiovascular and thromboembolic disorders, jaundice, migraine, visual disturbances.
- Enzyme-inducing drugs (rifampicin, rifabutine, efavirenz, nevirapine, lopinavir, ritonavir, phenobarbital, phenytoin, carbamazepine, griseofulvin, etc.) reduce the effectiveness of the contraceptive.
- Clinical examinations must be carried out before (blood pressure, breasts) and during treatment (blood pressure).
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** CONTRA-INDICATED before 6 weeks postpartum; not recommended between 6 weeks and 6 months (except if it is the only available or acceptable contraceptive method); no contra-indication after 6 months.

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# **FERROUS salts oral**

## **Therapeutic action**

- Antianaemia drug

## **Indications**

- Prevention of iron-deficiency
- Treatment of iron-deficiency anaemia

## **Forms and strengths**

- 140 mg/5 ml syrup of ferrous fumarate containing approximately 45 mg/5 ml of elemental iron
- 200 mg ferrous fumarate or sulfate tablet containing approximately 65 mg of elemental iron

## **Dosage**

(expressed as elemental iron)

### **Prevention of iron-deficiency**

- Neonate: 4.5 mg once daily
- Child 1 month to < 12 years: 1 to 2 mg/kg once daily (max. 65 mg daily)
- Child ≥ 12 years and adult: 65 mg once daily

### **Treatment of iron-deficiency anaemia**

- Neonate: 1 to 2 mg/kg 2 times daily
- Child 1 month to < 6 years: 1.5 to 3 mg/kg 2 times daily
- Child 6 to < 12 years: 65 mg 2 times daily
- Child ≥ 12 years and adult: 65 mg 2 to 3 times daily

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Age	Weight	Prevention		Treatment	
		45 mg/5 ml syrup	65 mg tablet	45 mg/5 ml syrup	65 mg tablet
< 1 month	< 4 kg	0.5 ml	–	0.5 ml x 2	–
1 month to < 1 year	4 to < 10 kg	1 ml	–	1.5 ml x 2	–
1 to < 6 years	10 to < 20 kg	2.5 ml	–	2.5 ml x 2	–
6 to < 12 years	20 to < 40 kg	5 ml	–	–	1 tab x 2
≥ 12 years and adult	≥ 40 kg	–	1 tab	–	1 tab x 2 or 3

## Duration

- Prevention: during risk period (pregnancy, malnutrition)
- Treatment: 3 months

## Contra-indications, adverse effects, precautions

- Do not administer to patients with other forms of anaemia.
- May cause: abdominal pain, nausea, vomiting, diarrhoea or constipation, black stools.
- Do not exceed recommended doses in children (risk of overdose). 20 mg/kg of elemental iron (60 mg/kg of ferrous fumarate or sulfate) is considered toxic.
- Do not give simultaneously with doxycycline, ciprofloxacin, dolutegravir, antacids (aluminium hydroxide or magnesium, etc.), levodopa or zinc sulfate (reduced absorption of both drugs). Administer each drug at least 2 hours apart.
- Administration in combination with ascorbic acid (vitamin C) increases iron absorption.
- Rinse mouth or drink water after administration of syrup (risk of tooth staining).
- **Pregnancy and breast-feeding:** no contra-indication

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# **FERROUS salts/FOLIC acid oral**

**Last updated: October 2023**

## **Indications**

- Prevention of iron and folic acid deficiency, mainly during pregnancy
- Treatment of iron-deficiency anaemia

## **Forms and strengths**

- Tablet of 185 mg ferrous fumurate or sulfate (60 mg of elemental iron) + 400 micrograms folic acid (vitamin B<sub>9</sub>)

## **Dosage**

- See dosage of ferrous salts

## **Remarks**

- This fixed-dose combination is not effective for the treatment of folic acid deficiency because of its low dose.

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# FLUCONAZOLE oral

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Antifungal

## Indications

- Oesophageal candidiasis
- Moderate to severe oropharyngeal candidiasis
- Secondary prophylaxis of recurrent candidiasis in immunocompromised patients
- Cryptococcal meningitis, after treatment with amphotericin B + flucytosine or in combination with amphotericin B or flucytosine
- Secondary prophylaxis of cryptococcal infections

## Forms and strengths

- 50 mg and 200 mg capsules
- 50 mg/5 ml oral suspension

## Dosage and duration

### Oesophageal candidiasis, oropharyngeal candidiasis, secondary prophylaxis of recurrent candidiasis

- Child 1 month and over: 3 to 6 mg/kg (max. 200 mg) once daily
- Adult: 50 to 200 mg (max. 400 mg) once daily

The treatment lasts 14 to 21 days for oesophageal candidiasis; 7 to 14 days for oropharyngeal candidiasis; as long as required for secondary prophylaxis.

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<b>After treatment with amphotericin B + flucytosine</b>	Child ≥ 1 month	12 mg/kg once daily for 1 week then 6 to 12 mg/kg once daily for 8 weeks Max. 800 mg once daily
	Adult	1200 mg once daily for 1 week then 800 mg once daily for 8 weeks
or		
<b>In combination with amphotericin B or flucytosine</b>	Child ≥ 1 month	12 mg/kg once daily for 2 weeks (with amphotericin B or flucytosine) then 6 to 12 mg/kg once daily for 8 weeks Max. 800 mg once daily
	Adult	1200 mg once daily for 2 weeks (with amphotericin B or flucytosine) then 800 mg once daily for 8 weeks

#### **Secondary prophylaxis of cryptococcal infections**

- Child: 6 mg/kg (max. 200 mg) once daily, as long as required
- Adult: 200 mg once daily, as long as required

#### **Contra-indications, adverse effects, precautions**

- Administer with caution to patients with hepatic or renal impairment, cardiac disorders (bradycardia, heart rhythm disorders, etc.).
- Reduce the dose by half in patients with renal impairment.
- May cause: gastrointestinal disturbances, headache, skin reactions sometimes severe, anaphylactic reactions; severe hepatic disorders, haematologic (leukopenia, thrombocytopenia) and cardiac disorders (QT-prolongation). Stop treatment in the event of anaphylactic reaction, hepatic disorders or severe skin reaction.
- In the event of prolonged treatment, monitor hepatic function.
- Do not administer simultaneously with rifampicin, administer 12 hours apart (rifampicin in the

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## Remarks

- As in neonates the half-life of fluconazole is prolonged, it should be administered every 72 hours (neonates < 14 days) or every 48 hours (neonates  $\geq$  14 days).
- For the treatment of histoplasmosis, fluconazole is less effective than itraconazole. In patients unable to tolerate itraconazole, the dose of fluconazole is:
  - child: 10 to 12 mg/kg (max. 400 mg) once daily for 6 to 12 weeks
  - adult: 400 mg on D1 then 200 to 400 mg once daily for 6 to 12 weeks
- For the treatment of genital candidiasis (vulvovaginitis, balanitis), fluconazole is only used if local treatment fails: 150 mg single dose in adults.

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Once reconstituted, oral suspension keeps for 2 weeks.

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# FLUCYTOSINE oral

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Antifungal

## Indications

- Cryptococcal meningitis (induction phase), in combination with amphotericin B or fluconazole

## Forms and strengths

- 500 mg capsule and tablet

## Dosage

- Child over 1 week and adult: 25 mg/kg 4 times daily

## Duration

- One week if in combination with amphotericin B
- 2 weeks if in combination with fluconazole

## Contra-indications, adverse effects, precautions

- Administer with caution and monitor use in patients > 60 years or with renal impairment or haematological disorders.
- Reduce the dose by half (25 mg/kg 2 times daily) in patients with renal impairment.
- May cause: gastrointestinal disturbances, haematological disorders (leukopenia,

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- For children, tablets may be crushed.
- Also comes in 250 mg capsule and tablet.

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# FLUOXETINE oral

Last updated: March 2024

Prescription under medical supervision

## Therapeutic action

- Antidepressant, selective serotonin re-uptake inhibitor (SSRI)

## Indications

- Major depression
- Generalised anxiety
- Severe post-traumatic stress disorder

## Forms and strengths

- 20 mg capsule

## Dosage

### Major depression

- Adult: 20 mg on alternate days for one week, then 20 mg once daily. In case of insufficient response after 3 weeks, increase up to 40 mg daily max.

### Generalised anxiety, severe post-traumatic stress disorder

- Adult: 20 mg once daily

## Duration

- Major depression: at least 9 months. Discontinue treatment gradually (e.g. half dose once daily for 2 weeks then on alternate days for 2 weeks). If signs of relapse or withdrawal occur, increase the

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- gastrointestinal disturbances, drowsiness (caution when driving or operating machinery); fatigue, headache, dizziness, seizures, sexual dysfunction, blurred vision, hyponatraemia especially in older patients;
- mental disorders: anxiety, insomnia, agitation, aggressive behaviour, suicidal ideation in young adults;
- withdrawal symptoms very frequent if discontinued abruptly: dizziness, paraesthesia, nightmares, anxiety, tremors and headaches.
- Avoid combination with:
  - aspirin, NSAIDs and warfarin (risk of bleeding);
  - serotonergic drugs: other SSRI, tricyclic antidepressants, ondansetron, tramadol, etc. (risk of serotonin syndrome).
- Monitor combination with: carbamazepine, phenytoin, risperidone (increased plasma concentrations), drugs which lower the seizure threshold (antipsychotics, mefloquine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** re-evaluate whether the treatment is still necessary; if it is continued, maintain fluoxetine at effective dose or consider switching to another SSRI if the woman plans to breast-feed. Observe the neonate (risk of agitation, tremors, hypotony, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester. If treatment starts during pregnancy, preferably use sertraline.
- **Breast-feeding:** avoid; consider switching to sertraline or if not available, paroxetine.

## Remarks

- Do not open the capsules.
- It is necessary to wait at least 2 to 3 weeks before assessing the antidepressant effect. This must be explained to the patient.

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# FOLIC acid = VITAMIN B9 oral

Prescription under medical supervision

## Therapeutic action

- Antianæmia drug

## Indications

- Treatment of folate-deficient megaloblastic anaemias: severe malnutrition, repeated attacks of malaria, intestinal parasitosis, etc.

## Forms and strengths

- 5 mg tablet

## Dosage and duration

- Child under 1 year: 0.5 mg/kg once daily for 4 months
- Child over 1 year and adult: 5 mg once daily for 4 months; 15 mg once daily in malabsorption states

## Contra-indications, adverse effects, precautions

- Do not combine with sulfadiazine-pyrimethamine in patients with toxoplasmosis nor sulfadoxine-pyrimethamine in patients with malaria: folic acid reduces the efficacy of these treatments.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Folic acid must not be used for the treatment of anaemia due to antifolates (pyrimethamine,

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# FOSFOMYCIN TROMETAMOL oral

Prescription under medical supervision

## Therapeutic action

- Phosphonic acid derivative antibacterial

## Indications

- Acute uncomplicated cystitis in women, without fever nor flank pain
- Asymptomatic bacteriuria in pregnant women

## Forms and strengths

- Granules for oral solution in 3 g sachet, to be dissolved in filtered water

## Dosage and duration

- 3 g single dose

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe renal impairment, allergy to fosfomycin.
- May cause: gastrointestinal disturbances, skin rash; rarely, allergic reactions.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- In the treatment of cystitis, symptoms should improve within 3 days of treatment. If not, the patient should consult again. Treatment failure may be due to the presence of naturally fosfomycin-

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# FUROSEMIDE oral

Prescription under medical supervision

## Therapeutic action

- Loop diuretic

## Indications

- Oedema associated with renal, hepatic or congestive heart failure

## Forms and strengths

- 20 mg and 40 mg tablets

## Dosage

- Adult: start with 20 mg once daily. Increase, if necessary, according to clinical response up to 80 mg once daily or 2 times daily (max. 160 mg daily). Once oedema decrease, reduce to 20 to 40 mg once daily.

## Duration

- According to clinical response

## Contra-indications, adverse effects, precautions

- Do not administer to patients with dehydration, severe hypokalaemia and hyponatraemia.
- May cause:
  - dehydration, hypotension, hypokalaemia, hyponatraemia, hyperuricemia;
  - renal impairment, deafness, photosensitivity.

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- **Breast-feeding:** CONTRA-INDICATED (excreted in milk and reduces milk production)

## Remarks

- Preferably take in the morning.
- A potassium-rich diet (dates, bananas, mangos, oranges, tomatoes, etc.) is recommended during treatment. If potassium level is < 3.5 mmol/litre, administer a sustained-release potassium supplement.
- Diuretics are not indicated in the treatment of nutritional oedema or oedema associated with pre-eclampsia.

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# GLIBENCLAMIDE oral

Prescription under medical supervision

## Therapeutic action

- Sulfonylurea antidiabetic

## Indications

- Second-line treatment of type 2 diabetes, in patients under 60 years:
  - as monotherapy, when metformin is not tolerated or contra-indicated
  - in combination with metformin, when glycaemic control is inadequate with metformin alone

## Forms and strengths

- 5 mg scored tablet

## Dosage and duration

- Adult:

Week 1: 2.5 mg once daily in the morning  
Week 2: 5 mg once daily in the morning  
Increase if necessary in increments of 2.5 mg weekly, according to blood glucose levels.  
The usual dose is 5 mg 2 times daily (max. 15 mg daily).

## Contra-indications, adverse effects, precautions

- Do not administer in the event of:
  - allergy to sulfonamides;
  - type 1 diabetes, juvenile diabetes, ketoacidosis;
  - severe renal or hepatic impairment

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- Avoid combination with alcohol (antabuse reaction and risk of hypoglycaemia).
- **Pregnancy:** avoid. Insulin is the drug of choice for the treatment of type 2 diabetes in pregnant women (improved glycaemic control; reduced risk of foetal anomalies and neonatal complications).
- **Breast-feeding:** CONTRA-INDICATED

## Remarks

- Take with meals.
- For doses greater than 5 mg/day, divide the daily dose into 2 doses.

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# GLICLAZIDE oral

Prescription under medical supervision

## Therapeutic action

- Sulfonylurea antidiabetic

## Indications

- Second-line treatment of type 2 diabetes, in patients over 60 years:
  - as monotherapy, when metformin is not tolerated or contra-indicated
  - in combination with metformin, when glycaemic control is inadequate with metformin alone

## Forms and strengths

- 80 mg scored tablet

## Dosage and duration

- Adult:

Weeks 1 and 2: 40 mg once daily in the morning

Increase if necessary in increments of 40 mg every 2 weeks, according to blood glucose levels  
(Weeks 3 and 4: 80 mg once daily in the morning).

The usual dose is 80 to 160 mg daily (max. 240 mg daily).

## Contra-indications, adverse effects, precautions

- Do not administer in the event of:
  - allergy to sulfonamides;
  - type 1 diabetes, juvenile diabetes, ketoacidosis;
  - severe renal or hepatic impairment

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- **Pregnancy:** avoid. Insulin is the drug of choice for the treatment of type 2 diabetes in pregnant women (improved glycaemic control; reduced risk of foetal anomalies and neonatal complications).
- **Breast-feeding:** CONTRA-INDICATED

## Remarks

- Take with meals (reduced risk of gastrointestinal disturbances).
- For doses greater than 80 mg daily, divide the daily dose into 2 doses.
- Also comes in 30 and 60 mg modified release tablets.

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# **GLYCERYL TRINITRATE = NITROGLYCERIN = TRINITRIN oral**

**Last updated: August 2021**

Prescription under medical supervision

## **Therapeutic action**

- Vasodilator, antianginal

## **Indications**

- Short-term prophylaxis and treatment of acute angina
- Adjunctive therapy in acute heart failure (acute pulmonary oedema)

## **Forms and strengths**

- 0.5 mg sublingual tablet

## **Dosage**

### **Short-term prophylaxis of acute angina**

- Adult: 0.5 to 1 mg sublingually taken 5 to 10 minutes before a precipitating event (physical exertion, stress, etc.)

### **Treatment of acute angina**

- Adult: 0.5 to 1 mg sublingually, to be repeated 1 to 3 times at 3-4 minute intervals

### **Adjunctive therapy in acute heart failure (acute pulmonary oedema)**

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## Contra-indications, adverse effects, precautions

- Do not administer to patients with obstructive cardiomyopathy, hypotension, shock, severe anaemia, intracranial hypertension or neurologic injury.
- May cause:
  - orthostatic hypotension (especially in older patients), headache, nausea, flushing of the face, haemolytic anaemia in patients with G6PD deficiency;
  - severe hypotension with risk of circulatory collapse in the event of overdose.
- Avoid combination or use the lowest effective dose in patients taking another nitrate derivative, a vasodilator, a diuretic or an antihypertensive drug (enhances hypotensive effects), and in older patients.
- Do not combine with sildenafil or other drugs used for erectile dysfunction (risk of severe hypotension, syncope and acute coronary syndrome).
- **Pregnancy:** not recommended (safety is not established)
- **Breast-feeding:** not recommended (safety is not established)

## Remarks

- Antianginal effect appears within less than 5 minutes and persists for less than 1 hour.
- Tolerance to nitrates develops with prolonged use and can be overcome by short periods of nitrate withdrawal, and not by dose escalation.
- Sustained-release formulations are used for the long-term management of acute angina and the treatment of heart failure.

## Storage

-Ø - ☉ - Below 25 °C, preferably in airtight glass container

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# GRISEOFULVIN oral

Prescription under medical supervision

## Therapeutic action

- Antifungal

## Indications

- Dermatophyte infections of the scalp (scalp ringworm)
- Dermatophyte infections of the skin and folds, in the event of extended lesions or if the topical treatment has failed

## Forms and strengths

- 125 mg and 500 mg tablets

## Dosage

- Child 1 to 12 years: 10 to 20 mg/kg once daily (max. 500 mg daily)
- Child 12 years and over and adult: 500 mg once daily; 1 g once daily in severe infections

Age	Weight	125 mg tablet	500 mg tablet
1 to < 2 years	10 to < 13 kg	1 tab	¼ tab
2 to < 7 years	13 to < 24 kg	2 tab	½ tab
7 to < 12 years	24 to < 35 kg	4 tab	1 tab

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- Do not administer to patients with hepatic impairment, lupus erythematosus, porphyria (may trigger attacks of acute porphyria).
- May cause: gastrointestinal disturbances, headache, skin reactions (eruption, urticaria, etc.); photosensitivity (protect exposed skin from sun exposure).
- In women, use a non-hormonal contraception or injectable medroxyprogesterone during treatment and up to one month after the end of treatment.
- Monitor patients taking warfarin (anticoagulant effect decreased).
- Avoid alcohol during treatment (antabuse effect).
- **Pregnancy and breast-feeding:** CONTRA-INDICATED. Apply a topical treatment (miconazole 2% cream or Whitfield ointment) in order to limit the lesions until it is possible to use griseofulvin.

## Remarks

- Take with meals.
- For young children, crush the tablet and mix it with a liquid.

## Storage

Below 25 °C

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# HALOPERIDOL oral

Last updated: February 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of haloperidol, patients should be kept under close surveillance.

## Therapeutic action

- Antipsychotic

## Indications

- Acute confusional state (delirium) and acute alcohol intoxication
- Acute or chronic psychosis
- Acute manic episode
- Agitation or aggressive behaviour in patients with acute or chronic psychosis, in combination with promethazine

## Forms and strengths

- 0.5 mg, 1.5 mg and 5 mg tablets
- 2 mg/ml oral solution with pipette graduated in mg

## Dosage

### Acute confusional state (delirium) and acute alcohol intoxication

- Adult: 0.5 to 1 mg 2 times daily

### Acute or chronic psychosis

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## Duration

- Delirium and acute alcohol intoxication: as short as possible (max. 7 days)
- Acute psychosis: at least 3 months
- Chronic psychosis: at least one year
- Manic episode: 8 weeks after remission of symptoms

Discontinue treatment gradually (over 4 weeks). If signs of relapse occur, increase the dose then decrease it more gradually.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with cardiac disorders (heart failure, recent myocardial infarction, conduction disorders, bradycardia, etc.), dementia (e.g. Alzheimer's disease), Parkinson's disease and history of neuroleptic malignant syndrome.
- Administer with caution and carefully monitor use in older patients and patients with hypokalaemia, hypotension, hyperthyroidism, renal or hepatic impairment, history of seizures.
- May cause: drowsiness (caution when driving/operating machinery), extrapyramidal symptoms, early or tardive dyskinesia, anticholinergic effects (constipation, dry mouth), hyperprolactinaemia, weight gain, sexual dysfunction, QT-prolongation, ventricular arrhythmia, orthostatic hypotension; neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), rare but requiring immediate treatment discontinuation.
- In case of extrapyramidal symptoms, try reducing the dose of haloperidol or, if the extrapyramidal symptoms are severe, add biperiden or trihexyphenidyl.
- Avoid or monitor combination with:
  - central nervous system depressants (opioid analgesics, sedatives, H1 antihistamines, etc.);
  - fluoxetine, paroxetine, sertraline, ritonavir (increased plasma concentrations of haloperidol);
  - carbamazepine, rifampicin, phenobarbital, phenytoin (decreased plasma concentrations of haloperidol);
  - antihypertensive drugs (risk of hypotension); drugs that prolong the QT interval (amiodarone, chloroquine, erythromycin, fluconazole, mefloquine, pentamidine, quinine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** re-evaluate whether the treatment is still necessary; if it is continued, use the lowest effective dose. Observe the neonate the first few days (risk of agitation, tremors, hypertonia/hypotonia, respiratory difficulties, sleeping disorders, etc.) if the mother was under

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# **HYDROCHLOROTHIAZIDE oral**

Prescription under medical supervision

## **Therapeutic action**

- Thiazide diuretic

## **Indications**

- Hypertension
- Oedema associated with renal, hepatic or congestive heart failure

## **Forms and strengths**

- 12.5 mg and 25 mg tablets

## **Dosage**

### **Hypertension**

- Adult: 12.5 to 25 mg once daily in the morning (max. 25 mg daily)

### **Oedema associated with renal, hepatic or congestive heart failure**

- Adult: 25 mg once daily in the morning or 25 mg 2 times daily (max. 100 mg daily)

## **Duration**

- According to clinical response

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with severe renal failure.

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- potassium-depleting drugs (e.g. corticosteroids, laxatives, amphotericin B), sodium-depleting drugs (e.g. SSRI, carbamazepine), drugs enhancing hypercalcemic effect (e.g. calcium, ergocalciferol);
- oral antidiabetics and insulin (risk of hyperglycaemia).
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** CONTRA-INDICATED

## Remarks

- A potassium-rich diet (dates, bananas, mangos, oranges, tomatoes, etc.) is recommended during treatment. If potassium level is < 3.5 mmol/litre, administer a sustained-released potassium supplement.
- Diuretics are not indicated in the treatment of nutritional oedema.

## Storage

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# HYDROXYZINE oral

Last updated: February 2024

Prescription under medical supervision

## Therapeutic action

- Sedating H1 antihistamine

## Indications

- Moderate anxiety
- Insomnia

## Forms and strengths

- 25 mg tablet

## Dosage

### Moderate anxiety

- Adult: 25 to 50 mg 2 times daily (max. 100 mg daily)  
Reduce the dose by half in older patients.

### Insomnia

- Adult: 25 mg once daily at bedtime

## Duration

- Moderate anxiety: as short as possible (max. 2 weeks)
- Insomnia: 7 to 10 days

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- anticholinergic effects (dry mouth, constipation, blurred vision, tachycardia, disorders of micturition);
- rarely: seizures, QT interval prolongation, allergic reactions.
- Administer with caution and monitor combination with:
  - central nervous system depressants (opioid analgesics, sedatives, etc.);
  - anticholinergic drugs (atropine, amitriptyline, chlorpromazine, promethazine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy and breast-feeding:** avoid

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# **HYOSCINE BUTYLBROMIDE = BUTYLCOPOLAMINE oral**

**Last updated: November 2024**

Prescription under medical supervision

 Do not exceed recommended doses, especially in children and older patients (risk of severe anticholinergic effects).

## **Therapeutic action**

- Antispasmodic

## **Indications**

- Spasms of the gastrointestinal tract and genitourinary tract

## **Forms and strengths**

- 10 mg tablet

## **Dosage**

- Adult: 10 to 20 mg, to be repeated up to 3 or 4 times daily if necessary

## **Duration**

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- **Pregnancy:** no contra-indication; NO PROLONGED TREATMENT
- **Breast-feeding:** no contra-indication; NO PROLONGED TREATMENT

## Remarks

- Oral antispasmodic drugs are not included in the WHO list of essential medicines.

## Storage

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# IBUPROFEN oral

Prescription under medical supervision

## Therapeutic action

- Analgesic, antipyretic, non-steroidal anti-inflammatory (NSAID)

## Indications

- Mild to moderate pain, fever, rheumatic diseases

## Forms and strengths

- 200 mg and 400 mg enteric-coated tablets
- 100 mg/5 ml oral suspension, with pipette graduated per kg of body weight (each kg graduation corresponds to 10 mg ibuprofen)

## Dosage

### Pain, fever

- Child over 3 months: 5 to 10 mg/kg 3 to 4 times daily (max. 30 mg/kg daily)
- Child 12 years and over and adult: 200 to 400 mg 3 to 4 times daily (max. 1200 mg daily)
- In post-operative period, ibuprofen should be given on a regular basis, every 8 hours, rather than "as needed".

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<b>Age</b>	<b>Weight</b>	<b>100 mg/5 ml susp.</b>	<b>200 mg tablet</b>	<b>400 mg tablet</b>
3 months to < 6 years	5 to < 20 kg	1 pipette filled up to the graduation corresponding to the child's weight x 3	-	-
6 to < 10 years	20 to < 30 kg	1 pipette filled up to the graduation corresponding to the child's weight x 3	1 tab x 3	-
10 to < 12 years	30 to < 40 kg	-	1 tab x 4	-
≥ 12 years and adult	≥ 40 kg	-	2 tab x 3 or 1 tab x 4	1 tab x 3

### Rheumatic diseases

- Child: up to 40 mg/kg daily maximum
- Adult: up to 3200 mg daily maximum

### Duration

- According to clinical response
- Post-operative pain: 8 days max.

### Contra-indications, adverse effects, precautions

- Do not administer to children under 3 months, patients with allergy to NSAID, peptic ulcer, coagulation defects, haemorrhage, surgery with risk of major blood loss, severe renal or hepatic impairment, severe heart failure, severe malnutrition, uncorrected dehydration or hypovolaemia, severe infection.
- May cause: allergic reactions, epigastric pain, peptic ulcer, haemorrhage, renal impairment.
- ~~Administer with caution to elderly or asthmatic patients~~

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- Clean the graduated pipette after use. Shake the bottle before use.
- If ibuprofen alone does not provide pain relief, combine with paracetamol and/or an opioid analgesic.

## Storage

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Once opened, oral suspension must be stored between 8 °C and 15 °C.

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# IODIZED OIL oral

## Therapeutic action

- Iodine supplementation

## Indications

- Prevention and treatment of severe iodine deficiency

## Forms and strengths

- 190 mg capsule of iodine

## Dosage and duration

- Child under 1 year: 1 capsule (190 mg) once a year
- Child from 1 to < 6 years: 2 capsules (380 mg) once a year
- Child from 6 to 15 years: 3 capsules (570 mg) once a year
- Pregnant woman or women of childbearing age: 2 capsules (380 mg) once a year

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to iodine or hyperthyroidism.
- Do not administer to patients over 45 years.
- May cause: allergic reactions, dysthyroidism.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- For young children, open the capsule and empty the contents into the child's mouth.
- Also comes in 10 ml ampoules containing 480 mg/ml to be administered by IM injection using a

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# **IPRATROPIUM bromide metered dose inhaler**

**Last updated: June 2023**

Prescription under medical supervision

## **Therapeutic action**

- Bronchodilator, anticholinergic drug

## **Indications**

- Severe asthma attack, in combination with salbutamol

## **Forms and strengths**

- Solution for inhalation in pressurised metered dose inhaler, delivering 20 micrograms of ipratropium/puff

## **Dosage and duration**

- Child and adult: 4 to 8 puffs (80 to 160 micrograms) every 20 minutes for the first hour

## **Administration technique**

- Shake the inhaler. Remove the mouthpiece cover.
- Inhale and breathe out as completely as possible. Place the lips tightly around the mouthpiece. Inhale deeply while activating the inhaler. Hold breath 10 seconds before exhaling.
- Hand-breath co-ordination is very difficult in children under 6 years, older patients and patients with severe dyspnoea. Use a spacer to facilitate administration and improve the efficacy of treatment.

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- Avoid or monitor combination with drugs known to have anticholinergic effects: tricyclic antidepressants (e.g. amitriptyline), first generation H-1 antihistamines (e.g. hydroxyzine, promethazine), biperiden, antispasmodics (e.g. atropine, hyoscine butylbromide), antipsychotics (e.g. chlorpromazine, haloperidol), etc. (increased risk of adverse effects).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## **Remarks**

- In severe asthma attack, preferably administer the treatment by nebulisation.
- Clean the mouthpiece before and after each use.
- Do not pierce or incinerate used aerosol containers (risk of explosion).

## **Storage**

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# IPRATROPIUM bromide nebuliser solution

Last updated: June 2023

Prescription under medical supervision

## Therapeutic action

- Bronchodilator, anticholinergic drug

## Indications

- Severe asthma attack, in combination with salbutamol

## Forms and strengths

- Solution for inhalation, in unit dose vial of 0.25 mg in 1 ml (0.25 mg/ml) and 0.5 mg in 2 ml (0.25 mg/ml), to be administered via a nebuliser

## Dosage and duration

- Child under 5 years: 0.25 mg (1 ml) per nebulisation every 20 minutes for the first hour
- Child 5 years and over and adult: 0.5 mg (2 ml) per nebulisation every 20 minutes for the first hour

## Contra-indications, adverse effects, precautions

- May cause:
  - throat irritation, headache, cough, vomiting;
  - anticholinergic effects: dryness of the mouth, constipation, dilation of the pupils, blurred vision, urinary retention, tachycardia.
- Administer with caution to older patients and patients with closed-angle glaucoma, urethro-prostatic disorders, urinary retention.
- ~~Avoid or monitor combination with drugs known to have anticholinergic effects: tricyclic~~

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- Volumes of nebuliser solution to be administered are insufficient to obtain efficient nebulisation in most nebulisers: add ipratropium to salbutamol and then 0.9% sodium chloride to obtain a total volume of 5 ml in the reservoir of the nebuliser. Stop the nebulisation when the reservoir is empty (after around 10 to 15 minutes).

## Storage

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# **ISONIAZID = H oral**

Last updated: June 2021

Prescription under medical supervision

## **Therapeutic action**

- First line antituberculosis antibacterial (bactericidal activity)

## **Indications**

- Tuberculosis, in combination with other antituberculosis antibacterials
- Latent tuberculosis, as monotherapy or in combination with rifampicin or rifapentine

## **Forms and strengths**

- 100 mg and 300 mg tablets
- 50 mg and 100 mg dispersible tablets

## **Dosage**

### **Tuberculosis, latent tuberculosis as monotherapy or in combination with daily rifampicin**

- Child under 30 kg: 10 mg/kg (7 to 15 mg/kg) once daily, on an empty stomach
  - Child 30 kg and over and adult: 5 mg/kg (4 to 6 mg/kg) once daily, on an empty stomach
- Do not exceed 300 mg daily.

### **Latent tuberculosis in combination with weekly rifapentine**

- Child under 30 kg and over 2 years: 20 to 30 mg/kg once weekly, on an empty stomach
- Child 30 kg and over and adult: 900 mg once weekly, on an empty stomach

### **Latent tuberculosis in combination with daily rifapentine**

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- Do not administer to patients with severe hepatic impairment.
- May cause:
  - peripheral neuropathy, especially in malnourished, alcoholic, diabetic, HIV-infected patients; pregnant and breast-feeding women and patients with renal impairment;
  - hepatotoxicity, especially in alcoholic patients or patients with chronic hepatic disease or receiving rifampicin, or over 35 years;
  - hypersensitivity reactions, psychotic reactions, seizures and depression.
- Monitor liver function in patients with known hepatic disease.
- If signs of hepatotoxicity (e.g. jaundice) develop, isoniazid should be discontinued until symptoms resolve.
- Administer with caution and closely monitor patients taking phenytoin, carbamazepine, benzodiazepines (risk of toxicity), warfarin (risk of bleeding).
- Administer pyridoxine (vitamin B<sub>6</sub>) in patients at risk of peripheral neuropathy (child: 5 to 10 mg once daily; adult: 10 mg once daily).
- **Pregnancy:** no contra-indication. Administer pyridoxine to the mother (10 mg once daily).
- **Breast-feeding:** no contra-indication;. Administer pyridoxine to the mother (10 mg once daily) and the infant (5 mg once daily).

## Remarks

- For patients sensitive to first-line antituberculosis treatment, isoniazid is given as part of a fixed dose combination.
- Also comes in fixed dose combination containing 300 mg of rifapentine/300 mg of isoniazid for the treatment of latent tuberculosis in children over 14 years and adults.

## Storage

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# ISOSORBIDE DINITRATE oral

Last updated: August 2021

Prescription under medical supervision

## Therapeutic action

- Vasodilator, antianginal

## Indications

- Prophylaxis and treatment of acute angina
- Treatment of left-sided or global chronic heart failure in patients with intolerance to angiotensin-converting enzyme (ACE) inhibitors
- Adjunctive therapy in acute heart failure (acute pulmonary oedema)

## Forms and strengths

- 5 mg sublingual tablet

## Dosage

### Short-term prophylaxis of acute angina

- Adult: 5 to 10 mg sublingually taken 10 minutes before a precipitating event (physical exertion, stress, etc.)

### Long-term prophylaxis of acute angina and treatment of left-sided or global chronic heart failure

- Adult: 5 to 40 mg orally 2 to 3 times daily  
Gradually increase the dose until effective. Do not stop treatment abruptly.

## Treatment of acute angina

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## Contra-indications, adverse effects, precautions

- Do not administer to patients with obstructive cardiomyopathy, hypotension, shock, severe anaemia, intracranial hypertension or neurologic injury.
- May cause:
  - orthostatic hypotension (especially in older patients), headache, nausea, flushing of the face, haemolytic anaemia in patients with G6PD deficiency;
  - severe hypotension with risk of circulatory collapse in the event of overdose.
- Avoid combination or use the lowest effective dose in patients taking another nitrate derivative, a vasodilator, a diuretic or an antihypertensive drug (enhances hypotensive effects), and in older patients.
- Do not combine with sildenafil or other drugs used for erectile dysfunction (risk of severe hypotension, syncope and acute coronary syndrome).
- **Pregnancy:** not recommended (safety is not established)
- **Breast-feeding:** not recommended (safety is not established)

## Remarks

- By sublingual route, antianginal effect appears within less than 10 minutes and persists for 1 to 2 hours.
- Tolerance to nitrates develops with prolonged use and can be overcome by short periods of nitrate withdrawal, and not by dose escalation.
- Sustained-release formulations are used for the long-term management of acute angina and the treatment of heart failure. The time interval between each administration depends on the preparations.

## Storage

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# ITRACONAZOLE oral

Prescription under medical supervision

## Therapeutic action

- Antifungal

## Indications

- Histoplasmosis and penicilliosis: treatment and secondary prophylaxis
- Dermatophytosis of the scalp (*Tinea capitis*)

## Forms and strengths

- 100 mg capsule
- Also comes in 50 mg/5 ml oral solution.

## Dosage and duration

### Histoplasmosis (moderate symptoms)

- Child: 5 mg/kg once daily for 6 to 12 weeks
- Adult: 200 mg 3 times daily for 3 days then 200 mg 1 to 2 times daily for 6 to 12 weeks

### Histoplasmosis (severe symptoms, disseminated form)

- Same treatment for 12 weeks, preceded by one to 2 weeks of treatment with amphotericin B

### Penicilliosis (moderate symptoms)

- Adult: 200 mg 2 times daily for 8 weeks

### Penicilliosis (severe symptoms)

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- Administer with caution and monitor use in patients > 60 years or with hepatic or renal impairment or congestive heart failure.
- May cause: gastrointestinal disturbances, headache, skin reactions sometimes severe, anaphylactic reaction, hepatic disorders sometimes severe, paraesthesia, oedema, cardiac failure. Stop treatment in the event of anaphylactic reaction, hepatic disorders or severe skin reaction.
- In case of prolonged treatment, monitor liver function.
- Do not combine with quinidine (risk of arrhythmia).
- Avoid or monitor combination with amiodarone, calcium-channel blockers, benzodiazepines, certain antiretrovirals (e.g. indinavir, ritonavir, saquinavir), corticosteroids (dexamethasone, prednisolone), warfarin, carbamazepine, digoxin: increased blood concentration of these drugs.
- Efficacy of itraconazole may be reduced when combined with: rifampicin, rifabutin, isoniazid, efavirenz, phenytoin, phenobarbital.
- Do not administer simultaneously with aluminium or magnesium hydroxide: administer 2 hours apart.
- **Pregnancy and breast-feeding:** avoid; for histoplasmosis, amphotericin B alone for 4 to 6 weeks is an alternative in pregnant women. Do not administer in the event of dermatophytosis of the scalp (apply a topical treatment until it is possible to use itraconazole).

## Remarks

- Do not open the capsules; take with meals.

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# IVERMECTIN oral

Prescription under medical supervision

## Therapeutic action

- Anthelminthic, scabicide

## Indications

- Onchocerciasis
- Scabies

## Forms and strengths

- 3 mg tablet

## Dosage and duration

### Onchocerciasis

- Child over 15 kg and adult: 150 micrograms/kg single dose. A 2<sup>nd</sup> dose should be administered after 3 months if clinical signs persist. Repeat the treatment every 6 or 12 months to maintain the parasite load below the threshold at which clinical signs appear.

Height Weight	0 to < 90 cm < 15 kg	90 to < 120 cm 15 to < 25 kg	120 to < 140 cm 25 to < 45 kg	140 to < 160 cm 45 to < 65 kg	≥ 160 cm ≥ 65 kg
3 mg tablet	<b>Do not administer</b>	1 tab	2 tab	3 tab	4 tab

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- May cause:
  - increased itching;
  - moderate reactions in patients with onchocerciasis: ocular irritation, headache, arthralgia, myalgia, lymphadenopathy, fever, oedema;
  - severe reactions in patients co-infected with *Loa loa*: marked functional impairment if *Loa loa* microfilaraemia > 8,000 mf/ml; encephalopathy if *Loa loa* microfilaraemia > 30,000 mf/ml.
- Administer with caution in regions where loiasis is endemic:
  - For symptomatic onchocerciasis:  
Evaluate the severity of *Loa loa* microfilaraemia and manage accordingly: either treat as an outpatient under supervision, or hospitalise, or choose an alternative treatment (doxycycline).  
If it is not possible to perform a thick film examination: ivermectin may be administered if the patient has no history of loiasis (migration of an adult worm under the conjunctiva or transient « Calabar » swellings), nor history of severe adverse reactions following a previous treatment with ivermectin. In other cases, it is wiser either to treat under supervision, or to choose an alternative treatment (doxycycline), or decide not to treat, according to the severity of the onchocerciasis and the previous history.
  - For ordinary scabies:  
Review the patient's history and if in doubt, topical scabicidal treatment is preferred.
- **Pregnancy:** avoid (safety is not established)
- **Breast-feeding:** no contra-indication

## Remarks

- Take tablets on an empty stomach. Tablets may be crushed for administration to small children.
- Ivermectin is also used for the treatment of strongyloidiasis (200 micrograms/kg single dose) and cutaneous larva migrans (200 micrograms/kg daily for 1 to 2 days).

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# **LABETALOL oral**

Last updated: March 2024

Prescription under medical supervision

## **Therapeutic action**

- Non cardioselective beta-blocker

## **Indications**

- Hypertension in pregnancy

## **Forms and strengths**

- 100 mg and 200 mg tablets

## **Dosage**

- 100 mg 2 times daily. Increase if necessary in 100 to 200 mg increments until an effective dose is reached, usually 400 to 800 mg daily (max. 2400 mg daily). If higher doses are required, give in 3 divided doses.

## **Duration**

- According to clinical response. Do not stop treatment abruptly, decrease doses gradually.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with asthma, chronic obstructive bronchopneumonia, heart failure, severe hypotension, bradycardia < 50/min, atrio-ventricular heart blocks, Raynaud's syndrome, hepatic impairment.

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- Do not administer simultaneously with antacids (aluminium or magnesium hydroxide, etc.). Administer 2 hours apart.
- Monitor the neonate: risk of hypoglycaemia, bradycardia, respiratory distress occurring most often during the first 24 hours and until 72 hours after the birth.
- **Breast-feeding:** no contra-indication

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# LACTULOSE oral

Last updated: January 2024

## Therapeutic action

- Osmotic laxative

## Indications

- Prevention of constipation in patients taking opioid analgesics (e.g. codeine, morphine)

## Forms and strengths

- 10 g/15 ml oral solution, to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations)

## Dosage and duration

- Child under 1 year: 5 ml daily (3.3 g daily)
- Child from 1 to 6 years: 5 to 10 ml daily (3.3 to 6.7 g daily)
- Child from 7 to 14 years: 10 to 15 ml daily (6.7 to 10 g daily)
- Child over 14 years and adult: 15 to 45 ml daily (10 to 30 g daily)

Start lactulose when analgesic treatment continues more than 48 hours.

Lactulose must be taken daily, until the end of the opioid treatment. Regular follow up (frequency/consistency of stools) is essential in order to adjust dosage correctly.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with Crohn's disease, ulcerative colitis, intestinal obstruction, undiagnosed abdominal pain.
- May cause: abdominal discomfort, flatulence and diarrhoea.
- In the event of diarrhoea, exclude a faecal impaction and intestinal obstruction; reduce the dose.

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## **Storage**

Below 25 °C. Do not store in a refrigerator (cristallisation).

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# LAMIVUDINE = 3TC oral

Last updated: November 2022

Prescription under medical supervision

## Therapeutic action

- Antiretroviral, nucleoside reverse transcriptase inhibitor

## Indications

- HIV infection, in combination with other antiretrovirals

## Forms and strengths

- 150 mg tablet
- 50 mg/5 ml oral solution

## Dosage

The daily dose is administered once daily or in 2 divided doses.

- Child 1 month and over and adult:

Weight	Daily dose	50 mg/5 ml oral sol.	150 mg tablet
3 to < 6 kg	60 mg	3 ml x 2	-
6 to < 10 kg	80 mg	4 ml x 2	-
10 to < 14 kg	120 mg	6 ml x 2	-

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## **Duration**

- Depending on the efficacy and tolerance of lamivudine.

## **Contra-indications, adverse effects, precautions**

- Administer with caution to patients with history of hepatic disorders.
- May cause: gastrointestinal disturbances (diarrhoea, nausea, vomiting, etc.) and possibly: haematological disorders, especially when combined with zidovudine (neutropenia, anaemia, thrombocytopenia), myopathy, hepatic or pancreatic disorders.
- Reduce dosage in patients with renal impairment.
- **Pregnancy:** no contra-indication

## **Remarks**

- In neonates, the dosage of lamivudine 50 mg/5 ml (i.e. 10 mg/ml) solution is:
  - 2 to < 3 kg: 0.5 ml 2 times daily (daily dose: 10 mg)
  - 3 to < 4 kg: 0.8 ml 2 times daily (daily dose: 16 mg)
  - 4 to < 5 kg: 1 ml 2 times daily (daily dose: 20 mg)
- Lamivudine is also used for HIV post-exposure prophylaxis, in combination with other antiretrovirals.
- Also comes in fixed-dose combinations with other antiretrovirals. Preferably use these formulations when available.

## **Storage**

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Once opened, oral solution keeps for 30 days maximum.

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# LEVETIRACETAM = LEV oral

Last updated: October 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of LEV, patients should be kept under close surveillance.

## Therapeutic action

- Antiseizure (antiepileptic)

## Indications

- Epilepsy: generalised tonic-clonic seizures, focal (partial) seizures and absence seizures

## Forms and strengths

- 250 mg, 500 mg, 750 mg and 1 g tablets
- 500 mg/5 ml oral solution, to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations)

## Dosage

Start with a low dose then increase gradually based on patient's response and tolerance.

- Child 1 to 5 months: start with 7 mg/kg once daily; increase to 7 mg/kg 2 times daily after 2 weeks, then by increments of 7 mg/kg 2 times daily every 2 weeks if necessary (max. 21 mg/kg 2 times daily).
- Child 6 months to 17 years (< 50 kg): start with 10 mg/kg once daily; increase to 10 mg/kg 2 times daily after 2 weeks, then by increments of 10 mg/kg 2 times daily every 2 weeks if necessary (max.

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## **Contra-indications, adverse effects, precautions**

- Administer with caution to patients with renal impairment (reduce dosage) or heart disorders.
- May cause:
  - drowsiness (caution when driving/operating machinery), headache, asthenia, dizziness, mood and behavioural disturbances, anxiety, depression, insomnia;
  - haematologic disorders, gastrointestinal disturbances, cough, nasopharyngitis;
  - rarely: QT prolongation, hypersensitivity reactions (including severe cutaneous reactions such as Stevens-Johnson, Lyell and DRESS syndromes). In these cases stop treatment. Early symptoms such as fever, rash, mouth ulcers and bleeding require immediate medical attention.
  - respiratory depression and coma in the event of overdose.
- Avoid or monitor the combination with:
  - mefloquine (reduced effect of LEV);
  - drugs that prolong the QT interval (antimalarials, antipsychotics, fluconazole, fluoroquinolones, hydroxyzine, macrolides, ondansetron, etc.);
  - drugs containing alcohol, benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** use the lowest effective dose.
  - Administer folic acid high dose (5 mg daily) during the first trimester. Start as soon as possible, including during the preconception period in case of planned pregnancy.
  - Plasma concentrations may decrease during pregnancy. Monitor clinical response; increase dose if needed then resume the usual dose after delivery.
- **Breast-feeding:** administer with caution (excreted in milk); reduce the dose if increased during pregnancy and monitor the child (risk of drowsiness and poor feeding).

## **Remarks**

- LEV can be used with contraceptive implants and oral contraceptives.

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# LEVODOPA/CARBIDOPA oral

Last updated: April 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of levodopa/carbidopa, patients should be kept under close surveillance.

## Therapeutic action

- Antiparkinson drug

## Indications

- Parkinson's disease and extrapyramidal disorders except those induced by antipsychotics

## Forms and strengths

- 100 mg levodopa + 10 mg carbidopa tablet
- 250 mg levodopa + 25 mg carbidopa tablet

## Dosage

Doses are expressed as levodopa:

- Adult:
  - Initial dose: 50 to 125 mg 3 times daily, immediately after meals. Increase by 50 to 125 mg every day or every 2 days until the optimal dose for the individual patient is reached.
  - Maintenance dose usually: 250 to 500 mg 3 times daily, immediately after meals (max. 2 g daily)
- Reduce dosage in older patients.

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- frequent delayed adverse effects, signs of excessive dosage, mainly:
  - ▷ dyskinesia, tremor;
  - ▷ mental disorders more frequent in older patients: confusional state or depression with or without suicidal tendencies;
- later in treatment : fluctuation of the effect during the day (in this event, daily dosage may be divided into smaller doses and taken more frequently); or reduction of the effect (progression of the disease).
- Administer with caution in mental disorders, cardiac disease, gastroduodenal ulcer.
- Do not administer simultaneously with MAOI antidepressants, antipsychotics, reserpine.
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** CONTRA-INDICATED

## Remarks

- Tablet must be swallowed whole. Do not chew or dissolve.

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# **LEVONORGESTREL oral**

Prescription under medical supervision

## **Therapeutic action**

- Hormonal contraceptive, progestogen

## **Indications**

- Oral contraception

## **Forms and strengths**

- 0.03 mg (30 micrograms) tablet

## **Dosage**

- One tablet daily to be taken at the same time each day, on a continuous basis, including during menstruation.
- Contraception may be started at any moment of the cycle if it is reasonably certain the woman is not pregnant, including when switching from another form of contraception. Contraception will be effective as of the 3<sup>rd</sup> tablet.

Use condoms for the first 2 days of the pack if the pill is started:

- more than 5 days after the start of menstruation;
- more than 28 days postpartum if not breastfeeding;
- more than 7 days after an abortion.

- If a pill is missed, it should be taken as soon as possible and usual treatment continued. The missed pill and next scheduled pill can be taken together.

If the missed pill is more than 3 hours overdue, the effectiveness of the contraceptive is reduced.

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- Do not administer to women with breast cancer, severe or recent liver disease, unexplained vaginal bleeding, active thromboembolic disorders.
- May cause: amenorrhoea, menstrual disturbances, nausea, weight gain, breast tenderness, mood changes, acne, headache.
- Enzyme-inducing drugs (rifampicin, rifabutine, efavirenz, nevirapine, lopinavir, ritonavir, phenobarbital, phenytoin, carbamazepine, griseofulvin, etc.) reduce the effectiveness of the contraceptive.
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication

## **Remarks**

- Levonorgestrel is a possible alternative when oestroprogestogens are contra-indicated or poorly tolerated. Its use requires taking pills at strictly the exact time daily, no more than 3 hours late.

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# **LEVONORGESTREL for emergency contraception**

## **Therapeutic action**

- Hormonal contraceptive, progestogen

## **Indications**

- Emergency contraception after unprotected or inadequately protected intercourse (e.g. forgotten pill or condom breaking)

## **Forms and strengths**

- 1.5 mg tablet

## **Dosage and duration**

- One 1.5 mg tablet, whatever the day of the cycle, as soon as possible after unprotected or inadequately protected intercourse and preferably within the first 72 hours as effectiveness decreases with time. It is however recommended to administer the treatment up to 120 hours (5 days) after unprotected intercourse.

## **Contra-indications, adverse effects, precautions**

- May cause: disturbance of next menstrual cycle, metrorrhagia, nausea, headache, dizziness.
- Re-administer treatment immediately if vomiting occurs within 2 hours of taking treatment.
- Double the dose (3 mg single dose) in women taking enzyme-inducing drugs (rifampicin, rifabutin, efavirenz, nevirapine, lopinavir, ritonavir, phenobarbital, phenytoin, carbamazepine, griseofulvin, etc.): can reduce the effectiveness of the contraceptive.
- **Pregnancy:** in the event of treatment failure (i.e. pregnancy develops) or if used during an

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- There is a risk of treatment failure; carry out a pregnancy test if signs or symptoms of pregnancy (no menstruation, etc.) appear one month after taking levonorgestrel as emergency contraception.

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# LOPERAMIDE oral

Last updated: January 2024

Prescription under medical supervision

## Therapeutic action

- Opioid antidiarrhoeal

## Indications

- Symptomatic treatment of persistent diarrhoea in adults with HIV infection, in combination with rehydration

## Forms and strengths

- 2 mg capsule or tablet

## Dosage

- Adult: 4 mg (2 capsules), then 2 mg (1 capsule) after each loose stool, without exceeding 16 mg daily (8 capsules daily).

## Duration

- According to clinical response

## Contra-indications, adverse effects, precautions

- Do not exceed indicated doses.
- Do not administer to children.
- Do not administer to patients with bloody diarrhoea, ulcerative colitis, diarrhoea due to antibiotics.

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# **LOPINAVIR/RITONAVIR = LPV/r oral**

Last updated: November 2022

Prescription under medical supervision

## **Therapeutic action**

- Antiretrovirals, HIV protease inhibitors

## **Indications**

- HIV infection, in combination with other antiretrovirals

## **Forms and strengths**

- 40 mg lopinavir/10 mg ritonavir sachet of granules
- 100 mg lopinavir/25 mg ritonavir film coated tablet

## **Dosage**

The daily dose is administered in 2 divided doses.

- Child 2 weeks and over:

Weight	Daily dose LPV/r	40/10 mg granules	100/25 mg tablet
3 to < 6 kg	160/40 mg	2 sachets x 2	-
6 to < 10 kg	240/60 mg	3 sachets x 2	-
10 to < 14 kg	320/80 mg	4 sachets x 2	-

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- In children 10 to < 14 kg who can swallow the tablets whole, administer two 100/25 mg tablets in the morning and one 100/25 mg tablet in the evening (daily dose: 300/75 mg).
- In children on nevirapine or efavirenz: increase the dose of LPV/r according to manufacturer's instructions.
- Adult:
  - 400/100 mg (4 tablets) 2 times daily (daily dose: 800/200 mg)
  - In adult on nevirapine or efavirenz: 500/125 mg (5 tablets) 2 times daily (daily dose: 1000/250 mg)

## Duration

- Depending on the efficacy and tolerance of lopinavir and ritonavir.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe hepatic impairment or hypokalaemia.
- Do not combine with rifampicin, replace with rifabutin. If rifabutin is not available and LPV/r is essential, adjust the dose:
  - child: increase the dose of RTV to obtain a one-to-one (1:1) LPV/r ratio;
  - adult: double the dose (800/200 mg 2 times daily).
- Administer with caution and monitor use in patients with haemophilia (increased bleeding) or mild to moderate hepatic impairment.
- May cause:
  - gastrointestinal disturbances (mainly diarrhoea), skin rash, fatigue, headache, insomnia, paraesthesia, muscle pain hyperglycaemia, conduction disorders, hyperlipidaemia, lipodystrophy;
  - hepatic and pancreatic disorders; in this event, stop treatment immediately.
- Administer with caution and monitor combination with drugs that prolong the QT interval (amiodarone, co-artemether, mefloquine, quinine, haloperidol, etc.).
- LPV/r reduces the efficacy of implants and oral contraceptives: use injectable medroxyprogesterone or an intrauterine device.
- **Pregnancy:** no contra-indication

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# LORATADINE oral

Last updated: February 2024

Prescription under medical supervision

## Therapeutic action

- H1 antihistamine

## Indications

- Symptomatic treatment of minor allergic reactions (urticaria, allergic conjunctivitis, etc.)

## Forms and strengths

- 5 mg/5 ml oral solution
- 10 mg tablet

## Dosage

- Child over 2 years and under 30 kg: 5 mg (5 ml) once daily
- Child over 30 kg and adult: 10 mg (1 tab) once daily

## Duration

- As short as possible (a few days).

## Contra-indications, adverse effects, precautions

- Administer with caution and reduce the dose (administer every other day) in patients with severe renal or hepatic impairment.
- May cause: headache, dizziness, drowsiness (caution when driving/operating machinery),

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## **Remarks**

- Loratadine is less sedating than promethazine.

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# MEBENDAZOLE oral

Prescription under medical supervision

## Therapeutic action

- Anthelminthic

## Indications

- Ascariasis (*Ascaris lumbricoides*), trichuriasis (*Trichuris trichiura*), hookworm infections (*Ancylostoma duodenale*, *Necator americanus*), enterobiasis (*Enterobius vermicularis*), trichinellosis (*Trichinella* sp)

## Forms and strengths

- 100 mg tablet

## Dosage and duration

### Ascariasis, trichuriasis, hookworm infections

- Child over 6 months and adult: 100 mg 2 times daily for 3 days
- Child over 6 months but under 10 kg: 50 mg 2 times daily for 3 days

### Enterobiasis

- Child over 6 months and adult: 100 mg single dose
- Child over 6 months but under 10 kg: 50 mg single dose

A second dose may be given after 2 to 4 weeks.

### Trichinellosis

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## **Remarks**

- Use albendazole in preference to mebendazole: albendazole is easier to use and is preferred in mixed infections as it has a broader spectrum of activity.
- Tablets are to be chewed or crushed: follow manufacturer's instructions.
- Take tablets between meals.

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# MEDROXYPROGESTERONE acetate oral

Last updated: October 2021

Prescription under medical supervision

## Therapeutic action

- Progestogen

## Indications

- Abnormal uterine bleeding (especially functional uterine bleeding unrelated to pregnancy)

## Forms and strengths

- 10 mg tablet

## Dosage and duration

**Persistent abnormal uterine bleeding despite tranexamic acid therapy or heavy bleeding when tranexamic acid is contra-indicated**

- Adolescent and adult: 20 mg 3 times daily for 7 days

### Long-term treatment of functional uterine bleeding

- Adult: 10 mg once daily (up to 30 mg once daily if necessary). Continue treatment according to clinical response.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with breast cancer, severe hypertension ( $\geq 160/100$ ), active thromboembolic disorders, uncontrolled or complicated diabetes, severe or recent hepatic disease.  
- May cause menstrual irregularities, amenorrhoea, mastalgia, breast tenderness, headache

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# METFORMIN oral

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Biguanide antidiabetic

## Indications

- First-line treatment of type 2 diabetes, when diet and lifestyle measures alone are insufficient, as monotherapy or in combination with another antidiabetic

## Forms and strengths

- 500 mg and 1 g tablets

## Dosage and duration

- Adult:
  - Week 1: 500 mg once daily in the morning
  - Week 2: 500 mg 2 times daily (morning and evening)Increase if necessary in increments of 500 mg per week, according to blood glucose levels and as long as the drug is well tolerated, without exceeding 2 g daily (1 g morning and evening).

## Contra-indications, adverse effects, precautions

- Do not administer to patients with: ketoacidosis; cardiac, respiratory, hepatic or severe renal impairment.
- May cause:

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- Stop metformin before surgery or the injection of iodinated contrast agents. Resume treatment 48 hours later after checking renal function.
- **Pregnancy:** insulin is the drug of choice for type 2 diabetes in pregnant women (improved glycaemic control; reduced risk of foetal anomalies and neonatal complications). Nevertheless, metformin is not contra-indicated.
- **Breast-feeding:** no contra-indication

## Remarks

- To reduce gastrointestinal intolerance, gradually increase the dose and take tablets with meals.

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# METHYLDOPA oral

Prescription under medical supervision

## Therapeutic action

- Centrally acting antihypertensive

## Indications

- Hypertension in pregnancy

## Forms and strengths

- 250 mg tablet

## Dosage

- Initially 250 mg 2 to 3 times daily for 2 days, then increase gradually if necessary by 250 mg every 2 to 3 days, until the optimal dose is reached, usually 1.5 g daily. Do not exceed 3 g daily.

## Duration

- According to clinical response. Do not stop treatment abruptly; reduce doses gradually.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with active liver disease, history of drug-induced hepatitis, severe depression.
- Administer with caution to patients with hepatic impairment, and reduce doses in patients with renal impairment.
- May cause:

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# METOCLOPRAMIDE oral

Last updated: February 2024

Prescription under medical supervision

 Do not exceed the recommended dose and duration of treatment (risk of serious neurological adverse effects).

## Therapeutic action

- Antiemetic (dopamine antagonist)

## Indications

- Symptomatic treatment of nausea and vomiting in adults

## Forms and strengths

- 10 mg tablet

## Dosage

- Adult under 60 kg: 5 mg 3 times daily
- Adult over 60 kg: 10 mg 3 times daily

The interval between each dose should be at least 6 hours (even in the event of vomiting).

## Duration

- Max. 5 days

## Contra-indications, adverse effects, precautions

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neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), exceptional but requiring immediate treatment discontinuation.

- Do not combine with levodopa (antagonism).
- Avoid combination with CNS depressants (opioid analgesics, antipsychotics, sedatives, antidepressants, antihistamines, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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# METRONIDAZOLE oral

Prescription under medical supervision

## Therapeutic action

- Antiprotozoal, antibacterial (group of nitroimidazoles)

## Indications

- Amoebiasis, giardiasis, trichomoniasis
- Bacterial vaginitis, infections due to anaerobic bacteria (e.g. *Clostridium* sp, *Bacteroides* sp, etc.)

## Forms and strengths

- 250 mg and 500 mg tablets
- 200 mg/5 ml oral suspension

## Dosage and duration

### Amoebiasis

- Child: 15 mg/kg 3 times daily
- Adult: 500 mg 3 times daily

The treatment lasts 5 days in intestinal amoebiasis and 5 to 10 days in hepatic amoebiasis.

### Giardiasis

- Child: 30 mg/kg once daily for 3 days
- Adult: 2 g once daily for 3 days

### Trichomoniasis and bacterial vaginitis

- Adult: 2 a sinale dose

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## Contra-indications, adverse effects, precautions

- Do not administer to patients with hypersensitivity to metronidazole or another nitroimidazole (tinidazole, secnidazole, etc.).
- May cause: gastrointestinal disturbances; rarely: allergic reactions, brownish urine, headache, dizziness. Risk of antabuse reaction when combined with alcohol.
- Administer with caution in patients taking oral anticoagulants (risk of haemorrhage), lithium, phenytoin, ergometrine (increased plasma concentrations of these drugs).
- Reduce total daily dose to one third and give once daily to patients with severe hepatic impairment.
- **Pregnancy:** no contra-indication; divide into smaller doses, avoid prolonged use.
- **Breast-feeding:** significantly excreted in milk (risk of gastrointestinal disturbances in breastfed infants); divide into smaller doses, avoid prolonged use.

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For the oral suspension: follow manufacturer's instructions.

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# MICONAZOLE oral gel

Prescription under medical supervision

## Therapeutic action

- Antifungal

## Indications

- Mild oropharyngeal candidiasis

## Forms and strengths

- 2% oral gel (24 mg/ml) together with, depending on the manufacturer:
  - a 2.5 ml measuring spoon with 1.25 ml and 2.5 ml graduation  
or
  - a 5 ml measuring spoon with 2.5 ml and 5 ml graduation

## Dosage

- Child from 6 months to 2 years: 1.25 ml 4 times daily
- Child over 2 years and adult: 2.5 ml 4 times daily

The oral gel should be kept in the mouth 2 to 3 minutes and then swallowed, or in young children, applied to the tongue and inside of each cheek.

## Duration

- 7 days; 14 days of treatment may be necessary.

## ~~Contra indications, adverse effects, precautions~~

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- **Breast-feeding:** no contra-indication

## Remarks

- Use the measuring spoon provided and check the graduation.
- Administer between meals (preferably after meals).
- In patients with dentures, clean dentures with oral gel when removed.
- In the event of moderate or severe oropharyngeal candidiasis, use oral fluconazole.
- Miconazole oral gel is not included in the WHO list of essential medicines.

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# MIFEPRISTONE oral

Prescription under medical supervision

## Therapeutic action

- Antiprogestogen

## Indications

- Termination of intra-uterine pregnancy up to 22 weeks after the last menstrual period, in combination with misoprostol

## Forms and strengths

- 200 mg tablet

## Dosage and duration

- 200 mg single dose, followed by the administration of misoprostol 1 to 2 days later

## Contra-indications, adverse effects, precautions

- Do not administer to patients with chronic adrenal failure or severe uncontrolled asthma.
- May cause: gastrointestinal disturbances, vaginal bleeding, uterine contractions, headache.
- **Breast-feeding:** no contra-indication for a single dose; to be avoided if multiple doses

## Remarks

- Do not use mifepristone in ectopic or molar pregnancy.

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# MISOPROSTOL oral

Last updated: December 2024

Prescription under medical supervision

## Therapeutic action

- Oxytocic drug, prostaglandin analogue

## Indications

- Incomplete abortion
- Termination of intra-uterine pregnancy, preferably in combination with mifepristone
- Induction of labour
- Treatment of post-partum haemorrhage due to uterine atony, when injectable oxytocics are not available or ineffective
- Cervical dilation before aspiration or curettage

## Forms and strengths

- 25 micrograms and 200 micrograms tablets

## Dosage and duration

### Incomplete abortion

- Up to 13 weeks since the last menstrual period: 400 micrograms single dose sublingually or 600 micrograms single dose orally
- From 13 to 22 weeks since the last menstrual period: 400 micrograms sublingually every 3 hours

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## **Treatment of post-partum haemorrhage**

- 800 micrograms single dose sublingually

## **Cervical dilation before aspiration or curettage**

- 400 micrograms single dose sublingually 1 to 3 hours before the procedure or vaginally 3 hours before the procedure

## **Contra-indications, adverse effects, precautions**

- For induction of labour if the foetus is viable:
  - Do not administer in the event of previous caesarean section.
  - Administer with caution in case of grand multiparity or overdistention of the uterus (risk of uterine rupture).
  - Monitor the intensity and frequency of contractions as well as foetal heart rate after administration of misoprostol.
  - Do not administer simultaneously with oxytocin. At least 4 hours must have elapsed since the last administration of misoprostol before oxytocin can be given.
- For incomplete abortion or termination of pregnancy after 13 weeks since the last menstrual period: reduce the dose by half in the event of 2 or more previous caesarean sections.
- May cause: dose-dependent diarrhoea, vomiting, uterine hypertony, headache, fever, chills, foetal heart rhythm disorders, foetal distress.
- **Breast-feeding:** no contra-indication

## **Remarks**

- Do not use misoprostol in ectopic or molar pregnancy.
- Rectal route is used for the treatment of post-partum haemorrhage when the sublingual route cannot be used.
- Also comes is 25 micrograms vaginal tablet for induction of labour (every 6 hours until labour starts). These tablets are intended to be used by vaginal route only.

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# MORPHINE immediate-release (MIR) oral

Last updated: October 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of morphine, patients should be kept under close surveillance.

## Therapeutic action

- Centrally acting opioid analgesic

## Indications

- Severe pain

## Forms and strengths

- 10 mg immediate-release tablet
- 10 mg/5 ml oral solution, for pediatric use

## Dosage

There is no standard dose. The optimal dose is that which provides efficient pain relief to the patient. It is adjusted in relation to the regular assessment of pain intensity and the incidence of adverse effects.

### Day 1:

- Start with a scheduled treatment (scheduled doses):

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Hours	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	0	1	2	3	4	5	6	7
Scheduled doses		10 mg				10 mg			10 mg				10 mg				10 mg					10 mg		
Example simple verbal scale	severe pain			moderate pain		mild pain		moderate pain		mild pain		mild pain		mild pain		moderate pain		mild pain				mild pain		
Example rescue doses			10 mg				10 mg							10 mg										

In this example, the scheduled treatment on Day 2 is 90 mg, i.e. 60 mg (total scheduled doses on Day 1) + 30 mg (total rescue doses on Day 1), i.e. 15 mg every 4 hours.

- Scheduled doses must be administered at regular time intervals and not on demand, even at night, unless the patient is abnormally drowsy (in this event, delay the administration).
- Reduce the dose by half in elderly patients and patients with renal or hepatic impairment.

## Duration

- Once the pain is controlled, change to sustained-release morphine.

## Contra-indications, adverse effects, precautions

- See [sustained-release oral morphine \(MSR\)](#).

## Remarks

- Administer an appropriate laxative (e.g. lactulose) if analgesic treatment continues more than 48 hours.
- The morphine dose in tablets is not suitable for young children. Use oral solution instead. If this is not available, use injectable morphine by the oral route: dilute an ampoule of 10 mg/ml (1 ml) with 9 ml of water to obtain a solution containing 1 mg/ml.
- Morphine is on the list of narcotics: follow national regulations.

## Storage:

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# MORPHINE sustained-release (MSR) oral

Last updated: October 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of morphine, patients should be kept under close surveillance.

## Therapeutic action

- Centrally acting opioid analgesic

## Indications

- Severe and persistent pain, especially cancer pain

## Forms and strengths

- 10 mg, 30 mg and 60 mg sustained-release capsules or tablets

## Dosage

- Usually, the effective daily dose is determined during the initial treatment with immediate-release morphine (MIR). When changing from MIR to MSR, the daily dose remains the same.  
For example, if the effective dose of MIR is 20 mg every 4 hours (120 mg daily), the dose of MSR is 60 mg every 12 hours (120 mg daily).
- If treatment is initiated directly with MSR:
  - Child over 6 months: initially 0.5 mg/kg every 12 hours

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- According to clinical response. Do not stop long-term treatment abruptly. Decrease doses progressively to avoid withdrawal symptoms.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with severe respiratory impairment or decompensated hepatic impairment.
- Do not initiate treatment with the sustained-release formulation in elderly patients or those with renal or hepatic impairment. Begin treatment with the immediate release formulation (MIR).
- May cause:
  - dose-related sedation and respiratory depression, nausea, vomiting, constipation, urinary retention, confusion, raised intracranial pressure, pruritus;
  - in the event of overdose: excessive sedation, respiratory depression, coma.
- Management of respiratory depression includes assisted ventilation and/or administration of naloxone. Monitor patient closely for several hours.
- Administer with caution to patients with respiratory impairment, head injury, raised intracranial pressure, uncontrolled epilepsy or urethroprostatic disorders.
- Do not combine with opioid analgesics with mixed agonist-antagonist activity such as buprenorphine, nalbuphine, pentazocine (competitive action).
- Increased risk of sedation and respiratory depression, when combined with alcohol and drugs acting on the central nervous system: benzodiazepines (diazepam, etc.), neuroleptics (chlorpromazine, haloperidol, etc.), antihistamines (chlorphenamine, promethazine), phenobarbital, etc.
- **Pregnancy and breast-feeding:** no contra-indication. The child may develop withdrawal symptoms, respiratory depression and drowsiness when the mother receives morphine at the end of the 3<sup>rd</sup> trimester and during breast-feeding. In these situations, administer with caution, for a short period, at the lowest effective dose, and monitor the child.

## **Remarks**

- Administer an appropriate laxative (e.g. lactulose) if analgesic treatment continues more than 48 hours.
- Do not crush or chew capsules. They can be opened and emptied into food.
- Morphine is on the list of narcotics: follow national regulations.

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# MULTIVITAMINS - VITAMIN B COMPLEX oral

## Therapeutic action

- Vitamin supplementation

## Indications

- Few indications: this drug has no effect in case of real vitamin deficiency. Nevertheless, vitamin supplementation helps to prevent some deficiencies in people at risk (e.g. pregnant women).

## Forms and strengths

- Tablet. Composition varies in quality and quantity, with manufacturers.

Examples of composition per tablet:

	Multivitamins	B complex	Daily needs (adult)
Vitamin A	2500 IU	/	2500 IU
Vitamin B <sub>1</sub>	1 mg	1 mg	0.9 to 1.3 mg
Vitamin B <sub>2</sub>	0.5 mg	1 mg	1.5 to 1.8 mg
Vitamin B <sub>3</sub> (= PP)	7.5 mg	15 mg	15 to 20 mg
Vitamin C	15 mg	/	10 mg
Vitamin D <sub>3</sub>	300 IU	/	100 to 200 IU

## Dosage

- Child under 5 years: 1 tablet daily
- Child over 5 years: 2 tablets daily
- Adult: 3 tablets daily

## Duration

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- Specific vitamin deficiency states require appropriate doses of vitamins.
- Multivitamins are not included in the WHO list of essential medicines.

## Storage

 – Keep in a cool place (8 °C to 15 °C)

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# NEVIRAPINE = NVP oral

Last updated: January 2025

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of NVP, patients should be kept under close surveillance.

## Therapeutic action

- Antiretroviral, HIV-1 non nucleoside reverse transcriptase inhibitor

## Indications

- Prevention of mother-to-child transmission (PMTCT) of HIV in neonates, alone or in combination with other antiretrovirals

## Forms and strengths

- 50 mg/5 ml oral suspension
- 50 mg scored dispersible tablet

## Dosage

- Full term neonate:  
Follow national recommendations. For information (WHO simplified age-based dosage):
- From birth to 6 weeks of age (from 0 to 42 days): 15 mg (1.5 ml) oral suspension or 25 mg (1/2 tab) dispersible tablet once daily. From birth to 4 weeks of age, preferably use the oral suspension.  
Then, when indicated,

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## **Contra-indications, adverse effects, precautions**

- Do not administer to neonates:
  - with severe hepatic impairment;
  - born to mothers with resistance to NVP or HIV-2 mono-infection.
- May cause:
  - rash and hepatic disorders, especially in the first 6 weeks of treatment; gastrointestinal disturbances;
  - less frequently, hypersensitivity reactions (including severe cutaneous reactions such as Stevens-Johnson, Lyell and DRESS syndromes) and life-threatening hepatotoxicity.
- Any isolated rash requires immediate medical attention and surveillance.
- Stop NVP immediately and permanently in the event of:
  - severe rash or rash associated with signs and symptoms of hypersensitivity reaction (e.g. fever, mouth ulcer, cutaneous blister, conjunctivitis, facial oedema);
  - signs and symptoms of hepatic disorders (e.g. anorexia, nausea, general malaise, dark urine, pale stools, hepatomegaly, jaundice).
- NVP is a hepatic enzyme inducer. It may interact with many drugs and concomitant use requires monitoring (e.g. azole derivates, phenobarbital, phenytoin, carbamazepine, clarithromycin).
- Avoid combination with rifampicin (decreased NVP plasma concentrations).

## **Remarks**

- Shake the oral suspension well before use. The 50 mg tablet should be dispersed in 10 ml of water immediately before administration.
- NVP is also used for the treatment of HIV-1 infection in children and adults, in combination with other antiretrovirals. Check national recommendations.
- Also comes in fixed-dose combinations with other antiretrovirals. For PMTCT, NVP is sometimes given as a fixed-dose combination of zidovudine/lamivudine/nevirapine.

## **Storage**

 – Below 25 °C

Once opened, oral suspension keeps for 2 months maximum.

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# NICLOSAMIDE oral

## Therapeutic action

- Anthelminthic (taenicide)

## Indications

- Taeniasis: beef tapeworm (*Taenia saginata*), pork tapeworm (*Taenia solium*), dwarf tapeworm (*Hymenolepis nana*) and fish tapeworm (*Diphyllobothrium latum*)

## Forms and strengths

- 500 mg chewable tablet

## Dosage and duration

### *T. saginata, T. solium and D. latum*

- Child under 2 years: 500 mg single dose
- Child from 2 to 6 years: 1 g single dose
- Child over 6 years and adult: 2 g single dose

### *H. nana*

- Child under 2 years: 500 mg on D1, then 250 mg once daily for 6 days
- Child from 2 to 6 years: 1 g on D1, then 500 mg once daily for 6 days
- Child over 6 years and adult: 2 g on D1, then 1 g once daily for 6 days

## Contra-indications, adverse effects, precautions

- May cause: gastrointestinal disturbances.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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# **NICOTINAMIDE = VITAMIN PP = VITAMIN B3**

## **oral**

### **Therapeutic action**

- Vitamin

### **Indications**

- Treatment of pellagra

### **Forms and strengths**

- 100 mg tablet

### **Dosage and duration**

- Child and adult: 100 mg 3 times daily, with a diet rich in protein, until the patient is fully cured

### **Contra-indications, adverse effects, precautions**

- **Pregnancy and breast-feeding:** avoid, except if clearly needed (safety is not established)

### **Remarks**

- Nicotinamide is also called niacinamide.
- Vitamin PP deficiency is common when diet is almost entirely based on sorghum, millet or maize.
- Vitamin PP deficiency often occurs in association with other vitamin B-complex deficiency (thiamine, pyridoxine), especially in alcoholic patients.
- Vitamin PP is usually one of the components of multivitamin preparations and B-complex (7.5 mg to 15 mg per tablet).

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# NIFEDIPINE oral

Last updated: February 2024

Prescription under medical supervision

 Immediate-release forms of nifedipine should not be used in either long-term treatment of hypertension or treatment of hypertensive crisis (risk of excessive fall in blood pressure and cerebral or myocardial ischaemia in patients with coronary artery disease).

## Therapeutic action

- Uterine relaxant

## Indications

- Threatened premature labour

## Forms and strengths

- 10 mg immediate-release soft capsule or tablet

## Dosage and duration

- 10 mg by oral route, to be repeated every 15 minutes if uterine contractions persist (max. 4 doses or 40 mg), then 20 mg by oral route every 6 hours

The total duration of treatment is 48 hours.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe cardiac disease (recent myocardial infarction, unstable angina).

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- **Pregnancy:** **CONTRA-INDICATED** during the first trimester. Never administer sublingually (risk of foetal death from placental hypoperfusion).
- **Breast-feeding:** avoid

## Remarks

- Nifedipine is a calcium channel blocker that is also used in the management of hypertension at doses of 10 to 40 mg 2 times daily or 20 to 90 mg once daily, depending on the sustained-release form used.

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# NITROFURANTOIN oral

Prescription under medical supervision

## Therapeutic action

- Antibacterial (group of nitrofuranes)

## Indications

- Uncomplicated cystitis, without fever or lower back pain, when no other antibiotic can be used

## Forms and strengths

- 100 mg tablet

## Dosage and duration

- Adult: 100 mg 3 times daily for 5 to 7 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with renal impairment, G6PD deficiency or allergy to nitrofurantoin.
- May cause:
  - nausea, vomiting, headache, dizziness, brownish urine;
  - haemolytic anaemia in patients with G6PD deficiency, pulmonary and hepatic disorders, allergic reactions.
- Do not administer simultaneously with antacids (aluminium or magnesium hydroxide, etc.). Administer doses at least 2 hours apart.
- Pregnancy:** CONTRA-INDICATED during the last month of pregnancy (risk of haemolysis in the newborn)  
~~- Breast feeding: avoid during the first month~~

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# NITROGLYCERIN oral

See [GLYCERYL TRINITRATE oral](#)

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# NYSTATIN oral

## Therapeutic action

- Antifungal

## Indications

- Mild oropharyngeal candidiasis

## Forms and strengths

- 100 000 IU/ml oral suspension, bottle with calibrated dropper

## Dosage and duration

- Child and adult: 100 000 IU 4 times daily (1 ml of the oral suspension 4 times daily) for 7 days

The oral suspension should be retained in the mouth for a few minutes before swallowing, or, in young children, applied to the tongue and the inside of the cheeks.

## Contra-indications, adverse effects, precautions

- Take between meals (e.g. at least 30 minutes before eating).
- Shake oral suspension well before using.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Nystatin also comes in:
  - 100 000 IU lozenge for the treatment of oropharyngeal candidiasis;
  - 100 000 IU and 500 000 IU film coated tablets for the treatment of oesophageal candidiasis.

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# OLANZAPINE oral

Last updated: February 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of olanzapine, patients should be kept under close surveillance.

## Therapeutic action

- Atypical antipsychotic

## Indications

- Acute and chronic psychosis and acute manic episode, in the event of intolerance or treatment failure with other antipsychotics (preferably use haloperidol for these indications)

## Forms and strengths

- 2.5 mg, 5 mg and 10 mg tablets

## Dosage

- Adult: 10 mg once daily. Increase up to 15 mg daily if necessary (max. 20 mg daily).
- Reduce the dose by half in older patients (max. 10 mg daily).

## Duration

- Acute psychosis: at least 3 months
- Chronic psychosis: at least one year
- Manic episode: 8 weeks after remission of symptoms

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- Administer with caution and carefully monitor use in older patients and patients with hypokalaemia, hypotension, prostate disorders, renal or hepatic impairment, history of seizures.
- May cause: orthostatic hypotension, drowsiness (caution when driving/operating machinery), extrapyramidal symptoms, hyperprolactinaemia, weight gain, hyperlipidaemia, hyperglycaemia, anticholinergic effects (constipation, dry mouth), headache, insomnia, dizziness, sexual dysfunction; neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), rare but requiring immediate treatment discontinuation.
- In case of extrapyramidal symptoms, try reducing the dose of olanzapine or, if the extrapyramidal symptoms are severe, add biperiden or trihexyphenidyl.
- Avoid or monitor combination with:
  - central nervous system depressants (opioid analgesics, sedatives, H1 antihistamines, etc.);
  - ciprofloxacin (increased plasma concentrations of olanzapine);
  - carbamazepine, rifampicin, phenobarbital, phenytoin, ritonavir (decreased plasma concentrations of olanzapine);
  - antihypertensive drugs (risk of hypotension); drugs that prolong the QT interval (amiodarone, chloroquine, erythromycin, fluconazole, mefloquine, pentamidine, quinine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** re-evaluate whether the treatment is still necessary; if it is continued, use the lowest effective dose. Observe the neonate the first few days (risk of agitation, tremors, hypertonia/hypotonia, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester. If treatment starts during pregnancy, preferably use haloperidol.
- **Breast-feeding:** if absolutely necessary, do not exceed 10 mg daily.

## Storage

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# OMEPRAZOLE oral

Prescription under medical supervision

## Therapeutic action

- Antiulcer and gastric antisecretory agent (proton pump inhibitor)

## Indications

- Gastro-oesophageal reflux
- Gastric and duodenal ulcers in adult

## Forms and strengths

- 10 mg dispersible gastro-resistant tablet
- 20 mg gastro-resistant capsule

## Dosage

### Gastro-oesophageal reflux

- Child under 5 kg: 0.7 to 1.4 mg/kg (max. 2.8 mg/kg daily) once daily in the morning
- Child 5 to 10 kg: 5 mg once daily in the morning
- Child 10 to 20 kg: 10 mg once daily in the morning
- Child over 20 kg and adult: 20 mg once daily in the morning

Age	Weight	1 mg/ml sol. <sup>(a)</sup>	10 mg tablet <sup>(b)</sup>	20 mg capsule
< 2 months	< 5 kg	3 ml	-	-
2 months to < 1 year	5 to < 10 kg	5 ml	-	-

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- Adult: 20 mg once daily in the morning  
In severe or recurrent cases, dose can be increased if necessary to 40 mg once daily.

## Duration

- Gastro-oesophageal reflux: 3 days (short-term relief of symptoms) or 4 to 8 weeks (long-term treatment)
- Gastric and duodenal ulcers: 7 to 10 days or up to 8 weeks (severe or recurrent cases)

## Contra-indications, adverse effects, precautions

- Do not exceed 0.7 mg/kg daily (max. 20 mg daily) in patients with severe hepatic impairment.
- May cause: headache, diarrhoea, constipation, nausea, vomiting, abdominal pain, dizziness, skin rash, fatigue.
- Monitor combination with:
  - atazanavir, itraconazole (decreased efficacy of these drugs);
  - diazepam, phenytoin, digoxin, raltegravir (increased toxicity of these drugs).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Do not open capsules.
- Omeprazole is also used in combination with 2 antibacterial drugs for cure of *Helicobacter pylori* infection, at a dosage of 20 mg 2 times daily for 7 days.

## Storage

 – Below 25 °C

Once dissolved, dispersible tablets should be administered within 30 minutes.

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# ORAL REHYDRATION SALTS = ORS

Last updated: October 2024

## Indications

- Prevention and treatment of dehydration from acute diarrhoea, cholera, etc.

## Forms and strengths

- Sachet of powder to be diluted in 1 litre of clean water.
- WHO formulation:

	grams/litre		mmol/litre
sodium chloride	2.6	sodium	75
glucose	13.5	chloride	65
potassium chloride	1.5	glucose	75
trisodium citrate	2.9	potassium	20
Total weight	20.5	citrate	10
		Total osmolarity	245

## Dosage

### Prevention of dehydration (WHO - Treatment plan A)

- Child under 24 months: 50 to 100 ml after each loose stool (approximately 500 ml daily)
- Child from 2 to 10 years: 100 to 200 ml after each loose stool (approximately 1000 ml daily)
- Child over 10 years and adult: 200 to 400 ml after each loose stool (approximately 2000 ml daily)

### Treatment of moderate dehydration (WHO - Treatment plan B)

Child and adult:

- Over the first four hours:

Age	under 4 months	4 to 11 months	12 to 23 months	2 to 4 years	5 to 14 years	15 years and over

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If there are signs of severe dehydration: start IV therapy (*Treatment plan C*).

### **Treatment of severe dehydration (WHO - Treatment plan C)**

In combination with IV therapy and only to a conscious patient:

Child and adult: 5 ml/kg per hour

After 3 hours (6 hours in infants), reassess and choose the appropriate plan *A*, *B* or *C*.

### **Duration**

- As long as diarrhoea and signs of dehydration persist.

### **Contra-indications, adverse effects, precautions**

- If the eyelids become puffy during the treatment: stop ORS, give plain water then, resume ORS according to Treatment plan A when the puffiness is gone.
- If case of vomiting, stop ORS for 10 min and then resume at a slower rate (very small, frequent, amounts); do not stop rehydration.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

### **Remarks**

- A special ORS-formula, ReSoMal, is used under medical supervision, for severely malnourished children only. However, in malnourished children with cholera, standard ORS- formula is used instead of ReSoMal.
- Comes in flavoured and unflavoured ORS sachets.

### **Storage**

 – Below 25 °C

Do not use the powder if it has turned into a yellow-brownish sticky substance.

Once prepared, the solution must be used within 24 hours.

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# **PARACETAMOL = ACETAMINOPHEN oral**

Last updated: October 2024



Do not exceed indicated doses, especially in children and older patients. Paracetamol intoxications are severe (hepatotoxicity).

## **Therapeutic action**

- Analgesic, antipyretic

## **Indications**

- Mild pain
- Fever

## **Forms and strengths**

- 100 mg and 500 mg tablets
- 100 mg dispersible tablet
- 120 mg/5 ml oral suspension

## **Dosage**

- Child under 1 month: 10 mg/kg 3 or 4 times daily (max. 40 mg/kg daily)
- Child 1 month and over: 15 mg/kg 3 or 4 times daily (max. 60 mg/kg daily)
- Adult: 1 g 3 or 4 times daily (max. 4 g daily)

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<b>Age</b>	<b>Weight</b>	<b>120 mg/5 ml susp.</b>	<b>100 mg tablet</b>	<b>500 mg tablet</b>
< 1 month	< 4 kg	1.5 ml x 3	–	–
1 to < 3 months	4 to < 6 kg	2.5 ml x 3	½ tab x 3	–
3 months to < 1 year	6 to < 10 kg	4 ml x 3	1 tab x 3	–
1 to < 3 years	10 to < 15 kg	6 ml x 3	1½ tab x 3	–
3 to < 5 years	15 to < 20 kg	8 ml x 3	2 tab x 3	–
5 to < 9 years	20 to < 30 kg	12 ml x 3	3 tab x 3	–
9 to < 14 years	30 to < 50 kg	–	–	1 tab x 3
≥ 14 years and adult	≥ 50 kg	–	–	2 tab x 3

## Duration

- According to clinical response

## Contra-indications, adverse effects, precautions

- Administer with caution to patients with hepatic impairment.
- Reduce the dose in:
  - children with severe acute malnutrition: 10 mg/kg up to 3 times maximum per 24 hours
  - patients with dengue with warning sign(s):
    - Child: 10 mg/kg 3 to 4 times daily
    - Adult: 500 mg 3 to 4 times daily
- Pregnancy:** no contra-indication
- Breast-feeding:** no contra-indication

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## **Storage**

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# PAROXETINE oral

Last updated: March 2024

Prescription under medical supervision

## Therapeutic action

- Antidepressant, selective serotonin re-uptake inhibitor (SSRI)

## Indications

- Major depression
- Generalised anxiety
- Severe post-traumatic stress disorder

## Forms and strengths

- 20 mg scored tablet

## Dosage

### Major depression

- Adult: 10 mg once daily for 3 days, then 20 mg once daily. In case of insufficient response after 3 weeks, increase up to 40 mg daily max.

### Generalised anxiety, severe post-traumatic stress disorder

- Adult: 10 to 20 mg once daily

## Duration

- Major depression: at least 9 months.  
Discontinue treatment gradually (e.g. half dose once daily for 2 weeks then on alternate days for 2

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- gastrointestinal disturbances, drowsiness (caution when driving or operating machinery), fatigue, headache, dizziness, seizures, sexual dysfunction, blurred vision, hyponatraemia especially in older patients;
- mental disorders: anxiety, insomnia, agitation, aggressive behaviour, suicidal ideation in young adults;
- frequent withdrawal symptoms if discontinued abruptly: dizziness, paraesthesia, nightmares, anxiety, tremors and headaches.
- Avoid combination with:
  - aspirin, NSAIDs and warfarin (risk of bleeding);
  - serotonergic drugs: other SSRI, tricyclic antidepressants, ondansetron, tramadol, etc. (risk of serotonin syndrome).
- Monitor combination with: risperidone (increased plasma concentration), drugs which lower the seizure threshold (antipsychotics, mefloquine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy and breast-feeding:** re-evaluate whether the treatment is still necessary; if it is continued, maintain paroxetine at effective dose. Observe the neonate (risk of agitation, tremors, hypotony, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester of pregnancy. If treatment starts during pregnancy or breast-feeding, preferably use sertraline.

## Remarks

- It is necessary to wait at least 2 to 3 weeks before assessing the antidepressant effect. This must be explained to the patient.

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# PHENOBARBITAL = PB oral

Last updated: October 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of PB, patients should be kept under close surveillance.

## Therapeutic action

- Antiseizure (antiepileptic), sedative

## Indications

- Epilepsy: generalised tonic-clonic seizures and focal (partial) seizures

## Forms and strengths

- 60 mg tablet

## Dosage

Start with a low dose then increase gradually based on patient's response and tolerance.

- Child 1 month to 11 years: start with 2 to 3 mg/kg once daily at bedtime or 1 to 1.5 mg/kg 2 times daily for 2 weeks; increase the daily dose by increments of 1 to 2 mg/kg every week, up to 2 to 6 mg/kg once daily if necessary.
- Child 12 years and over and adult: start with 1 mg/kg (max. 60 mg) once daily at bedtime for 2 weeks; increase the daily dose by increments of 15 to 30 mg every week, up to 3 mg/kg once daily if needed (max. 180 mg daily).

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- Do not administer to patients with severe impairment of respiratory, renal or hepatic function (risk of accumulation).
- Administer with caution in children, older patients and patients with mild to moderate impairment of respiratory, renal or hepatic function.
- May cause:
  - drowsiness (caution when driving/operating machinery), dizziness, headache, behavioural disturbances;
  - respiratory depression, hypotension;
  - vitamin D deficiency (consider supplementation), osteoporosis, haematologic disorders, gastrointestinal disturbances;
  - rarely: hypersensitivity reactions (including severe cutaneous reactions such as Stevens-Johnson, Lyell and DRESS syndromes). In these cases, stop treatment. Early symptoms such as fever, rash, mouth ulcers and bleeding require immediate medical attention.
- Avoid or monitor the combination with:
  - mefloquine (reduced effect of PB);
  - drugs containing alcohol, benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- Use with extreme caution with benzodiazepines and opioid analgesics (increased risk of respiratory depression).
- PB may reduce the effect of many drugs:
  - diazepam, midazolam, antimicrobials, some antiretrovirals, corticosteroids, tricyclic antidepressants, itraconazole, direct-acting antivirals for chronic hepatitis C, warfarin, etc. Adjust dosage if necessary.
  - implants and oral contraceptives: use injectable medroxyprogesterone or an intrauterine device.
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** avoid (risk of facial and cardiac malformations, hypospadias, small for gestational age).
  - In case of pregnancy during treatment, prefer a safer drug (levetiracetam). If PB is the only option, provide counselling about the risks to the child; use the lowest effective dose.
  - Administer folic acid high dose (5 mg daily) during the first trimester. Start as soon as possible, including during the preconception period in case of planned pregnancy.
  - PB plasma concentrations may decrease during pregnancy. Monitor clinical response; increase dose if needed then resume the usual dose after delivery. Monitor the child for a few days (risk

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# **PHENOXYMETHYL PENICILLIN = PENICILLIN**

## **V oral**

**Last updated: January 2024**

Prescription under medical supervision

### **Therapeutic action**

- Penicillin antibacterial

### **Indications**

- Streptococcal pharyngitis, scarlet fever
- Alternative to first-line antibiotic treatment of diphtheria
- Completion treatment following parenteral therapy with penicillin

### **Forms and strengths**

- 250 mg tablet (400 000 IU)
- Powder for oral suspension, 125 mg/5 ml (200 000 IU/5 ml): ;
  - to be reconstituted with filtered water
  - to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations)

### **Dosage**

#### **Streptococcal pharyngitis, scarlet fever**

<b>Age</b>	<b>Weight</b>	<b>Daily dose</b>	<b>125 mg/5 ml oral susp.</b>	<b>250 mg tablet</b>
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## Diphtheria

- Child under 40 kg: 10 to 15 mg/kg (max. 500 mg) 4 times daily
- Child 40 kg and over and adult: 500 mg 4 times daily

## Duration

- Streptococcal pharyngitis, scarlet fever: 10 days
- Diphtheria: 14 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to penicillin.
- Administer with caution to patients with allergy to cephalosporin (cross-sensitivity may occur) or severe renal impairment (reduce dose).
- May cause: diarrhea, nausea; allergic reactions sometimes severe.
- Do not combine with methotrexate.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Take between meals.
- Phenoxymethylpenicillin is also used in children for the prevention of pneumococcal infections in sickle cell disease and recurrence of acute rheumatic fever.

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For the oral suspension (powder or reconstituted suspension): follow manufacturer's instructions.

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# PHENYTOIN = PHT oral

Last updated: October 2024

Prescription under medical supervision

- Due to the numerous and potentially severe adverse effects of PHT, patients should be kept under close surveillance.
- Be cautious when increasing doses (narrow margin between therapeutic and toxic dose and nonlinear pharmacokinetics).

## Therapeutic action

- Antiseizure (antiepileptic)

## Indications

- Epilepsy: generalised tonic-clonic seizures and focal (partial) seizures

## Forms and strengths

- 100 mg tablet

## Dosage

Start with a low dose then increase gradually based on patient's response and tolerance.

- Child 1 month to 11 years: start with 1.5 to 2.5 mg/kg 2 times daily; increase the daily dose by increments of 5 mg/kg every 3 to 4 weeks, up to 2.5 to 5 mg/kg 2 times daily if necessary (max. 7.5 mg/kg 2 times daily or 300 mg daily).
- Child 12 years and over: start with 75 to 150 mg 2 times daily; increase the daily dose by increments of 25 mg every 3 to 4 weeks, up to 150 to 200 mg 2 times daily if necessary (max. 300 mg 2 times

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## Contra-indications, adverse effects, precautions

- Administer with caution to patients with hepatic impairment (reduce dosage), heart failure, atrioventricular block, cardiac rhythm disorders, hypotension.
- May cause:
  - drowsiness (caution when driving/operating machinery), dizziness, headache, behavioural disturbances, insomnia;
  - gastrointestinal disturbances (nausea, vomiting), vitamin D deficiency (consider supplementation), osteoporosis, hepatotoxicity and gingival hypertrophy;
  - rarely: haematologic disorders (thrombocytopenia, agranulocytosis, anaemia), hypersensitivity reactions (including severe cutaneous reactions such as Stevens-Johnson, Lyell and DRESS syndromes). In these cases, stop treatment. Early symptoms such as fever, rash, mouth ulcers and bleeding require immediate medical attention.
- If possible, perform at least FBC and liver enzymes, at baseline then regularly during treatment.
- Avoid or monitor the combination with:
  - rifampicin, mefloquine (reduced effect of PHT);
  - sulfonamides, chloramphenicol, fluconazole, isoniazid, fluoxetine, omeprazole (increased PHT toxicity);
  - drugs containing alcohol, benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- PHT may reduce the effect of many drugs:
  - diazepam, midazolam, digoxin, corticosteroids, antimicrobials, some antiretrovirals, itraconazole, warfarin, etc. Adjust dosage if necessary.
  - implants and oral contraceptives: use injectable medroxyprogesterone or an intrauterine device.
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** avoid (risk of cardiac malformations)
  - In case of pregnancy during treatment, prefer a safer drug (levetiracetam). If PHT is the only option, provide counselling about the risks to the child; use the lowest effective dose.
  - Administer folic acid high dose (5 mg daily) during the first trimester. Start as soon as possible, including during the preconception period in case of planned pregnancy.
  - PHT plasma concentrations may decrease during pregnancy. Monitor clinical response; increase dose if needed then resume the usual dose after delivery. Monitor the child for a few days (risk of accumulation and drowsiness or withdrawal symptoms).

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# POTASSIUM CHLORIDE immediate-release oral

Last updated: February 2024

Prescription under medical supervision

 For long-term use (i.e. in combination with potassium-depleting diuretics), use only sustained-release formulations.

## Therapeutic action

- Potassium supplement, when immediate effect is required

## Indications

- Treatment of moderate hypokalaemia

## Forms and strengths

- 7.5% potassium chloride syrup (1 mmol of K<sup>+</sup>/ml), to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations)

## Dosage

- Child under 45 kg: 2 mmol/kg (2 ml/kg) daily (see table below)
- Child 45 kg and over and adult: 30 mmol (30 ml) 3 times daily

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<b>Age</b>	<b>Weight</b>	<b>7.5% syrup</b>
< 2 months	< 5 kg	4 ml x 2
2 months to < 1 year	5 to < 10 kg	6 ml x 2
1 to < 3 years	10 to < 15 kg	12 ml x 2
3 to < 5 years	15 to < 20 kg	20 ml x 2
5 to < 7 years	20 to < 25 kg	25 ml x 2
7 to < 9 years	25 to < 30 kg	20 ml x 3
9 to < 13 years	30 to < 45 kg	25 ml x 3
≥ 13 years and adult	≥ 45 kg	30 ml x 3

## Duration

- According to clinical response. Treatment of 1 to 2 days is typically sufficient when the patient is fully able to drink oral rehydration solution and can eat.

## Contra-indications, adverse effects, precautions

- Reduce dosage in older patients and patients with renal impairment (risk of hyperkalaemia).
- Do not combine with spironolactone and angiotensin-converting-enzyme inhibitors (e.g. enalapril).
- May cause: gastrointestinal ulcerations, diarrhoea, nausea and vomiting, rarely hyperkalaemia.
- Administer with caution to patients with gastrointestinal ulcer (risk of gastrointestinal ulcerations).
- Pregnancy:** no contra-indication
- Breast-feeding:** no contra-indication

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# POTASSIUM CHLORIDE sustained-release oral

Prescription under medical supervision

## Therapeutic action

- Potassium supplement

## Indications

- Hypokalaemia induced by :
  - thiazide diuretics (e.g. hydrochlorothiazide)
  - loop diuretics (e.g. furosemide)

## Forms and strengths

- 600 mg potassium chloride sustained-release tablet (8 mmol of K<sup>+</sup>)

## Dosage

- Adult: 15 to 25 mmol daily = 1 tablet 2 to 3 times daily
- Do not exceed indicated doses if potassium serum levels cannot be measured.

## Duration

- According to clinical response and duration of diuretic treatment

## Contra-indications, adverse effects, precautions

- Administer with caution and reduce dosage in elderly patients and in patients with renal impairment

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- Hypokalaemia is defined as a serum potassium concentration below 3.5 mmol/litre.
- If tablets are not available, a lack of potassium may be corrected by a diet rich in dates, bananas, mangos, oranges, tomatoes, etc.

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# PRAZIQUANTEL oral

Prescription under medical supervision

## Therapeutic action

- Anthelminthic

## Indications

- Urinary (*S. haematobium*) and intestinal (*S. mansoni*, *S. japonicum*, *S. mekongi*, *S. intercalatum*) schistosomiasis
- Taeniasis (*T. saginata*, *T. solium*, *D. latum*, *H. nana*)
- Pulmonary (*P. westermani*), hepatobiliary (*O. felineus*, *O. viverrini*, *C. sinensis*) and intestinal (*F. buski*, *H. heterophyes*, *M. yokogawai*) flukes

## Forms and strengths

- 600 mg breakable tablet

## Dosage and duration

Child 4 years and over and adult:

### Schistosomiasis

- *S. haematobium*, *S. mansoni*, *S. intercalatum*: 40 mg/kg single dose or 2 doses of 20 mg/kg administered 4 hours apart
- *S. japonicum*, *S. mekongi*: 2 doses of 30 mg/kg or 3 doses of 20 mg/kg administered 4 hours apart

### Taeniase

- *T. saginata*, *T. solium*, *D. latum*: 5 to 10 mg/kg single dose

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- drowsiness, headache, gastrointestinal disturbances, dizziness; rarely: allergic reactions;
- neurological disorders (headache, seizures) in patients with undiagnosed neuro cysticercosis.
- **Pregnancy:** no contra-indication for the treatment of schistosomiasis and taeniasis. If immediate treatment not considered essential for fluke infections, it should be delayed until after delivery.
- **Breast-feeding:** no contra-indication

## Remarks

- Do not chew the tablets due to their bitter taste. Take during meals.
- Praziquantel is not active against certain liver flukes (*Fasciola hepatica* and *gigantica*). For this indication, use triclabendazole.

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# PREDNISOLONE and PREDNISONE oral

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Intermediate-acting steroid anti-inflammatory drug (corticosteroid)

## Indications

- Symptomatic treatment of allergic and inflammatory diseases or reactions

## Forms and strengths

- 5 mg tablet and 5 mg soluble tablet

## Dosage and duration

- Dosage varies according to indication, symptoms severity, clinical response and patient's tolerance. In the event of treatment longer than 10 days, a high initial dose should be reduced as quickly as possible to the lowest effective dose.
  - Child and adult: 0.5 to 2 mg/kg once daily in the morning or in 2 divided doses (max. 80 mg daily)
- Duration varies according to indication. In the event of treatment longer than 3 weeks, decrease doses gradually to avoid adrenal suppression.

## Contra-indications, adverse effects, precautions

- In case of systemic infection, only administer if patient is under antimicrobial treatment.
- Do not administer to patients with active peptic ulcer (except if ulcer under treatment).
- May cause (if prolonged treatment with high doses): adrenal suppression, muscle atrophy, growth retardation, increased susceptibility to infections, sodium and water retention (edema and

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- Take with food.
- Prednisolone is also used for preventing inflammatory reaction triggered by certain antiparasitic treatment (e.g. trichinellosis, african trypanosomiasis).
- 5 mg of prednisolone or prednisone has the same anti-inflammatory activity as 0.75 mg of dexamethasone and 20 mg of hydrocortisone.

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# PROMETHAZINE oral

Last updated: February 2024

Prescription under medical supervision

## Therapeutic action

- Sedating H1 antihistamine

## Indications

- Insomnia
- Agitation or aggressive behaviour in patients with acute or chronic psychosis, in combination with haloperidol

## Forms and strengths

- 25 mg tablet

## Dosage and duration

### Insomnia

- Adult: 25 mg once daily at bedtime for 7 to 10 days max.

### Agitation or aggressive behaviour in patients with acute or chronic psychosis, with haloperidol

- Adult: 25 mg, to be repeated after 60 minutes if necessary

## Contra-indications, adverse effects, precautions

- Administer with caution and monitor use:
  - in older patients;
  - in patients with prostate disorders, closed-angle glaucoma, epilepsy, orthostatic hypotension,

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- rarely: seizures, extrapyramidal symptoms, neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), allergic reactions.
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy and breast-feeding:** avoid

## Remarks

- Promethazine is not included in the WHO list of essential medicines.

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# PYRAZINAMIDE = Z oral

Last updated: June 2021

Prescription under medical supervision

## Therapeutic action

- First line antituberculosis antibacterial (sterilising and bactericidal activity)

## Indications

- Tuberculosis, in combination with other antituberculosis antibacterials

## Forms and strengths

- 400 mg tablet
- 150 mg dispersible tablet

## Dosage

- Child under 30 kg: 35 mg/kg (30 to 40 mg/kg) once daily
- Child 30 kg and over and adult: 25 mg/kg (20 to 30 mg/kg) once daily
- Do not exceed 2 g daily.
- Patient with renal impairment: 25 mg/kg 3 times weekly

## Duration

- According to protocol

## Contra-indications, adverse effects, precautions

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## **Remarks**

- For patients on first-line antituberculosis treatment, pyrazinamide is given as part of a fixed dose combination.

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# **PYRIDOXINE = VITAMIN B6 oral**

## **Therapeutic action**

- Vitamin

## **Indications**

- Prevention and treatment of isoniazid-induced peripheral neuropathy

## **Forms and strengths**

- 25 mg tablet

Also comes in 10 mg and 50 mg tablets.

## **Dosage**

### **Prevention of isoniazid neuropathy**

- Child under 5 kg: 5 mg once daily
- Child over 5 kg and adult: 10 mg once daily

### **Treatment of isoniazid neuropathy**

- Child: 50 mg once daily
- Adult: 50 mg 3 times daily

## **Duration**

- Prevention: as long as treatment with isoniazid continues.
- Treatment: according to clinical response (in general,  $\leq$  3 weeks) then, preventive dose, as long as treatment with isoniazid continues.

## **Contra-indications, adverse effects, precautions**

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- Pyridoxine is also used for the prevention and treatment of cycloserin-induced neuropathy (150 to 200 mg daily in adults, in divided doses).

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# PYRIMETHAMINE oral

Prescription under medical supervision

## Therapeutic action

- Antiprotozoal

## Indications

- Treatment and secondary prophylaxis of toxoplasmosis in immunodeficient patients, in combination with sulfadiazine or clindamycin
- Primary prophylaxis of toxoplasmosis in immunodeficient patients, in combination with dapsone (only if co-trimoxazole cannot be used)
- Second-line treatment of isosporiasis in immunodeficient patients (only if co-trimoxazole cannot be used)

## Forms and strengths

- 25 mg tablet

## Dosage and duration

### Treatment of toxoplasmosis

- Adult: 2 doses of 100 mg on D1, then 75 to 100 mg once daily for at least 6 weeks

### Secondary prophylaxis of toxoplasmosis

- Adult: 25 to 50 mg once daily, as long as necessary

### Primary prophylaxis of toxoplasmosis

- Adult: 50 to 75 mg once weekly, as long as necessary

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- Avoid if possible combination with other folate antagonists: co-trimoxazole, methotrexate (increased risk of folic acid deficiency).
- Monitor combination with zidovudine (increased risk of zidovudine-associated haematotoxicity).
- **Pregnancy:** CONTRA-INDICATED during the first trimester
- **Breast-feeding:** no contra-indication; however avoid concomitant administration of other folate antagonists.

## Remarks

- The combination of sulfadoxine/**pyrimethamine** is used for the treatment of uncomplicated falciparum malaria.

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# QUININE oral

Prescription under medical supervision

## Therapeutic action

- Antimalarial

## Indications

- Treatment of uncomplicated falciparum malaria, when artemisinin-based combinations cannot be used
- Completion treatment following parenteral therapy with quinine for severe falciparum malaria, when artemisinin-based combinations cannot be used

## Forms and strengths

- 300 mg quinine sulfate tablet

## Dosage and duration

Dosage is expressed in terms of salt. Except for quinine bisulfate, the dosage is the same for all quinine salts (sulfate, hydrochloride, dihydrochloride):

- Child and adult < 50 kg: 10 mg/kg 3 times daily at 8-hour intervals for 7 days
- Adult ≥ 50 kg: 600 mg 3 times daily at 8-hour intervals for 7 days

Age	Weight	300 mg tablet
5 months to < 2 years	7 to < 12 kg	¼ tab x 3
2 to < 8 years	12 to < 25 kg	½ tab x 3

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- May cause: headache, skin rash; visual, auditory and gastrointestinal disturbances.
- Do not exceed indicated doses: risk of toxicity in the event of overdose.
- Avoid combination with drugs that prolong QT interval: amiodarone, other antimalarials, antipsychotics, fluconazole, fluoroquinolones, hydroxyzine, macrolides, ondansetron, etc.
- If the patient vomits within 30 minutes after administration, re-administer the full dose. If the patient vomits between 30 minutes and 1 hour after administration, re-administer half of the dose.
- **Pregnancy:** no contra-indication; it is recommended to administer quinine in combination with clindamycin if possible.
- **Breast-feeding:** no contra-indication

## **Remarks**

- 10 mg of quinine sulfate or hydrochloride or dihydrochloride = 8 mg of quinine base; 14 mg of quinine bisulfate = 8 mg of quinine base.

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# ReSoMal (REhydration S0lution for MALnutrition) oral

Last updated: November 2022

Prescription under medical supervision

## Therapeutic action

- Oral rehydration salts with high potassium and low sodium contents

## Indications

- Prevention and treatment of dehydration, in children suffering from complicated acute malnutrition only

## Forms and strengths

- Sachet containing 84 g of powder, to be diluted in 2 litres of clean, boiled and cooled water

Composition for one litre:

	mmol/litre		mmol/litre
Glucose	55	Citrate	7
Saccharose	73	Magnesium	3
Sodium	45	Zinc	0.3
Potassium	40	Copper	0.045
Chloride	70	Osmolarity	294 mEq/litre

## Dosage and duration

### Prevention of dehydration

- Child: 5 ml/kg after each loose stool as long as diarrhoea persists

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## **Treatment of severe dehydration**

Only if there is no circulatory impairment and rehydration by oral route or nasogastric tube is tolerated:

- Child: 20 ml/kg/hour for 1 hour orally or by nasogastric tube. If improvement (diarrhoea and signs of dehydration regress), continue with 20 ml/kg/hour for 2 hours, then reduce to 10 ml/kg/hour, as for some dehydration.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with cholera or uncomplicated acute malnutrition: use standard ORS instead.
- Closely monitor rate of administration.
- May cause:
  - fluid overload (increased respiratory and heart rates and new onset or worsening of oedema). In this event, stop ReSoMal for one hour then reassess the child's condition;
  - heart failure when administered too rapidly.

## **Remarks**

- ReSoMal can also be administered in adults suffering from complicated acute malnutrition, including in pregnant or breastfeeding women.

## **Storage**

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Do not use the powder if it has turned sticky.

Once prepared, the solution should be used within 24 hours.

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# **RETINOL = VITAMIN A oral**

## **Therapeutic action**

- Vitamin

## **Indications**

- Prevention of vitamin A deficiency
- Treatment of vitamin A deficiency (xerophthalmia)

## **Forms and strengths**

- 200 000 IU capsule, i.e. about 8 drops (1 drop = 25 000 IU)

## **Dosage and duration**

### **Prevention of vitamin A deficiency**

- Child under 6 months: 50 000 IU single dose
- Child from 6 to 12 months: one dose of 100 000 IU every 4 to 6 months
- Child over 1 year: one dose of 200 000 IU every 4 to 6 months

### **Treatment of vitamin A deficiency**

- Child under 6 months: 50 000 IU once daily on D1, D2 and D8 (or D15)
- Child from 6 to 12 months: 100 000 IU once daily on D1, D2 and D8 (or D15)
- Child over 1 year and adult: 200 000 IU once daily on D1, D2 and D8 (or D15)

Age	200 000 IU capsule	
	Prevention	Treatment
< 6 months	2 drops	2 drops

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## **Contra-indications, adverse effects, precautions**

- Do not exceed indicated doses.
- Overdosage may cause: gastrointestinal disturbances, headache, raised intracranial pressure (bulging fontanelle in infants); foetal abnormalities.
- **Pregnancy:**  
Prevention: after delivery only, 200 000 IU single dose  
Treatment: dosage depends on severity of eye lesions:
  - Night blindness and Bitot's spots: 10 000 IU once daily or 25 000 IU once weekly for at least 4 weeks
  - Corneal lesion: 200 000 IU once daily on D1, D2 and D8 (or D15)
- **Breast-feeding:** no contra-indication at recommended doses

## **Remarks**

- Do not swallow the capsule. Cut open the end of the capsule and squeeze the dose directly into the mouth.
- Administer routinely 2 doses (on D1 and D2) to children suffering from measles to prevent the complications of measles.

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# RIFAMPICIN = R oral

Last updated: June 2021

Prescription under medical supervision

## Therapeutic action

- Antibacterial, first line antituberculosis antibacterial (sterilising and bactericidal activity), antileprotic antibacterial (bactericidal activity)

## Indications

- Tuberculosis, in combination with other antituberculosis antibacterials
- Paucibacillary and multibacillary leprosy, in combination with dapsone and clofazimine
- Brucellosis, in combination with another antibacterial
- Latent tuberculosis, as monotherapy or in combination with isoniazid

## Forms and strengths

- 150 mg tablet and 300 mg capsule

## Dosage

### Tuberculosis, latent tuberculosis, as monotherapy or in combination with isoniazid

- Child under 30 kg: 15 mg/kg once daily, on an empty stomach
- Child 30 kg and over and adult: 10 mg/kg once daily, on an empty stomach

Do not exceed 600 mg daily.

### Paucibacillary and multibacillary leprosy

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## Duration

- Tuberculosis: according to protocol
- Latent tuberculosis as monotherapy: 4 months
- Latent tuberculosis in combination with isoniazid: 3 months
- Paucibacillary leprosy: 6 months
- Multibacillary leprosy: 12 months
- Brucellosis: 6 weeks

## Contra-indications, adverse effects, precautions

- Do not administer to patients with jaundice, hypersensitivity to rifamycins or history of severe haematological disorders (thrombocytopenia, purpura) during a previous treatment with rifamycins.
- Avoid or administer with caution to patients with hepatic disorders.
- May cause:
  - harmless orange-red discolouration of body secretions (urine, tears, saliva, sputum, sweat, etc.);
  - gastrointestinal disturbances (can be taken with a small amount of food to increase gastrointestinal tolerance); headache, drowsiness, hepatotoxicity;
  - influenza-like symptoms;
  - thrombocytopenia, hypersensitivity reactions.
- If signs of hepatotoxicity (e.g. jaundice) develop, rifampicin should be discontinued until symptoms resolve.
- Rifampicin reduces the effect of many drugs (antimicrobials, some antiretrovirals, some hormones, antidiabetics, corticosteroids, phenytoin, direct-acting antivirals for chronic hepatitis C, warfarin, etc.):
  - in patients taking nevirapine, lopinavir/ritonavir, atazanavir/ritonavir, use rifabutin in place of rifampicin;
  - in women using contraception, use injectable medroxyprogesterone or an intrauterine device;
  - in the event of concomitant fluconazole administration, administer each drug 12 hours apart (rifampicin in the morning, fluconazole in the evening);
  - for the other drugs, adjust dosage if necessary.
- **Pregnancy:** no contra-indication. Risk of maternal and neonatal bleeding disorders when the mother receives rifampicin in late pregnancy: administer phytomenadione (vitamin K) to the mother and the neonate to reduce the risk.

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# RIFAPENTINE = P oral

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Antituberculosis antibacterial (bactericidal activity)

## Indications

- Latent tuberculosis, in combination with isoniazid

## Forms and strengths

- 150 mg and 300 mg tablets

## Dosage and duration

### Weekly regimen for 3 months, in combination with isoniazid

- Child 2 years and over and adult:

Weight	Weekly dosage	150 mg tablet	300 mg tablet
10 to 14 kg	300 mg	2 tab once weekly	1 tab once weekly
14.1 to 25 kg	450 mg	3 tab once weekly	—
25.1 to 32 kg	600 mg	4 tab once weekly	2 tab once weekly
32.1 to 49 kg	750 mg	5 tab once weekly	—

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- Do not administer to patients with jaundice, hypersensitivity to rifamycins or history of severe haematological disorders (thrombocytopenia, purpura) during a previous treatment with rifamycins.
- Do not administer the weekly regimen to children under 2 years or the daily regimen to children under 13 years.
- Avoid or administer with caution to patients with hepatic disorders.
- May cause:
  - harmless orange-red discolouration of body secretions (urine, tears, saliva, sputum, sweat, etc.);
  - gastrointestinal disturbances; rarely, hepatotoxicity;
  - headache, influenza-like symptoms;
  - haematological disorders, cutaneous reactions (rash, pruritus) and hypersensitivity reactions (approximately 4% of patients).
- If signs of hepatotoxicity develop (e.g. jaundice), rifapentine should be discontinued until symptoms resolve.
- Rifapentine reduces the effect of many drugs (antimicrobials, anticonvulsants, some antiretrovirals, some hormones, antidiabetics, corticosteroids, direct-acting antivirals for chronic hepatitis C, warfarin, etc.):
  - do not administer in patients on protease inhibitors or nevirapine;
  - in women using contraceptive, use medroxyprogesterone or an intrauterine device;
  - in the event of concomitant fluconazole administration, administer each drug 12 hours apart (rifapentine in the morning, fluconazole in the evening);
  - for the other drugs, adjust dosage if necessary.
- **Pregnancy and breast-feeding:** not recommended (safety not established)

## Remarks

- Tablets can be crushed and mixed into a spoon with a small amount of food.
- Also comes in fixed dose combination containing 300 mg of rifapentine/300 mg of isoniazid. Prefer this formulation for weekly regimens to reduce the pill burden (3 tablets once weekly). This formulation is only recommended for children over 14 years and adults.
- Rifapentine and rifampicin are not interchangeable in regimens for latent tuberculosis.

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# RISPERIDONE oral

Last updated: February 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of risperidone, patients should be kept under close surveillance.

## Therapeutic action

- Atypical antipsychotic

## Indications

- Acute and chronic psychosis and acute manic episode, in the event of intolerance or treatment failure with other antipsychotics (preferably use haloperidol for these indications)

## Forms and strengths

- 1 mg and 2 mg tablets

## Dosage

### Acute or chronic psychosis

- Adult: 1 mg 2 times daily. Gradually increase up to 3 mg 2 times daily if necessary (max. 10 mg daily).

### Acute manic episode

- Adult: 2 mg once daily. Increase in increments of 1 mg per week if necessary (max. 6 mg daily).

Reduce the dose by half (initial dose and increments) in older patients and in patients with hepatic or renal impairment (max. 4 mg daily).

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- Do not administer to patients with cardiac disorders (heart failure, recent myocardial infarction, conduction disorders, bradycardia, etc.), dementia (e.g. Alzheimer's disease), Parkinson's disease and history of neuroleptic malignant syndrome.
- Administer with caution and carefully monitor use in older patients, patients with hypokalaemia, hypotension, renal or hepatic impairment, history of seizures.
- May cause: drowsiness (caution when driving/operating machinery), insomnia, headache, extrapyramidal symptoms, agitation, anxiety, orthostatic hypotension, weight gain, hyperprolactinaemia, sexual dysfunction; neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), rare but requiring immediate treatment discontinuation.
- In case of extrapyramidal symptoms, try reducing the dose of risperidone or, if the extrapyramidal symptoms are severe, add biperiden or trihexyphenidyl.
- Avoid or monitor combination with:
  - central nervous system depressants (opioid analgesics, sedatives, H1 antihistamines, etc.);
  - fluoxetine, paroxetine, sertraline, verapamil (increased plasma concentrations of risperidone);
  - carbamazepine, rifampicin, phenobarbital, phenytoin (decreased plasma concentrations of risperidone);
  - antihypertensive drugs (risk of hypotension); drugs that prolong the QT interval (amiodarone, chloroquine, erythromycin, fluconazole, mefloquine, pentamidine, quinine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy:** re-evaluate whether the treatment is still necessary; if it is continued, use the lowest effective dose. Observe the neonate the first few days (risk of agitation, tremors, hypertonia/hypotonia, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester. If treatment starts during pregnancy, preferably use haloperidol.
- **Breast-feeding:** if absolutely necessary, do not exceed 6 mg daily.

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# **RITONAVIR = RTV oral**

Last updated: November 2022

## Prescription under medical supervision

## **Therapeutic action**

- Antiretroviral, HIV protease inhibitor

### **Indications**

- Booster for protease inhibitors (atazanavir, darunavir, lopinavir, etc.) in HIV infection. Ritonavir should not be used alone.

## **Forms and strengths**

- 25 mg and 100 mg tablets

### **Dosage**

Dosage depends on the administration schedule of the boosted protease inhibitor. The daily dose is administered once daily or in 2 divided doses.

- Child 14 to < 25 kg:
    - 50 mg (two 25 mg tablets) 2 times daily, or
    - 100 mg (four 25 mg tablets or one 100 mg tablet) once daily
  - Child  $\geq$  25 kg and adult: 100 mg (one 100 mg tablet) once or 2 times daily

## Duration

- Depending on the efficacy and tolerance of the boosted protease inhibitor and ritonavir.



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- pancreatitis, hepatic disorders, skin rash sometimes severe; in this event, stop treatment immediately.
- Ritonavir reduces the efficacy of implants and oral contraceptives:: use injectable medroxyprogesterone or an intrauterine device. Only when combined with atazanavir, an oral contraceptive containing at least 30 micrograms of ethinylestradiol per tablet may also be used.
- **Pregnancy:** no contra-indication

## Remarks

- Take with meals.
- Tablets are not recommended in children < 14 kg.
- Also comes in fixed-dose combinations with other protease inhibitors (atazanavir, darunavir, lopinavir, etc.). Preferably use these formulations when available.

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# SALBUTAMOL metered dose inhaler

Last updated: June 2023

Prescription under medical supervision

## Therapeutic action

- Short-acting beta-2 agonist bronchodilator

## Indications

- Symptomatic treatment of asthma attack

## Forms and strengths

- Solution or suspension for inhalation in pressurised metered dose inhaler, delivering 100 micrograms of salbutamol/puff

## Dosage and duration

### Asthma attack

- Child and adult: 2 to 10 puffs (200 to 1000 micrograms) every 20 minutes for the first hour

Then:

- If the attack is completely resolved: 2 to 4 puffs (200 to 400 micrograms) every 4 to 6 hours for 24 to 48 hours
- If the attack is not completely resolved: 2 to 10 puffs (200 to 1000 micrograms) every 1 to 4 hours until symptoms subside then 2 to 4 puffs (200 to 400 micrograms) every 4 to 6 hours for 24 to 48 hours

### Chronic asthma (when symptomatic only)

- Child and adult: 2 to 4 puffs (200 to 400 micrograms) up to 4 times daily if necessary

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- May cause: headache, tremor and tachycardia, hyperglycaemia; hypokalaemia (after high doses).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- In severe asthma attack, preferably administer salbutamol by nebulisation, in combination with ipratropium. Use salbutamol metered dose inhaler only if nebuliser solution is not available.
- Salbutamol is also used for other conditions associated with bronchoconstriction (e.g. chronic obstructive pulmonary disease, some severe respiratory infections).
- Clean the mouthpiece before and after each use.
- Do not pierce or incinerate used aerosol containers (risk of explosion).

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# SALBUTAMOL nebuliser solution

Last updated: June 2023

Prescription under medical supervision

## Therapeutic action

- Short-acting beta-2 agonist bronchodilator

## Indications

- Symptomatic treatment of severe asthma attack, in combination with ipratropium

## Forms and strengths

- Solution for inhalation, in unit dose vial of 5 mg in 2.5 ml (2 mg/ml), to be administered via a nebuliser

## Dosage and duration

- Child under 5 years: 2.5 mg (1.25 ml) per nebulisation every 20 minutes for the first hour
- Child 5 to 11 years: 2.5 to 5 mg (1.25 to 2.5 ml) per nebulisation every 20 minutes for the first hour
- Child 12 years and over and adult: 5 mg (2.5 ml) per nebulisation every 20 minutes for the first hour

Then:

- If symptoms do not improve, continue treatment every 20 minutes.
- If symptoms improve, reduce gradually the frequency of nebulisations then change to salbutamol metered dose inhaler.

## Contra-indications, adverse effects, precautions

- May cause: headache, tremor and tachycardia, hyperglycaemia; hypokalaemia (after high doses).
- ~~Never use nebuliser solution by the parenteral route~~

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- Volumes of nebuliser solution to be administered are insufficient to obtain efficient nebulisation in most nebulisers: dilute salbutamol solution with 0.9% sodium chloride to obtain a total volume of 4 ml in the reservoir of the nebuliser. Stop the nebulisation when the reservoir is empty (after around 10 to 15 minutes).

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# SALMETEROL metered dose inhaler

Last updated: June 2023

Prescription under medical supervision

## Therapeutic action

- Long-acting beta-2 agonist bronchodilator

## Indications

- Long term treatment of moderate and severe persistent asthma (maintenance treatment), in combination with an inhaled corticosteroid (beclometasone)

## Forms and strengths

- Solution or suspension for inhalation in pressurised metered dose inhaler, delivering 25 micrograms of salmeterol/puff

## Dosage

Start at the step most appropriate to initial severity. Always try to administer the lowest effective dose.

- Child 6 to 11 years: 2 puffs (50 micrograms) 2 times daily (max. 4 puffs or 100 micrograms daily)
- Child 12 years and over and adult: 2 to 4 puffs (50 to 100 micrograms) 2 times daily (max. 8 puffs or 200 micrograms daily)

## Duration

- Treatment should be given as long as required. Re-evaluate after 2 to 3 months if doses are adequate or need to be increased or decreased.

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- May cause: headache, tremor and tachycardia, hyperglycaemia; hypokalaemia (after high doses).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Salmeterol must always be used with an inhaled corticosteroid. It should not be used for symptomatic relief of acute asthma.
- Relief of symptoms may require several days or weeks of continuous therapy.
- Clean the mouthpiece before and after each use.
- Do not pierce or incinerate used aerosol containers (risk of explosion).

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# SERTRALINE oral

Last updated: March 2024

Prescription under medical supervision

## Therapeutic action

- Antidepressant, selective serotonin re-uptake inhibitor (SSRI)

## Indications

- Major depression, if fluoxetine or paroxetine poorly tolerated or contra-indicated
- Severe post-traumatic stress disorder

## Forms and strengths

- 50 mg and 100 mg tablets

## Dosage

### Major depression

- Adult: 25 mg once daily for 3 days, then 50 mg once daily. In case of insufficient response after 3 weeks, increase up to 100 mg daily max.

### Severe post-traumatic stress disorder

- Adult: 50 mg once daily

## Duration

- Major depression: at least 9 months. Discontinue treatment gradually (e.g. half dose once daily for 2 weeks and then on alternate days for 2 weeks). If signs of relapse or withdrawal occur, increase the dose and decrease it more gradually.

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- May cause:
  - gastrointestinal disturbances, drowsiness (caution when driving or operating machinery), fatigue, headache, dizziness, seizures, sexual dysfunction, blurred vision, hyponatraemia especially in older patients;
  - mental disorders: anxiety, insomnia, agitation, aggressive behaviour, suicidal ideation in young adults;
  - withdrawal symptoms very frequent if discontinued abruptly: dizziness, paraesthesia, nightmares, anxiety, tremors and headaches.
- Avoid combination with:
  - aspirin, NSAIDs and warfarin (risk of bleeding);
  - serotonergic drugs: other SSRI, tricyclic antidepressants, ondansetron, tramadol, etc. (risk of serotonin syndrome).
- Monitor combination with: risperidone (increased plasma concentration), drugs which lower the seizure threshold (antipsychotics, mefloquine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- **Pregnancy and breast-feeding:** no contra-indication; re-evaluate whether the treatment is still necessary; if it is continued, maintain sertraline at effective dose. Observe the neonate (risk of agitation, tremors, hypotony, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester.

## Remarks

- It is necessary to wait at least 2 to 3 weeks before assessing the antidepressant effect. This must be explained to the patient.

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# **SODIUM VALPROATE oral**

See [VALPROIC acid oral](#)

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# **SOFOSBUVIR/DACLATASVIR = SOF/DCV oral**

Last updated: September 2023

Prescription under medical supervision

## **Therapeutic action**

- Combination of two direct-acting antivirals: a NS5B polymerase inhibitor (sofosbuvir) and a NS5A inhibitor (daclatasvir)

## **Indications**

- Treatment of chronic hepatitis C

## **Forms and strengths**

- 400 mg sofosbuvir/60 mg daclatasvir co-formulated tablet

## **Dosage and duration**

**Genotypes 1, 2, 4, 5, 6 without cirrhosis or with compensated cirrhosis and genotype 3 without cirrhosis**

- Adult: one 400 mg/60 mg tablet once daily for 12 weeks

**Genotype 3 with compensated cirrhosis or genotypes 1, 2, 3, 4, 5, 6 with decompensated cirrhosis**

- Adult: one 400 mg/60 mg tablet once daily for 24 weeks

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with allergy to sofosbuvir or daclatasvir.
- May cause: fatigue, headache, insomnia, dizziness, gastrointestinal disturbances, arthralgia.

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- Closely monitor blood glucose levels in patients with diabetes (risk of hypoglycaemia); adjust the antidiabetic treatment if necessary.
- Provide effective contraception in women of childbearing age.
- **Pregnancy and breast-feeding:** CONTRA-INDICATED (safety not established)

## Remarks

- Tablets have a bitter taste, they should be swallowed whole (not crushed or chewed), with meals.
- If the patient vomits within 2 hours after administration: take the same dose.
- If the patient misses a dose, the dose should be taken as soon as possible if remembered within 18 hours of the usual time. After 18 hours or more, the dose should be skipped, and the next dose taken at the usual time.
- Also comes in single drug formulations (sofosbuvir 200 mg tablet and daclatasvir 60 mg tablet) for paediatric use.

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# **SOFOSBUVIR/VELPATASVIR = SOF/VEL oral**

Last updated: September 2023

Prescription under medical supervision

## **Therapeutic action**

- Combination of two direct-acting antivirals: a NS5B polymerase inhibitor (sofosbuvir) and a NS5A inhibitor (velpatasvir)

## **Indications**

- Treatment of chronic hepatitis C

## **Forms and strengths**

- 400 mg sofosbuvir/100 mg velpatasvir co-formulated tablet

## **Dosage and duration**

### **Genotypes 1, 2, 3, 4, 5, 6 with no cirrhosis or compensated cirrhosis**

- Adult: one 400 mg/100 mg tablet once daily for 12 weeks

### **Genotypes 1, 2, 3, 4, 5, 6 with decompensated cirrhosis**

- Adult: one 400 mg/100 mg tablet once daily for 24 weeks

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with allergy to sofosbuvir or velpatasvir.
- May cause: fatigue, headache, insomnia, nausea, rash.
- Administer with caution to patients co-infected with hepatitis B virus (risk of HBV reactivation).
- Do not combine with: carbamazepine, phenobarbital, phenytoin, rifampicin, rifabutin, rifapentine,

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- **Pregnancy and breast-feeding:** CONTRA-INDICATED (safety not established)

## Remarks

- Tablets have a bitter taste, they should be swallowed whole (not crushed or chewed), with meals.
- If the patient vomits within 3 hours after administration: take the same dose.
- If the patient misses a dose, the dose should be taken as soon as possible if remembered within 18 hours of the usual time. After 18 hours or more, the dose should be skipped, and the next dose taken at the usual time.
- Also comes in 200 mg sofosbuvir/50 mg velpatasvir co-formulated tablet for paediatric use.

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# **SPIRONOLACTONE oral**

Prescription under medical supervision

## **Therapeutic action**

- Potassium-sparing diuretic, antagonist of aldosterone

## **Indications**

- Oedema associated with heart failure, hepatic cirrhosis and nephrotic syndrome

## **Forms and strengths**

- 25 mg tablet

## **Dosage**

### **Adjunctive therapy in heart failure**

- Adult: 25 mg once daily

### **Ascites in hepatic cirrhosis**

- Adult: 100 to 400 mg daily.

When weight is stable, administer the lowest possible maintenance dose, in order to prevent adverse effects.

### **Oedema in nephrotic syndrome**

- Adult: 100 to 200 mg daily

The daily dose can be administered in 2 to 3 divided doses or once daily.

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- Avoid or closely monitor combination with angiotensin-converting enzyme inhibitors (risk of severe, potentially fatal hyperkalaemia), digoxin (risk of digoxin toxicity) and reduce dosages.
- May cause:
  - hyperkalaemia (especially in elderly or diabetics patients, patients with renal impairment or patients taking NSAIDs), hyponatraemia; metabolic acidosis (in patients with decompensated cirrhosis);
  - gynecomastia, metrorrhagia, impotence, amenorrhoea, gastrointestinal disturbances, headache, skin rash, drowsiness.
- Administer with caution in patients with hepatic or renal impairment or diabetes.
- Monitor regularly plasma-potassium levels.
- **Pregnancy:** avoid, use only if clearly needed (risk of feminisation of foetus); spironolactone is not indicated in the treatment of pregnancy-related oedema.
- **Breast-feeding:** no contra-indication

## Remarks

- In children with oedema, the daily dose is 1 to 3 mg/kg once daily or 0.5 to 1.5 mg/kg 2 times daily.
- Spironolactone is also used for the diagnosis and treatment of primary hyperaldosteronism.

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# SULFADIAZINE oral

Prescription under medical supervision

## Therapeutic action

- Sulfonamide antibacterial

## Indications

- Treatment and secondary prophylaxis of toxoplasmosis in immunodeficient patients, in combination with pyrimethamine

## Forms and strengths

- 500 mg tablet

## Dosage and duration

### Treatment of toxoplasmosis

- Adult: 2 g 2 to 3 times daily for 6 weeks minimum

### Secondary prophylaxis of toxoplasmosis

- Adult: 1 to 1.5 g 2 times daily, as long as necessary

## Contra-indications, adverse effects, precautions

- Do not administer to sulfonamide-allergic patients; patients with severe renal or hepatic impairment.
- May cause:
  - gastrointestinal disturbances, renal disorders (crystalluria, etc.), photosensitivity, megaloblastic anaemia due to folic acid deficiency, haemolytic anaemia in patients with G6PD deficiency

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- **Pregnancy:** no contra-indication. However, avoid using during the last month of pregnancy (risk of jaundice and haemolytic anaemia in the newborn infant).
- **Breast-feeding:** avoid if preterm infant, jaundice, low-birth weight, infant under one month of age. If sulfadiazine is used, observe the infant for signs of jaundice.

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# SULFADOXINE/PYRIMETHAMINE = SP oral

Last updated: October 2024

Prescription under medical supervision

## Therapeutic action

- Antimalarial

## Indications

- Intermittent preventive treatment of malaria in pregnancy (IPTp-SP), as of the second trimester, in areas with moderate to high malaria transmission in Africa

## Forms and strengths

- Sulfadoxine 500 mg/pyrimethamine 25 mg tablet
- Sulfadoxine 500 mg/pyrimethamine 25 mg dispersible tablet

## Dosage and duration

- 3 tablets single dose for each treatment, starting as early as possible in the second trimester
- Each treatment should be given at least one month apart and at least 3 doses should be given during pregnancy.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to sulfonamides.
- Do not administer to HIV-infected women taking co-trimoxazole prophylaxis.
- May cause: gastrointestinal disturbances, skin reactions, sometimes severe (toxic epidermal necrolysis and Stevens Johnson syndrome, eosinophilic leukopenia, agranulocytosis)

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sulfadoxine/pyrimethamine 250 mg/12.5mg.

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# **SULFAMETHOXAZOLE (SMX)/TRIMETHOPRIM (TMP) oral**

See [CO-TRIMOXAZOLE oral](#)

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# **TENOFOVIR DISOPROXIL FUMARATE = TDF oral**

**Last updated: November 2022**

Prescription under medical supervision

## **Therapeutic action**

- Antiretroviral, HIV nucleotide reverse transcriptase inhibitor

## **Indications**

- HIV infection with or without chronic hepatitis B coinfection, in combination with other antiretrovirals
- Chronic hepatitis B without HIV coinfection, in monotherapy

## **Forms and strengths**

- 300 mg tablet, equivalent to 245 mg of tenofovir disoproxil

## **Dosage**

- Child 35 kg and over and adult: 300 mg once daily

## **Duration**

- Depending on the efficacy and tolerance of tenofovir.

## **Contra-indications, adverse effects, precautions**

- Administer with caution and monitor use in patients with renal impairment, osteoporosis. In the

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- Tenofovir is also used for HIV pre-exposure and post-exposure prophylaxis, in combination with other antiretrovirals.
- Also comes in fixed-dose combinations containing tenofovir and other antiretrovirals for the treatment of HIV infection. Preferably use these formulations when available.

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# THIAMINE = VITAMIN B1 oral

## Therapeutic action

- Vitamin

## Indications

- Vitamin B<sub>1</sub> deficiencies: beriberi, alcoholic neuritis

## Forms and strengths

- 50 mg tablet

Also comes in 10 mg and 25 mg tablets.

## Dosage and duration

### Infantile beriberi

- 10 mg once daily, until complete recovery (3 to 4 weeks)

### Acute beriberi

- 50 mg 3 times daily for a few days, until symptoms improve, then 10 mg once daily until complete recovery (several weeks)

### Mild chronic deficiency

- 10 to 25 mg once daily

## Contra-indications, adverse effects, precautions

- No contra-indication, or adverse effects with oral thiamine.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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 – In airtight non-metallic container

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# TINIDAZOLE oral

Prescription under medical supervision

## Therapeutic action

- Antiprotozoal, antibacterial (group of nitroimidazoles)

## Indications

- Amoebiasis, giardiasis, trichomoniasis
- Bacterial vaginitis, infections due to anaerobic bacteria (e.g. *Clostridium* sp, *Bacteroides* sp)

## Forms and strengths

- 500 mg tablet

## Dosage and duration

### Amoebiasis

- Child: 50 mg/kg once daily (max. 2 g daily)
- Adult: 2 g once daily

The treatment lasts 3 days in intestinal amoebiasis; 5 days in hepatic amoebiasis.

### Giardiasis, trichomoniasis and bacterial vaginitis

- Child: 50 mg/kg single dose (max. 2 g)
- Adult: 2 g single dose

In the event of trichomoniasis, also treat sexual partner.

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- May cause: gastrointestinal disturbances; rarely: allergic reactions, brownish urine, headache, dizziness. Risk of antabuse reaction when combined with alcohol.
- Administer with caution in patients taking oral anticoagulants (risk of haemorrhage), lithium, phenytoin (increased plasma concentrations of these drugs).
- **Pregnancy:** no contra-indication; divide into smaller doses, avoid prolonged use.
- **Breast-feeding:** significantly excreted in milk (risk of gastrointestinal disturbances in breastfed infants); divide into smaller doses, avoid prolonged use.

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# TRAMADOL oral

Last updated: October 2024

Prescription under medical supervision

- Use for short term treatment (risk of dependence and tolerance).
- Due to the numerous and potentially severe adverse effects of tramadol, patients should be kept under close surveillance.

## Therapeutic action

- Opioid analgesic

## Indications

- Moderate pain, alone or in combination with a non-opioid analgesic

## Forms and strengths

- 50 mg capsule
- 100 mg/ml oral solution (1 drop = 2.5 mg)

## Dosage

- Child over 12 years and adult: 50 to 100 mg every 4 to 6 hours (max. 400 mg daily)

## Duration

- According to clinical evolution; as short as possible.
- In the event of prolonged treatment, do not stop abruptly, reduce doses progressively.

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- Avoid combination with carbamazepine, fluoxetine, chlorpromazine, promethazine, clomipramine, haloperidol, digoxin.
- Reduce doses by half and administer every 12 hours in elderly patients and in patients with severe renal or hepatic impairment (risk of accumulation).
- **Pregnancy:** no contra-indication. The neonate may develop withdrawal symptoms, respiratory depression and drowsiness in the event of prolonged administration of large doses at the end of the 3<sup>rd</sup> trimester. In this event, closely monitor the neonate.
- **Breast-feeding:** use with caution, for a short period (2-3 days), at the lowest effective dose. Monitor the mother and the child: in the event of excessive drowsiness, stop treatment.

## **Remarks**

- Tramadol is approximately 10 times less potent than morphine.
- In some countries, tramadol is on the list of narcotics: follow national regulations.
- Tramadol is not included in the WHO list of essential medicines.

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# TRANEXAMIC acid oral

Last updated: October 2021

Prescription under medical supervision

## Therapeutic action

- Antifibrinolytic

## Indications

- Abnormal uterine bleeding (especially functional uterine bleeding unrelated to pregnancy)

## Forms and strengths

- 500 mg tablet

## Dosage and duration

- Adolescent and adult: 1 g 3 times daily (max. 1 g 4 times daily) until bleeding stops (max. 5 days)

## Contra-indications, adverse effects, precautions

- Do not administer in patients with (or with history of) venous or arterial thromboembolic disorders, severe renal impairment, history of seizures.
- Reduce dosage in patients with mild to moderate renal impairment (risk of accumulation).
- May cause: gastrointestinal disturbances, seizures with high doses, visual disturbances, allergic reactions.
- Avoid combination with drugs that increase the risk of thromboembolism. Concomitant use of oestrogens (e.g. ethinylestradiol/levonorgestrel) should be carefully considered on a case-by-case basis.

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# TRICLABENDAZOLE oral

Prescription under medical supervision

## Therapeutic action

- Anthelminthic

## Indications

- Fascioliasis (*Fasciola hepatica* and *Fasciola gigantica* infections)
- Paragonimiasis

## Forms and strengths

- 250 mg tablet

## Dosage and duration

### Fascioliasis

- Child and adult: 10 mg/kg single dose

### Paragonimiasis

- Child and adult: 10 mg/kg 2 times daily

## Contra-indications, adverse effects, precautions

- Do not administer to patients with hypersensitivity to triclabendazole or other benzimidazoles (albendazole, flubendazole, mebendazole, tiabendazole).
- May cause: abdominal pain, mild fever, headache, dizziness.
- **Pregnancy:** no contra-indication
- ~~Breast feeding: no contra indication~~

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# **TRIHEXYPHENIDYL oral**

Prescription under medical supervision

## **Therapeutic action**

- Anticholinergic antiparkinson drug

## **Indications**

- Second-line treatment of extrapyramidal reactions induced by antipsychotics

## **Forms and strengths**

- 2 mg tablet

## **Dosage**

- Adult: 2 mg once daily, then increase if necessary up to 2 mg 2 or 3 times daily (max. 12 mg daily)
- Administer the lowest effective dose in elderly patients and do not exceed 10 mg daily.

## **Duration**

- As long as antipsychotic treatment lasts.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with closed-angle glaucoma, prostate disorders, gastrointestinal obstruction or atony.
- Administer with caution and carefully monitor use in elderly patients (risk of mental confusion, hallucinations).
- May cause: anticholinergic effects (dry mouth, constipation, blurred vision, tachycardia, disorders

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secretions).

## Remarks

- Take with meals.
- Also comes in 2 mg extended-release capsule, administered once daily.
- Trihexyphenidyl is also used in treatment of Parkinson's disease.

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# **TRINITRIN oral**

See [GLYCERYL TRINITRATE oral](#)

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# ULIPRISTAL oral

## Therapeutic action

- Hormonal contraceptive, progesterone receptor modulator with agonist/antagonist effects

## Indications

- Emergency contraception after unprotected or inadequately protected intercourse (e.g. forgotten pill or condom breaking)

## Forms and strengths

- 30 mg tablet

## Dosage and duration

- One 30 mg tablet, whatever the day of the cycle, as soon as possible after unprotected or inadequately protected intercourse and preferably within the first 120 hours (5 days)

## Contra-indications, adverse effects, precautions

- May cause: headache, nausea, vomiting, abdominal pain, dysmenorrhea, disturbance of next menstrual cycle.
- Re-administer treatment immediately if vomiting occurs within 3 hours of taking treatment.
- Use with caution in patients taking drugs that might decrease ulipristal effectiveness:
  - omeprazole and antacids containing aluminium or magnesium hydroxide;
  - enzyme-inducing drugs: rifampicin, rifabutine, efavirenz, nevirapine, lopinavir, ritonavir, phenobarbital, phenytoin, carbamazepine, griseofulvin, etc.
- Avoid combination with hormonal contraceptives: decreased effectiveness of ulipristal and of the hormonal contraceptive if taken immediately after the administration of ulipristal.
- **Pregnancy:** in the event of treatment failure (i.e. pregnancy develops) or if used during an

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- Start or resume hormonal contraception the 6<sup>th</sup> day after the administration of ulipristal. Use condoms for:
  - the first 7 days of taking an oral oestroprogestogen pill or an injection of medroxyprogesterone or the insertion of an implant;
  - the first 2 days of taking an oral progestogen only pill.
- There is a risk of treatment failure; carry out a pregnancy test if signs or symptoms of pregnancy (no menstruation, etc.) appear one month after taking ulipristal.

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# **VALPROIC acid = VPA = SODIUM VALPROATE**

## **oral**

**Last updated: October 2024**

Prescription under medical supervision

- VPA must not be used in pregnancy or in women and girls of childbearing age. The risk of foetal harm is higher than with other antiseizure medications.
- Due to the numerous and potentially severe adverse effects of VPA, patients should be kept under close surveillance.

### **Therapeutic action**

- Antiseizure (antiepileptic), mood stabilizer

### **Indications**

- Epilepsy: generalised tonic-clonic seizures, focal (partial) seizures and absence seizures
- Prevention of recurrence of bipolar disorder

### **Forms and strengths**

- 200 mg and 500 mg enteric-coated tablets
- 200 mg/5 ml oral solution, to be administered using a measuring device (oral syringe, measuring spoon, or cup with graduations).

### **Dosage**

Start with a low dose then increase gradually based on patient's response and tolerance.

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## Duration

- As long as required. Do not stop treatment abruptly, even if changing treatment to another medication.

## Contra-indications, adverse effects, precautions

- Do not administer:
  - to women and girls of childbearing age. If the treatment is necessary and if there is no alternative, a negative blood pregnancy test and effective contraception are required;
  - to children under 2 years (increased risk of hepatotoxicity);
  - to patients with pancreatitis, hepatic disease or history of hepatic disease.
- Reduce dosage in patients with renal impairment.
- May cause:
  - drowsiness (caution when driving/operating machinery), extrapyramidal symptoms, behavioural disturbances, confusional state, insomnia;
  - weight gain, menstrual irregularities, gastrointestinal disturbances, vitamin D deficiency (consider supplementation), osteoporosis, thrombocytopenia;
  - rarely: pancreatitis, hepatic disorders (e.g. elevated liver enzymes), prolonged bleeding time, hypersensitivity reactions (including severe cutaneous reactions such as Stevens-Johnson, Lyell and DRESS syndromes), hyperammonemic encephalopathy. In these cases, stop treatment. Early symptoms such as fever, rash, mouth ulcers and bleeding require immediate medical attention.
  - respiratory depression and coma in the event of overdose.
- If possible, perform at least FBC, liver enzymes and serum sodium levels, at baseline then regularly during treatment; check prothrombin time before surgical procedures.
- Avoid or monitor the combination with:
  - mefloquine, carbapenems, tricyclic antidepressants, rifampicin, protease inhibitors, other antiseizure medications (reduced effect of VPA);
  - acetylsalicylic acid, erythromycin, isoniazid (increased VPA toxicity);
  - drugs containing alcohol, benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- Avoid alcohol during treatment (increased risk of adverse effects).

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## Remarks

- Take with meals.
- VPA can be used with contraceptive implants and oral contraceptives, although estrogens may decrease VPA plasma concentrations.

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# VITAMIN A oral

See [RETINOL oral](#)

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# VITAMIN B1 oral

See [THIAMINE oral](#)

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# VITAMIN B3 oral

See [NICOTINAMIDE oral](#)

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# VITAMIN B6 oral

See [PYRIDOXINE oral](#)

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# VITAMIN B9 oral

See [FOLIC acid oral](#)

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# VITAMIN C oral

See [ASCORBIC acid oral](#)

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# VITAMIN D2 oral

See [ERGOCALCIFEROL oral](#)

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# VITAMIN D3 oral

See [COLECALCIFEROL oral](#)

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# VITAMIN PP oral

See [NICOTINAMIDE oral](#)

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# ZIDOVUDINE = AZT = ZDV oral

Last updated: January 2025

Prescription under medical supervision

## Therapeutic action

- Antiretroviral, nucleoside reverse transcriptase inhibitor

## Indications

- HIV infection, in combination with other antiretrovirals
- Prevention of mother-to-child transmission (PMTCT) of HIV in neonates, alone or in combination with other antiretrovirals

## Forms and strengths

- Single formulations:
  - 300 mg tablet
  - 50 mg/5 ml oral solution
- Fixed-dose combinations with lamivudine (3TC):
  - 300 mg zidovudine/150 mg lamivudine breakable and dispersible tablet
  - 60 mg zidovudine/30 mg lamivudine breakable and dispersible tablet

## Dosage

### HIV infection, in combination with other antiretrovirals

The daily dose is administered in 2 divided doses.

- Child 1 month and over and adult:

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<b>Weight</b>	<b>Daily dose</b>	<b>50 mg/5 ml oral sol. (10 mg/ml)</b>	<b>300 mg tablet or 300 mg AZT/150 mg 3TC tablet</b>	<b>60 mg AZT /30 mg 3TC tablet</b>
3 to < 6 kg	120 mg	6 ml x 2	–	1 tab x 2
6 to < 10 kg	180 mg	9 ml x 2	–	1 ½ tab x 2
10 to < 14 kg	240 mg	12 ml x 2	–	2 tab x 2
14 to < 20 kg	300 mg	15 ml x 2	–	2 ½ tab x 2
20 to < 25 kg	360 mg	18 ml x 2	–	3 tab x 2
≥ 25 kg	600 mg	–	1 tab x 2	–

### PMTCT of HIV in neonates

- Full term neonate:  
Follow national recommendations. For information (WHO simplified age-based dosage):
  - From birth to 6 weeks of age (from 0 to 42 days): 15 mg (1.5 ml) oral suspension 2 times daily  
Then, if indicated:
  - After 6 weeks and up to 12 weeks of age (from 43 to 84 days): 60 mg (6 ml) oral suspension 2 times daily
- Preterm or low-birth weight neonate: seek specialist advice.

### Duration

- HIV infection: depending on the efficacy and tolerance of AZT.
- PMTCT: depending on the risk of acquiring HIV infection (for information):
  - High risk: 6 weeks (AZT combined with nevirapine). For breastfed children, this combined treatment may be extended for an additional 6 weeks.

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- rash, gastrointestinal disturbances, myopathy;
- haematologic disorders (monitor FBC), hepatic disorders (e.g. anorexia, nausea, general malaise, dark urine, pale stools, hepatomegaly, jaundice) and lactic acidosis.
- Stop AZT in the event of:
  - severe anaemia or neutropenia. AZT may be resumed following recovery with reduced dosage and close surveillance.
  - signs and symptoms of lactic acidosis (e.g. rapid or difficult breathing, anorexia, nausea, fatigue, weakness, myalgias). If lactic acidosis is confirmed, stop AZT permanently.
- Avoid combination with ribavirin (increased risk of anaemia).
- Use with caution and monitor combination with co-trimoxazole, dapsone, pyrimethamine (increased risk of haematotoxicity), fluconazole (increased AZT plasma concentrations).
- **Pregnancy:** no contra-indication

## Remarks

- AZT is also used for the treatment of HIV infection in neonates, in combination with other antiretrovirals. Check national recommendations.
- Also comes in fixed-dose combinations with other antiretrovirals. For PMTCT, zidovudine is sometimes given as a fixed-dose combination of zidovudine/lamivudine/nevirapine.

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# ZINC SULFATE oral

## Therapeutic action

- Micronutrient

## Indications

- Adjunct to oral rehydration therapy in the event of acute and/or persistent diarrhoea in children under 5 years

## Forms and strengths

- 20 mg scored and dispersible tablet, packed in a blister

## Dosage and duration

- Child under 6 months: 10 mg ( $\frac{1}{2}$  tablet) once daily for 10 days
- Child from 6 months to 5 years: 20 mg (1 tablet) once daily for 10 days

Place the half-tablet or full tablet in a teaspoon, add a bit of water to dissolve it, and give the entire spoonful to the child.

## Contra-indications, adverse effects, precautions

- No contra-indication.
- If the child vomits within 30 minutes after swallowing the tablet, re-administer the dose.
- Do not give simultaneously with ferrous salts, administer at least 2 hours apart.

## Remarks

- Zinc sulfate is given as an adjunct to oral rehydration therapy in order to reduce the duration and severity of diarrhoea, as well as to prevent further occurrences in the 2 to 3 months after

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# Injectable drugs

[ACETAMINOPHEN injectable](#)

[ADRENALINE injectable](#)

[ALBUTEROL injectable](#)

[AMOXICILLIN/CLAVULANIC ACID = CO-AMOXICLAV injectable](#)

[AMPHOTERICIN B conventional injectable](#)

[AMPHOTERICIN B liposomal injectable](#)

[AMPICILLIN injectable](#)

[ARTESUNATE injectable](#)

[ATROPINE injectable](#)

[BENZATHINE BENZYL PENICILLIN injectable](#)

[BENZYL PENICILLIN = PENICILLIN G injectable](#)

[BENZYL PENICILLIN PROCAINE = PENICILLIN G PROCAINE injectable](#)

[BUTYLCYCLOPAMINE injectable](#)

[CALCIUM GLUCONATE injectable](#)

[CEFOTAXIME injectable](#)

[CEFRAXONE injectable](#)

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[CLINDAMYCIN injectable](#)

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[ETONOGESTREL subdermal implant](#)

[FLUCONAZOLE injectable](#)

[FUROSEMIDE injectable](#)

[GENTAMICIN injectable](#)

[GLUCOSE 50% = DEXTROSE 50% injectable](#)

[HALOPERIDOL injectable](#)

[HALOPERIDOL decanoate injectable](#)

[HEPARIN sodium injectable](#)

[HYDRALAZINE injectable](#)

[HYDROCORTISONE injectable](#)

[HYOSCINE BUTYLBROMIDE = BUTYLSCOPOLAMINE injectable](#)

[INSULIN injectable](#)

[INSULIN, INTERMEDIATE-ACTING injectable](#)

[INSULIN, LONG-ACTING injectable](#)

[INSULIN, SHORT-ACTING injectable](#)

[INSULIN, BIPHASIC injectable](#)

[ISOSORBIDE DINITRATE injectable](#)

[KETAMINE injectable](#)

[LABETALOL injectable](#)

[LEVETIRACETAM = LEV injectable](#)

[LEVONORGESTREL subdermal implant](#)

[LIDOCAINE = LIGNOCAINE injectable](#)

[MAGNESII IM SI II FATE = MgSO<sub>4</sub> injectable](#)

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MORPHINE injectable

NALOXONE injectable

NOREPINEPHRINE tartrate = NEP = NORADRENALINE tartrate injectable

OMEPRAZOLE injectable

ONDANSETRON injectable

OXYTOCIN injectable

PARACETAMOL = ACETAMINOPHEN injectable

PENICILLIN G injectable

PENTAMIDINE injectable

PHENOBARBITAL = PB injectable

PHENYTOIN = PHT injectable

PHYTOMENADIONE = VITAMIN K1 injectable

POTASSIUM CHLORIDE 15% = KCl 15% injectable

PROMETHAZINE injectable

PROTAMINE injectable

SODIUM BICARBONATE 8.4% injectable

STREPTOMYCIN injectable

SURAMIN injectable

THIAMINE = VITAMIN B1 injectable

TRAMADOL injectable

TRANEXAMIC acid injectable

VALPROIC acid = VPA = SODIUM VALPROATE injectable

VITAMIN R1 injectable

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# **ACETAMINOPHEN injectable**

See [PARACETAMOL injectable](#)

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# **ADRENALINE injectable**

See [EPINEPHRINE = EPN injectable](#)

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# **ALBUTEROL injectable**

See [SALBUTAMOL injectable](#)

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# **AMOXICILLIN/CLAVULANIC ACID = CO-AMOXICLAV injectable**

**Last updated: November 2024**

Prescription under medical supervision

## **Therapeutic action**

- Penicillin antibacterial, combined with a beta-lactamase inhibitor. The addition of clavulanic acid to amoxicillin extends its spectrum of activity to cover beta-lactamase producing Gram-positive and Gram-negative organisms, including some Gram-negative anaerobes.

## **Indications**

- Erysipelas and cellulitis
- Necrotizing infections of the skin and soft tissues (necrotizing fasciitis, gas gangrene, etc.), in combination with clindamycin
- Severe postpartum upper genital tract infection, in combination with gentamicin

## **Forms and strengths, route of administration**

- Powder for injection, in 1 g amoxicillin/200 mg clavulanic acid vial, to be dissolved in 20 ml water for injection or 0.9% sodium chloride, for slow IV injection (3 minutes) or IV infusion (30 minutes).
- DO NOT DILUTE IN GLUCOSE.

## **Dosage**

Doses expressed in amoxicillin:

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## **Upper genital tract infection**

- Adult: 1 g every 8 hours

For administration by IV infusion, dilute each dose of amoxicillin/clavulanic acid in 5 ml/kg of 0.9% sodium chloride in children less than 20 kg and in a bag of 100 ml of 0.9% sodium chloride in children 20 kg and over and in adults.

## **Duration**

- Erysipelas, cellulitis: 7 to 10 days
- Necrotizing infections: 14 days
- Upper genital tract infection: depending on clinical response

Change to oral treatment as soon as possible.

## **Contra-indications, adverse effects, precautions**

- Do not administer to penicillin-allergic patients, patients with history of hepatic disorders during a previous treatment with co-amoxiclav, patients with infectious mononucleosis.
- Administer with caution to patients allergic to cephalosporins (cross-sensitivity may occur), patients with hepatic impairment or severe renal impairment (reduce dosage and give every 12 or 24 hours).
- May cause: diarrhoea; hepatic disorders (avoid treatments longer than 14 days); allergic reactions sometimes severe.
- Do not combine with methotrexate (increased methotrexate toxicity).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## **Remarks**

- Do not mix with other drugs in the same syringe or infusion bag.

## **Storage**

Below 25 °C

~~Once reconstituted, the solution must be used immediately; discard any unused open vial~~

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# AMPHOTERICIN B conventional injectable

Last updated: March 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of conventional amphotericin B, patients should be kept under close surveillance.

## Therapeutic action

- Antifungal

## Indications

- Cryptococcal meningitis (induction phase), in combination with flucytosine or fluconazole
- Severe histoplasmosis or penicilliosis

## Forms and strengths, route of administration

- Powder for injection, in 50 mg vial, to be dissolved in 10 ml of water for injection, to obtain a concentrated solution containing 5 mg/ml. The concentrated solution must be diluted in 500 ml of 5% glucose to obtain a solution containing 0.1 mg/ml, for slow IV infusion.

## Dosage

- Child and adult: 0.7 to 1 mg/kg once daily over 4 to 6 hours depending on tolerance

## Duration

- Cryptococcal meningitis: one week if in combination with flucytosine; 2 weeks if in combination with fluconazole

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- muscle or joint pain, cardiovascular disorders (arrhythmias, heart failure, hypertension, cardiac arrest), neurologic (seizures, blurred vision, dizziness), haematological or hepatic disorders;
- disturbances in renal function (reduced glomerular filtration, hypokalaemia, hypomagnesemia).
- Avoid combination with: drugs causing hypokalaemia (furosemide, corticosteroids), nephrotoxic drugs (amikacin, ciclosporine, tenofovir); digoxin, zidovudine.
- To prevent renal toxicity, administer 500 ml to 1 litre of 0.9% NaCl or Ringer lactate prior to each amphotericin B infusion.
- In adults, as soon as the patient can swallow, give supplements of potassium (2 tab of 8 mmol 2 times daily) and magnesium (500 mg 2 times daily) until the end of amphotericin treatment.
- In the event of intolerance, stop infusion, give paracetamol or an antihistamine then, resume administration reducing infusion rate by half.
- Monitor serum creatinine levels, and if possible, serum potassium levels (1 to 2 times weekly) throughout treatment.
- If serum creatinine levels rise by over 50%, increase preventive hydration (1 litre every 8 hours) or stop treatment. Then, after improvement, resume amphotericin at the lowest effective dose or on alternate days.
- Use liposomal amphotericin B if serum creatinine levels increase again or if clearance is < 30 ml/minute or in patients with pre-existing severe renal failure.
- **Pregnancy:** check for renal dysfunction in the neonate if administered during the last month of pregnancy.
- **Breast-feeding:** avoid, except if vital

## Remarks

- Only use 5% glucose for administration (incompatible with other infusion fluids). Do not use the preparation if there is visible precipitation (the glucose solution is too acid).
- Do not add other drugs in the infusion bottle or bag.
- Protect infusion bottle from light during administration (wrap in dark paper).

## Storage



- Vial of powder: must be kept refrigerated (between 2 °C and 8 °C); in the absence of a refrigerator, 7 days maximum, below 25 °C.
- Concentrated solution (5 mg/1 mL) may be kept refrigerated 24 hours (between 2 °C and 8 °C)

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# AMPHOTERICIN B liposomal injectable

Last updated: March 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of liposomal amphotericin B, patients should be kept under close surveillance.

## Therapeutic action

- Antifungal

## Indications

- Cryptococcal meningitis, when conventional amphotericin B is contra-indicated (severe pre-existing renal impairment or amphotericin B induced renal impairment)
- Mucocutaneous or visceral leishmaniasis
- Severe histoplasmosis

## Forms and strengths, route of administration

- Powder for injection, in 50 mg vial, to be dissolved in 12 ml of water for injection, to obtain a concentrated suspension containing 4 mg/ml
- With a syringe, withdraw the required dose of concentrated suspension. Attach the filter provided with the vial to the syringe; inject the contents of the syringe, through the filter, into the volume of 5% glucose (50 ml, 250 ml, 500 ml) needed to obtain a solution containing between 0.2 to 2 mg/ml, for IV perfusion.

## Dosage and duration

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Weight	Liposomal amphotericin B, 50 mg-vial in 12 ml			G5%
	Daily dose in mg	Nb of vials	Volume of suspension (4 mg/ml) to be withdrawn	Volume required for administration
4 kg	12	1	3 ml	50 ml
5 kg	15		4 ml	
6 kg	18		4.5 ml	
7 kg	21		5 ml	
8 kg	24		6 ml	
9 kg	27		7 ml	
10 kg	30		7.5 ml	
15 kg	45	2	11 ml	250 ml
20 kg	60		15 ml	
25 kg	75		19 ml	
30 kg	90		23 ml	
35 kg	105		26 ml	
40 kg	120	3	30 ml	500 ml

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70 kg	210	5	53 ml	500 ml
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### Mucocutaneous or visceral leishmaniasis

Follow the recommended protocol, which varies from one region to another (exact dose, administration schedule, etc.). For information, the total dose in children over 1 month and adults is 15 to 30 mg/kg.

### Contra-indications, adverse effects, precautions

- May cause:
  - intolerance reactions during administration: fever, chills, headache, nausea, vomiting, hypotension; local reaction: pain and thrombophlebitis at injection site; allergic reactions;
  - gastrointestinal disturbances, disturbances in renal function (raised creatinine or urea levels, renal impairment), hypokalaemia, hypomagnesemia, elevated liver enzymes; rarely, haematological disorders (thrombocytopenia, anaemia).
- Avoid combination with: drugs causing hypokalaemia (furosemide, corticosteroids), nephrotoxic drugs (amikacin, ciclosporine, tenofovir); digoxin, zidovudine.
- The infusion may be administered over 2 hours if necessary to prevent or minimize adverse effects.
- Monitor serum creatinine levels, and if possible, serum potassium levels (once to twice weekly) throughout treatment; adapt adjunctive therapy (potassium and magnesium supplementation) according to the results.
- If renal function deteriorates, reduce the dose by half for a few days.
- **Pregnancy:** check for renal dysfunction in the neonate if administered during the last month of pregnancy.
- **Breast-feeding:** avoid, except if vital

### Remarks

- Liposomal amphotericin B is better tolerated and less nephrotoxic than conventional amphotericin B.
- Do not add other drugs in the infusion bottle or bag; do not use the preparation if there is visible precipitation.
- Before each infusion, rinse the IV catheter with 5% glucose.

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# AMPICILLIN injectable

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Penicillin antibacterial

## Indications

- Severe bacterial infections: septicaemia, meningitis, pneumonia, pyelonephritis, postpartum upper genital tract infection, severe cutaneous anthrax, etc., alone or in combination with other antibacterials, depending on indication

## Forms and strengths, route of administration

- Powder for injection, in 500 mg and 1 g vials, to be dissolved in 5 ml of water for injection
- Prefer administration by slow IV injection (3 to 5 minutes) or IV infusion (30 minutes) in 0.9% sodium chloride or 5% glucose for high doses; use IM route only if correct IV administration is not possible.
- In neonates, administer only by slow IV injection or IV infusion.

## Dosage

### Severe bacterial infections, in combination with other antibacterials

The dose varies according to indication:

- Neonate:
  - 0 to 7 days (< 2 kg): 50 to 100 mg/kg every 12 hours
  - 0 to 7 days ( $\geq 2$  kg): 50 to 100 mg/kg every 8 hours
  - 8 days to < 1 month: 50 to 100 mg/kg every 8 hours
- Child 1 month and over: 50 to 100 mg/kg every 8 hours

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- According to indication and clinical response. Change to oral treatment as soon as possible with amoxicillin or a combination of antibacterials, depending on indication.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with infectious mononucleosis (risk of skin eruption) or to penicillin allergic patients.
- Administer with caution to patients allergic to cephalosporins (cross-sensitivity may occur) or patients with severe renal impairment (reduce dosage).
- May cause: skin eruption, gastrointestinal disturbances, allergic reactions sometimes severe.
- Do not combine with methotrexate (increased methotrexate toxicity).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## **Remarks**

- Do not mix with another drug in the same syringe or infusion.
- Injectable amoxicillin is used for the same indications.

## **Storage**

 – Below 25 °C

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# **ARTESUNATE injectable**

Prescription under medical supervision

## **Therapeutic action**

- Antimalarial

## **Indications**

- Treatment of severe malaria
- Initial treatment of uncomplicated malaria, when persistent vomiting precludes oral therapy

## **Forms and strengths, route of administration**

- Powder for injection, in 60 mg-vial, with one 1 ml-ampoule of 5% sodium bicarbonate and one 5 mlampoule of 0.9% sodium chloride, for slow IV injection (3 to 5 minutes) or slow IM injection. NEVER ADMINISTER BY IV INFUSION.
- Dissolve the powder in the entire volume of 5% sodium bicarbonate and shake the vial until the solution becomes clear. Then, add the 0.9% sodium chloride into the vial:
  - 5 ml of 0.9% sodium chloride to obtain 6 ml of artesunate solution containing 10 mg/ml, for IV injection
  - 2 ml of 0.9% sodium chloride to obtain 3 ml of artesunate solution containing 20 mg/ml, for IM injection

## **Dosage and duration**

- Child under 20 kg: 3 mg/kg/dose
- Child 20 kg and over and adult: 2.4 mg/kg/dose

One dose on admission (H0) then 12 hours after admission (H12) then 24 hours after admission (H24)

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<b>Weight</b>	<b>IV injection artesunate solution 10 mg/ml</b>	<b>IM injection artesunate solution 20 mg/ml</b>
< 3 kg	1 ml	0.5 ml <sup>(a)</sup>
3 to < 4 kg	1.2 ml	0.6 ml <sup>(a)</sup>
4 to < 5 kg	1.5 ml	0.8 ml <sup>(a)</sup>
5 to < 6 kg	2 ml	1 ml
6 to < 8 kg	2.5 ml	1.2 ml
8 to < 10 kg	3 ml	1.5 ml
10 to < 13 kg	4 ml	2 ml
13 to < 15 kg	4.5 ml	2.5 ml
15 to < 17 kg	5 ml	2.5 ml
17 to < 20 kg	6 ml	3 ml
20 to < 25 kg	6 ml	3 ml
25 to < 29 kg <sup>(b)</sup>	7 ml	3.5 ml
29 to < 33 kg	8 ml	4 ml
33 to < 37 kg	9 ml	5 ml
37 to < 41 kg	10 ml	5 ml

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67 to < 71 kg	17 ml	9 ml
71 to < 76 kg	18 ml	9 ml
76 to 81 kg <sup>(b)</sup>	20 ml	10 ml

- a Use a 1 ml syringe graduated in 0.01 ml when the dose required is less than 1 ml.
- b For patients over 25 kg, a 2<sup>nd</sup> vial must be prepared to obtain the volume needed, a 3<sup>rd</sup> vial for patients over 50 kg and a 4<sup>th</sup> vial for patients over 76 kg.

## Contra-indications, adverse effects, precautions

- May cause: gastrointestinal disturbances, dizziness, headache, fever, muscle and joint pain, pruritus; rarely rash, delayed haemolytic anaemia (appearing 2 to 3 weeks after treatment, especially in case of hyperparasitaemia and in young children).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- The solution should be clear, do not use if the solution is cloudy or if a precipitate is present.
- Do not use water for injection for:
  - reconstitution (only use sodium bicarbonate);
  - dilution (only use sodium chloride).

## Storage

 -  - Below 30 °C

Once reconstituted, the solution must be used immediately.

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# ATROPINE injectable

Last updated: November 2024

Prescription under medical supervision

 Do not exceed recommended doses, especially in children and older patients (risk of severe anticholinergic effects).

## Therapeutic action

- Parasympatholytic, antispasmodic

## Indications

- Premedication in anaesthesia
- Spasms of the gastrointestinal tract
- Organophosphorus pesticide poisoning

## Forms and strengths, route of administration

- 1 mg atropine sulfate in 1 ml ampoule (1 mg/ml) for SC, IM, IV injection
- Also comes in 0.25 mg/ml and 0.5 mg/ml ampoules.

## Dosage and duration

### Premedication in anaesthesia

- Child: 0.01 to 0.02 mg/kg by SC or IV injection
- Adult: 1 mg by SC or IV injection

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Repeat every 5 to 10 minutes until signs of atropinisation appear (reduced secretions, tachycardia, dilatation of the pupils).

## Contra-indications, adverse effects, precautions

- Do not administer to patients with urethro-prostatic disorders, cardiac disorders, glaucoma.
- Do not administer to children with high fever.
- May cause: urinary retention, dryness of the mouth, constipation, dizziness, headache, dilatation of the pupils, tachycardia.
- Administer with caution and under close supervision to patients taking other anticholinergic drugs (antidepressants, neuroleptics, H1 antihistamines, antiparkinsonians, etc.).
- **Pregnancy:** no contra-indication; NO PROLONGED TREATMENT
- **Breast-feeding:** avoid; NO PROLONGED TREATMENT

## Remarks

- Atropine IV is also used to prevent bradycardic effects of neostigmine when used to reverse the effects of competitive muscle relaxants: 0.02 mg/kg in children; 1 mg in adults.
- Do not mix with other drugs in the same syringe.

## Storage

 - Below 25 °C

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# BENZATHINE BENZYL PENICILLIN injectable

Prescription under medical supervision

## Therapeutic action

- Long-acting penicillin antibacterial

## Indications

- Early syphilis (primary, secondary, or early latent infection of less than 12 months duration)
- Late latent syphilis (infection of more than 12 months duration or of unknown duration)
- Congenital syphilis (absence of clinical signs in the neonate and adequate treatment in the mother)
- Endemic treponematoses (yaws, bejel, pinta)
- Streptococcal tonsillitis
- Prophylaxis of diphtheria in the event of direct contact
- Primary and secondary prophylaxis of rheumatic fever

## Forms and strengths, route of administration

- Powder for injection in vials of:
  - 1.2 MIU (900 mg), to be dissolved in 4 ml of water for injection, for IM injection
  - 2.4 MIU (1.8 g), to be dissolved in 8 ml of water for injection, for IM injection
- NEVER FOR IV INJECTION NOR INFUSION

## Dosage

### Syphilis

- Child: 50 000 IU (37.5 mg)/kg per injection (max. 2.4 MIU or 1.8 g per injection)
- Adult: 2.4 MIU (1.8 g) per injection

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- Early syphilis, congenital syphilis, tonsillitis, yaws, bejel, pinta, prophylaxis of diphtheria, primary prophylaxis of rheumatic fever: single dose
- Late latent syphilis: one injection/week for 3 weeks
- Secondary prophylaxis of rheumatic fever: one injection every 4 weeks for several years

## **Contra-indications, adverse effects, precautions**

- Do not administer to penicillin-allergic patients.
- Administer with caution to patients allergic to cephalosporins (cross-sensitivity may occur) and renal impairment (reduce dosage).
- May cause:
  - gastrointestinal disturbances, pain at injection site, allergic reactions sometimes severe;
  - Jarisch-Herxheimer reaction (fever, chills, myalgia, tachycardia) in patients with syphilis;
  - convulsions in the event of high dosages or renal impairment;
  - symptoms of shock with neuropsychiatric disorders in case of accidental IV injection.
- Ensure that the IM injection does not enter a blood vessel.
- Do not combine with methotrexate.
- **Pregnancy and breast-feeding:** no contra-indication

## **Remarks**

- For a 2.4 MIU (1.8 g) dose, administer 1.2 MIU (900 mg) in each buttock.
- Do not confuse long-acting benzathine benzylpenicillin, for IM injection, with rapidly acting benzylpenicillin (or penicillin G), administered by IV route.
- Do not mix with other drugs in the same syringe.

## **Storage**

 -  - Below 25 °C

Once reconstituted, suspension must be used immediately.

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# **BENZYL PENICILLIN = PENICILLIN G**

# **injectable**

**Last updated: October 2022**

Prescription under medical supervision

This penicillin should be administered in a hospital setting (injections every 4 to 6 hours).

## **Therapeutic action**

- Short-acting penicillin antibacterial

## **Indications**

- Severe leptospirosis, neurosyphilis
- Congenital syphilis (presence of clinical signs in the neonate and lack of adequate treatment in the mother)

## **Forms and strengths, route of administration**

- Powder for injection in vials of:
  - 1 MIU (600 mg), to be dissolved in 2 ml of water for injection or 0.9% sodium chloride
  - 5 MIU (3 g), to be dissolved in 5 ml of water for injection or 0.9% sodium chloride
- For IM injection or slow IV injection through an infusion tube (3 to 5 minutes) or infusion (60 minutes) in 0.9% sodium chloride or 5% glucose.

## **Dosage**

### **Severe leptospirosis**

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## Duration

- Severe leptospirosis: 7 days
- Neurosyphilis: 14 days
- Congenital syphilis: 10 days

## Contra-indications, adverse effects, precautions

- Do not administer to penicillin-allergic patients.
- Administer with caution to patients allergic to cephalosporins (cross-sensitivity may occur) and renal impairment (reduce dosage in patients with neurosyphilis).
- May cause:
  - gastrointestinal disturbances, pain at injection site, anaemia, allergic reactions sometimes severe;
  - Jarisch-Herxheimer reaction (fever, chills, myalgia, tachycardia) in patients with syphilis;
  - convulsions in the event of rapid IV injection, high dosages or renal impairment.
- Do not combine with methotrexate.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Do not confuse short-acting benzylpenicillin, administered several times a day by IV route, with long-acting penicillins (benzathine benzylpenicillin and procaine benzylpenicillin) administered by IM route only.
- Do not mix with other drugs in the same syringe or infusion.

## Storage

 -  - Below 25 °C

Once reconstituted, suspension must be used immediately.

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# **BENZYL PENICILLIN PROCAINE = PENICILLIN G PROCAINE injectable**

Last updated: January 2021

## Prescription under medical supervision

## **Therapeutic action**

- Long-acting penicillin antibacterial (12 to 24 hours)

## Indications

- Diphtheria, when oral treatment is not possible
  - Congenital syphilis, if the neonate has clinical signs of syphilis or the mother did not receive adequate treatment for syphilis during pregnancy

## **Forms and strengths, route of administration**

- Powder for injection in:
    - 0.6 MIU vial, to be dissolved with the diluent supplied by the manufacturer (4 ml-ampoule of water for injection)
    - 1.2 MIU vial, to be dissolved with the diluent supplied by the manufacturer (5 ml-ampoule of water for injection)
  - For IM injection only. NEVER ADMINISTER BY IV INJECTION OR INFUSION.

## Dosage

### Diphtheria

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- Congenital syphilis: 10 days

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients allergic to penicillin and/or procaine.
- Administer with caution to patients allergic to cephalosporins (cross-sensitivity may occur) or with renal impairment.
- May cause:
  - gastrointestinal disturbances;
  - allergic reactions sometimes severe. In the event of allergic reactions, stop treatment immediately.
- Ensure that the needle does not accidentally enter a vessel (risk of serious neurovascular damage).
- **Pregnancy and breast-feeding:** no contra-indication

## **Remarks**

- Also comes in 1 MIU and 3 MIU vials of powder for injection.
- Do not confuse procaine benzylpenicillin with short-acting benzylpenicillin (penicillin G), administered several times per day by IV route.
- Do not mix with other drugs in the same syringe.

## **Storage**

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Once reconstituted, suspension must be used immediately.

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# BUTYLCOPOLAMINE injectable

See [HYOSCINE BUTYLBROMIDE injectable](#)

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# CALCIUM GLUCONATE injectable

Last updated: November 2022

Prescription under medical supervision

## Therapeutic action

- Calcium therapy
- Antidote to magnesium sulfate

## Indications

- Severe hypocalcaemia
- Magnesium sulfate intoxication

## Forms and strengths, route of administration

- 1 g ampoule (100 mg/ml, 10 ml; 10% solution) for slow IV injection or infusion in 5% glucose or 0.9% sodium chloride or Ringer lactate
- For slow IV injection in children, dilute 1 part of calcium gluconate to 4 parts of diluent (i.e. 1 ml of calcium gluconate to 4 ml of diluent), however it may be administered undiluted in emergencies.
- For continuous infusion:
  - The calcium concentration in the infusion fluid should not exceed 50 mg/ml.
  - Mix thoroughly the calcium and the infusion fluid by inverting at least 5 times the infusion bottle or bag.
- NEVER USE BY IM OR SC INJECTION.

## Dosage

### Severe hypocalcaemia

- Neonate and child under 20 kg: 0.5 ml/kg (max. 10 ml) by slow IV injection (over at least 5

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- According to clinical response and plasma-calcium levels.
- For hypocalcaemia, change to oral route as soon as possible.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with severe renal disease or patients receiving cardiac glycosides.
- Do not administer ceftriaxone to neonates receiving calcium gluconate (risk of precipitation of ceftriaxone-calcium salts in lungs and kidneys).
- May cause:
  - tingling sensations, warm flushes, dizziness;
  - tissue necrosis in the event of extravasation;
  - hypercalcaemia in the event of too rapid IV injection or overtreatment. First signs of hypercalcaemia include nausea, vomiting, thirst and polyuria. In severe cases, risk of hypotension, bradycardia, arrhythmia, syncope and cardiac arrest.
- Hypercalcaemia can be confirmed by monitoring of serum-calcium levels and ECG changes. Do not use in prolonged treatment if plasma-calcium levels cannot be monitored.
- The patient should be placed in the horizontal position prior to injection and should remain lying down for 30 to 60 minutes.
- **Pregnancy and breast-feeding:** no contra-indication

## **Remarks**

- Calcium gluconate is also administered as adjunctive therapy in insect bites or stings (black widow spider, scorpions) for the management of muscle pain and spasms. Several doses at 4-h intervals may be necessary.
- 1 g of calcium gluconate (2.2 mmol or 4.5 mEq) is equivalent to 89 mg of calcium.
- Calcium gluconate is incompatible with many drugs: do not mix with other drugs in the same syringe or infusion fluid. Flush the IV line thoroughly between infusions, especially in patients receiving ceftriaxone, cefazolin, amphotericin B and sodium bicarbonate.
- Do not use if the solution appears cloudy or particles are visible (calcium gluconate precipitate).

## **Storage**

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# **CEFOTAXIME injectable**

Prescription under medical supervision

## **Therapeutic action**

- Third-generation cephalosporin antibacterial

## **Indications**

In neonates:

- Bacterial meningitis, in combination with another antibacterial
- Urinary infection
- Pneumonia (ampicillin + gentamicin is preferred for this indication)
- Gonococcal conjunctivitis (if ceftriaxone is not available or contraindicated)

## **Forms and strengths, route of administration**

- Powder for injection, in 250 mg and 500 mg vials, to be dissolved in 2 ml water for injection, for IM or slow IV injection (3 to 5 minutes) or IV infusion (20 to 60 minutes) in 0.9% sodium chloride or 5% glucose.

## **Dosage**

### **Meningitis, urinary infection, pneumonia**

- 0 to 7 days (< 2 kg): 50 mg/kg every 12 hours
- 0 to 7 days ( $\geq$  2 kg): 50 mg/kg every 8 hours
- 8 days to < 1 month: 50 mg/kg every 8 hours

### **Gonococcal conjunctivitis**

- 100 mg/kg IM single dose

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- Do not administer to patients allergic to cephalosporins or penicillins (risk of cross-sensitivity).
- Administer with caution and reduce dosage in patients with renal impairment.
- Avoid or monitor combination with other nephrotoxic drugs: amphotericin B, aminoglycosides, pentamidine, etc.
- May cause: gastrointestinal disturbances (diarrhoea, nausea), haematological disorders (neutropenia, leucopenia), heart rhythm disorders if IV injection is too fast, allergic reactions and cutaneous reactions (Stevens-Johnson and Lyell syndromes), sometimes severe.

## Remarks

- Do not mix with other drugs in the same syringe or bottle.

## Storage

 -  - Below 25 °C

Once reconstituted, the solution must be used immediately.

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# CEFTRIAXONE injectable

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Third-generation cephalosporin antibacterial

## Indications

- Severe bacterial infections: septicaemia, meningitis, pneumonia, typhoid fever, shigellosis, leptospirosis, tick-borne relapsing fevers, pyelonephritis, neurosyphilis, etc.
- Cervicitis, urethritis and conjunctivitis due to *Neisseria gonorrhoeae* (in combination with a treatment for chlamydia, except in neonates), chancroid

## Forms and strengths, route of administration

- Powder for injection, in 250 mg or 1 g vials, to be dissolved:
  - with the solvent containing lidocaine for IM injection only. DO NOT ADMINISTER BY IV INJECTION OR INFUSION the solution reconstituted with this solvent.
  - with water for injection for slow IV injection (3 minutes) or infusion (30 minutes) in 0.9% sodium chloride or 5% glucose

## Dosage and duration

### Severe bacterial infections

The dose varies according to indication:

- Child 1 month and over (< 50 kg): 50 to 100 mg/kg (max. 4 g) once daily
- Child 50 kg and over and adult: 1 to 2 g once daily (up to 2 g 2 times daily or 4 g once daily for meningitis and typhoid fever)

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For administration by IV route, ceftriaxone powder is to be dissolved in water for injection only. For administration by IV infusion, dilute each dose of ceftriaxone in 5 ml/kg of 0.9% sodium chloride or 5% glucose in children less than 20 kg and in a bag of 100 ml of 0.9% sodium chloride or 5% glucose in children 20 kg and over and in adults.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to cephalosporins or penicillins (cross-sensitivity may occur) and to neonates with jaundice (risk of bilirubin encephalopathy) or receiving calcium gluconate (risk of precipitation of ceftriaxone-calcium salts in lungs and kidneys).
- Administer with caution in patients with hepatic or renal impairment. Reduce dosage in patients with severe renal impairment (max. 50 mg/kg daily or 2 g daily in IV).
- May cause: gastrointestinal disturbances, hepatic dysfunction, blood disorders (anaemia, leucopenia, neutropenia), renal dysfunction; allergic reactions sometimes severe (Stevens-Johnson syndrome).
- Do not mix ceftriaxone with calcium-containing solutions such as Ringer lactate (risk of particulate formation).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Doses greater than 1 g IM should be administered in 2 equally divided injections (one in each buttock).  
Doses greater than 2 g should be administered by IV infusion only.
- Do not mix with another drug in the same syringe or infusion.

## Storage

 – Below 25 °C

Once reconstituted, the solution must be used immediately.

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# **CHLORAMPHENICOL injectable**

Last updated: September 2022

Prescription under medical supervision

## **Therapeutic action**

- Phenicol antibacterial

## **Indications**

- Plague meningitis

## **Forms and strengths, route of administration**

- 1 g powder for injection, to be dissolved in 10 ml of water for injection, for IV injection over 1 to 2 minutes

## **Dosage and duration**

- Child 1 to 12 years: 25 mg/kg every 8 hours for 10 to 14 days
- Child 13 years and over and adult: 1 g every 8 hours for 10 to 14 days

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<b>Age</b>	<b>Weight</b>	<b>1 g vial (to be dissolved in 10 ml)</b>
1 to < 2 years	10 to < 13 kg	3 ml x 3
2 to < 3 years	13 to < 15 kg	3.5 ml x 3
3 to < 6 years	15 to < 20 kg	5 ml x 3
6 to < 8 years	20 to < 25 kg	6 ml x 3
8 to < 9 years	25 to < 30 kg	7 ml x 3
9 to < 11 years	30 to < 35 kg	8 ml x 3
11 to < 13 years	35 to < 45 kg	9 ml x 3
≥ 13 years and adult	≥ 45 kg	10 ml x 3

## **Contra-indications, adverse effects, precautions**

- Do not administer to children under 1 year.
- Do not administer to patients with:
  - history of allergic reaction or bone marrow depression during a previous treatment with chloramphenicol;
  - G6PD deficiency.
- May cause:
  - dose-related haematological toxicity (bone marrow depression, anaemia, leucopenia, thrombocytopenia), allergic reactions. In these events, stop treatment immediately;
  - gastrointestinal disturbances, peripheral and optic neuropathies.
- Reduce dosage in patients with hepatic or renal impairment.
- Avoid or monitor combination with potentially haematotoxic drugs (carbamazepine, co-

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# CLINDAMYCIN injectable

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Lincosamide antibacterial

## Indications

- Second-line treatment of severe infections due to anaerobic bacteria, staphylococci and/or streptococci (e.g. cellulitis, erysipelas, pneumonia, septicaemia), alone or in combination with other antibacterials, depending on indication
- Necrotizing skin and soft tissues infections (necrotizing fasciitis, gas gangrene, etc.), severe cutaneous anthrax, in combination with other antibacterials

## Forms and strengths, route of administration

- 300 mg in 2 ml ampoule (150 mg/ml), for IV infusion in 0.9% sodium chloride or 5% glucose, to be administered over 30 minutes.
- **NEVER USE BY DIRECT UNDILUTED IV.**

## Dosage

### Severe infections due to anaerobic bacteria, staphylococci and/or streptococci

- Neonate 0 to 7 days (< 2 kg): 5 mg/kg every 12 hours
- Neonate 0 to 7 days ( $\geq 2$  kg): 5 mg/kg every 8 hours
- Neonate 8 days to < 1 month (< 2 kg): 5 mg/kg every 8 hours
- Neonate 8 days to < 1 month ( $\geq 2$  kg): 10 mg/kg every 8 hours
- Child 1 month and over: 10 mg/kg (max. 600 mg) every 8 hours

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## Duration

- Cellulitis, erysipelas: 7 to 10 days
- Pneumonia: 10 to 14 days
- Severe cutaneous anthrax: 14 days
- Other infections: according to clinical evolution

Change to oral route as soon as possible.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to lincosamides or history of pseudomembranous colitis.
- Reduce dosage in patients with hepatic impairment.
- May cause: pseudomembranous colitis, rash, jaundice, severe allergic reactions. In these cases, stop treatment.
- In the event of pseudomembranous colitis, treat for *Clostridium difficile* infection (oral metronidazole).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** use only when there are no therapeutic alternative. Check child's stools (risk of pseudomembranous colitis).

## Remarks

- Do not mix with other drugs in the same infusion.
- Some formulations contain benzyl alcohol and should not be used in neonates.

## Storage

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# CLOXACILLIN injectable

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Penicillin antibacterial

## Indications

- Severe infections due to streptococci and/or staphylococci: meningitis, pneumonia, omphalitis, septicaemia of cutaneous origin, endocarditis, osteomyelitis, necrotizing skin and soft tissues infections, etc.
- Erysipelas, cellulitis

## Forms and strengths, route of administration

- Powder for injection, in 500 mg vial, to be dissolved in 4 ml of water for injection, for IV infusion in 0.9% sodium chloride or 5% glucose, to be administered in 60 minutes

## Dosage

### Severe infections

- Neonate:
  - 0 to 7 days (< 2 kg): 50 mg/kg every 12 hours
  - 0 to 7 days ( $\geq$  2 kg): 50 mg/kg every 8 hours
  - 8 days to < 1 month (< 2 kg): 50 mg/kg every 8 hours
  - 8 days to < 1 month ( $\geq$  2 kg): 50 mg/kg every 6 hours
- Child 1 month and over: 25 to 50 mg/kg (max. 2 g) every 6 hours
- Adult: 2 g every 6 hours

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<b>Age</b>	<b>Weight</b>	<b>500 mg vial (diluted in 4 ml, 125 mg/ml)</b>	
1 to < 3 months	4 to < 6 kg	1 ml x 4	
3 months to < 1 year	6 to < 10 kg	2 ml x 4	
1 to < 5 years	10 to < 20 kg	4 ml x 4	(1 vial x 4)
5 to < 8 years	20 to < 28 kg	8 ml x 4	(2 vials x 4)
8 to < 12 years	28 to < 38 kg	12 ml x 4	(3 vials x 4)
≥ 12 years and adult	≥ 38 kg	16 ml x 4	(4 vials x 4)

Dilute each dose of cloxacillin in 5 ml/kg of 0.9% sodium chloride or 5% glucose in children less than 20 kg and in a bag of 100 ml of 0.9% sodium chloride or 5% glucose in children 20 kg and over and in adults.

### **Erysipelas, cellulitis**

Neonate, child and adult: half of above dose

### **Duration**

- Change to oral route as soon as possible with amoxicillin/clavulanic acid or cefalexin depending on the indication. Do not use oral cloxacillin for completion treatment following parenteral therapy.

### **Contra-indications, adverse effects, precautions**

- Do not administer to penicillin-allergic patients.
- Administer with caution to patients with allergy to cephalosporins (cross-sensitivity may occur) or with renal impairment (reduce the dose).
- May cause: gastrointestinal disturbances (particularly diarrhoea), allergic reactions sometimes severe; rarely, haematological disorders.

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Reconstituted solution must be used immediately.

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# **CO-AMOXICLAV injectable**

See [AMOXICILLIN/CLAVULANIC ACID injectable](#)

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# **DEXAMETHASONE injectable**

Last updated: September 2023

Prescription under medical supervision

## **Therapeutic action**

- Long-acting steroid anti-inflammatory drug (corticosteroid)

## **Indications**

- Symptomatic treatment of severe allergic and inflammatory reactions, when oral administration is not possible
- Foetal lung maturation, in the event of threatened premature delivery before 34 weeks of gestation

## **Forms and strengths, route of administration**

- 4 mg dexamethasone phosphate in 1 ml ampoule (4 mg/ml) for IM or IV injection or infusion

## **Dosage and duration**

### **Symptomatic treatment of severe allergic and inflammatory reactions**

- Dosage varies according to indication, reaction severity and clinical response:
  - Child: 0.15 to 0.6 mg/kg (max. 16 mg) by IM or IV injection once daily
  - Adult: 0.5 to 24 mg by IM or IV injection once daily
- Duration varies according to indication. Due to dexamethasone's long half-life, a treatment of 1 or 2 days is usually sufficient in asthma or croup. For longer treatments, change to oral route as soon as possible. In the event of treatment longer than 10 days, decrease doses gradually to avoid adrenal suppression.

### **Foetal lung maturation**

- Administer to the mother: 6 mg by IM injection every 12 hours for 2 days (total dose: 24 mg)

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## Remarks

- Foetal lung maturation:
  - after 34 weeks of gestation, corticosteroid treatment is not indicated;
  - dexamethasone may be replaced by betamethasone: 2 doses of 12 mg by IM injection at 24-hour interval (total dose: 24 mg).
- 0.75 mg of dexamethasone has the same anti-inflammatory activity as 5 mg of prednisolone or prednisone and 20 mg of hydrocortisone.
- Dexamethasone acetate, insoluble in water, is a suspension used only for local treatment: intra-articular or peri-articular injection, epidural injection (sciatica).

## Storage

 – Below 25 °C

The solution precipitates at 0 °C, it must not be exposed to cold temperatures.

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# DIAZEPAM injectable

Last updated: October 2024

Prescription under medical supervision

- During and after administration, have ventilation equipment (Ambu and mask) and solutions for fluid replacement ready for use.
- For seizures, preferably use the rectal route in children.

## Therapeutic action

- Antiseizure (anticonvulsant), muscle relaxant, sedative, anxiolytic

## Indications

- First-line treatment of convulsive status epilepticus
- Muscle spasms due to tetanus
- Severe agitation in adults

## Forms and strengths, route of administration

- 10 mg in 2 ml ampoule (5 mg/ml) for IM injection, slow IV injection (3 to 5 minutes) or IV infusion in 0.9% sodium chloride or 5% glucose
- The injectable solution may be used rectally.

## Dosage and duration

### Convulsive status epilepticus

- Child 1 month to 11 years:
  - Rectal route: one dose of 0.5 mg/kg (0.1 ml/kg); max. 10 mg (2 ml)
  - Slow IV injection: one dose of 0.2 to 0.3 mg/kg (0.04 to 0.06 ml/kg); max. 10 mg (2 ml)

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Age	Weight	10 mg/2 ml solution	
		Rectal route	IV injection
1 to < 4 months	3 to < 6 kg	0.4 ml	0.25 ml
4 to < 12 months	6 to < 10 kg	0.7 ml	0.4 ml
1 to < 3 years	10 to < 15 kg	1.2 ml	0.6 ml
3 to < 5 years	15 to < 20 kg	1.5 ml	1 ml
5 to < 9 years	20 to < 30 kg	2 ml	1.2 ml
9 to < 12 years	30 to < 40 kg	2 ml	2 ml

- Child 12 years and over and adult:
  - Rectal route: one dose of 10 to 20 mg (2 to 4 ml); one dose of 10 mg (2 ml) in older patients
  - Slow IV injection: one dose of 10 mg (2 ml); one dose of 5 mg (1 ml) in older patients

In children and adults, if seizures do not stop 5 minutes after the first dose, readminister the same dose, regardless of the route of administration. Do not administer more than 2 doses in total.

### Muscle spasms due to tetanus

The dosage range is variable, depending on the severity of symptoms and clinical response. For information:

- Child 1 month and over and adult: 0.1 to 0.3 mg/kg by slow IV injection every 1 to 4 hours or 0.1 to 0.5 mg/kg/hour by IV infusion over 24 hours

### Severe agitation

- Adult: 10 mg (2 ml) by IM injection, to be repeated once after 30 to 60 minutes if necessary

## Rectal administration technique

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- Do not administer to neonates (contains benzyl alcohol) and to patients with severe respiratory insufficiency or severe hepatic impairment.
- Administer with caution:
  - to older patients and patients with renal or hepatic impairment (reduce the dose by half);
  - to patients with history of substance abuse or mental disorders.
- May cause:
  - pain at injection site;
  - hypotension, muscle weakness, ataxia, hypotonia, drowsiness, lethargy, confusional state;
  - respiratory depression, especially if injected rapidly by IV route and if large doses are administered;
  - coma in the event of overdose.
- Avoid or monitor in combination with:
  - opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation);
  - enzyme inducers such as rifampicin, rifabutin, nevirapine, phenobarbital, phenytoin, carbamazepine, etc. (reduced effect of diazepam);
  - omeprazole, macrolides, ritonavir, isoniazid, fluconazole, itraconazole, etc. (increased diazepam toxicity);
  - phenytoin (increased phenytoin toxicity).
- **Pregnancy and breast-feeding:** avoid, except if vital (passage through the placenta and breast milk)

## Remarks

- Diazepam is subject to international controls: follow national regulations.
- For administration by IV infusion, the concentration of diazepam in the solution should not exceed 0.25 mg/ml (e.g. 1 mg in at least 4 ml).
- Diazepam slow IV is also used in delirium tremens (alcohol withdrawal) in adults: 10 to 20 mg every 4 to 6 hours under close supervision in intensive care unit.
- Do not mix with other drugs in the same syringe or infusion.

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# DICLOFENAC injectable

Last updated: October 2024

Prescription under medical supervision

 Do not exceed the recommended duration of treatment.

## Therapeutic action

- Non-steroidal anti-inflammatory drug (NSAID), analgesic

## Indications

- Moderate pain due to inflammation (acute sciatic neuralgia, renal colic, postoperative pain, etc.)

## Forms and strengths, route of administration

- 75 mg in 3 ml ampoule (25 mg/ml) for deep IM injection or IV infusion

## Dosage

- Adult : 75 mg by deep IM injection, to be repeated after 6 hours if necessary
- For postoperative pain, may be administered by infusion: 75 mg over 30 to 120 minutes, to be repeated after 4 to 6 hours if necessary.
- Do not exceed 150 mg in 24 hours.

## Duration

- Maximum 2 days

Change to oral treatment with an analgesic, e.g. ibuprofen or paracetamol, as soon as possible.

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- Administer with caution and carefully monitor use in older patients or patients with cardiovascular disorders (hypertension, diabetes, etc.).
- Do not combine with other NSAID (aspirin, ibuprofen, etc.), diuretics, anticoagulants.
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** CONTRA-INDICATED

## Remarks

- For infusion, use a solution of 5% glucose or 0.9% sodium chloride and add 0.5 ml of 8.4% sodium bicarbonate per 500 ml.
- Diclofenac is not included in the WHO list of essential medicines.

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# DIGOXIN injectable

Last updated: October 2024

Prescription under medical supervision

 Due to narrow margin between therapeutic and toxic dose, patients should be kept under close surveillance.

## Therapeutic action

- Cardiotonic

## Indications

- Supraventricular arrhythmias (fibrillation, flutter, paroxysmal tachycardia)
- Heart failure

## Forms and strengths, route of administration

- 500 micrograms ampoule (250 micrograms/ml, 2 ml) for slow IV injection or infusion in 5% glucose or 0.9% sodium chloride

## Dosage

- Adult:
  - Loading dose: 500 to 1000 micrograms  
The loading dose can be administered either by intravenous infusion as a single dose given over 2 hours minimum or in divided doses, by slow IV injections over 5 minutes minimum.
  - Maintenance dose: change to oral treatment

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- Do not combine with calcium, particularly by IV injection (serious arrhythmias).
- Monitor combination with:
  - amiodarone, macrolides, itraconazole, quinine, chloroquine (increased digoxin concentration);
  - potassium-depleting drugs: diuretics, corticoids, amphotericin B (increased risk of digoxin toxicity).
- Monitor if possible serum potassium level in patients taking potassium-depleting drugs and serum creatinine level in patients with renal impairment.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- A loading dose may be administered in arrhythmias if a rapid digitalisation is required. It is usually not required for heart failure.

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# EFLORNITHINE injectable

Last updated: October 2024

Prescription under medical supervision

## Therapeutic action

- Trypanocide

## Indications

- Meningoencephalitic stage of African trypanosomiasis due to *T.b. gambiense*, in combination with nifurtimox (first choice treatment) or in monotherapy if nifurtimox is not available or is contra-indicated

## Forms and strengths, route of administration

- 10 g in 50 ml ampoule (200 mg/ml) to be diluted in 250 ml bag of water for injection (or, if not available, 0.9% sodium chloride), for IV infusion administered over 2 hours

## Dosage and duration

### In combination with nifurtimox

- Child and adult: 200 mg/kg every 12 hours for 7 days

### In monotherapy

- Child under 12 years: 150 mg/kg every 6 hours for 14 days
- Child 12 years and over and adult: 100 mg/kg every 6 hours for 14 days

## Contra-indications, adverse effects, precautions

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## Remarks

- When administering nifurtimox-eflornithine combined therapy, the dosage of nifurtimox in children and adults is 5 mg/kg every 8 hours for 10 days.
- Eflornithine is also called difluoromethylornithine or DFMO.

## Storage

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Diluted solution must be kept refrigerated (2 °C to 8 °C) and used within 24 hours.

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# **EPINEPHRINE = EPN = ADRENALINE**

## **injectable**

Last updated: April 2024

Prescription under medical supervision

 Check the route of administration indicated on the ampoule.

IV route should only be used by well trained personnel in well-equipped hospitals.

### **Therapeutic action**

- Sympathomimetic

### **Indications**

- Severe anaphylactic reaction
- Acute hypotension despite fluid therapy in shock

### **Forms and strengths, route of administration**

- 1 mg in 1 ml ampoule (1 mg/ml) for **IM injection only**
- 1 mg in 1 ml ampoule (1 mg/ml) for **IV injection or infusion only**

### **Dosage**

#### **Severe anaphylactic reaction**

- Administer undiluted solution by IM route (anterolateral part of the thigh) using a 1 ml syringe graduated in 0.01 ml:
  - Child under 6 months: 0.1 to 0.15 ml

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- Child under 40 kg: add 2 ml of EPN (2 amp. of 1 mg/ml for IV route) to 38 ml of NaCl 0.9%, G5% or RL to obtain a 0.05 mg/ml (50 micrograms/ml) solution.
- Child 40 kg and over and adult: add 4 ml of EPN (4 amp. of 1 mg/ml for IV route) to 36 ml of NaCl 0.9%, G5% or RL to obtain a 0.1 mg/ml (100 micrograms/ml) solution.
- Administer by continuous IV infusion using an infusion or syringe pump:
  - Child and adult: 0.1 microgram/kg/min, increase if necessary by 0.05 micrograms/kg/min every 10 min for the first hour, then every hour (max. 1 microgram/kg/min)
  - Once desired response is achieved, discontinue gradually, in decrements of 0.05 micrograms/kg/min every hour. Do not discontinue abruptly.
- The infusion rate is calculated as follows: [desired dose (microgram/kg/min) x weight (kg) x 60 min]/concentration (microgram/ml).

*Example, for a child 20 kg, dose 0.1 microgram/kg/min, solution concentration 50 micrograms/ml:*

EPN dose (microgram/kg/min)	0.1	0.15	0.2	0.25	0.3	0.35	0.4	0.45	0.5
Infusion rate (ml/hour)	2.4	3.6	4.8	6	7.2	8.4	9.6	10.8	12

## Contra-indications, adverse effects, precautions

- Administer with caution to patients with hypertension, angina, ischaemic heart disease, hyperthyroidism and to older patients.
- May cause: arrhythmia, hypertension, agitation, headache; tissue necrosis following extravasation (use a large vein for IV administration).
- **Pregnancy and breast-feeding:** no contra-indication

## Remarks

- In anaphylaxis, use IV treatment only if no or poor improvement after 3 IM injections or if there is a circulatory collapse.
- Epinephrine can be used via nebulizer in the management of croup: 0.5 mg/kg (max. 5 mg) to be repeated every 20 minutes if necessary.
- Epinephrine is colourless: discard any ampoules with a pink or brownish colour.
- Also comes in 0.15 mg/0.3 ml and 0.3 mg/0.3 ml pre-filled auto-injector.

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# **ETONOGESTREL subdermal implant**

Prescription under medical supervision

## **Therapeutic action**

- Hormonal contraceptive, progestogen

## **Indications**

- Long-acting contraception

## **Forms and strengths, route of administration**

- Flexible rod containing 68 mg of etonogestrel, in a sterile disposable applicator, to be inserted subdermally into the inner side of the non-dominant arm, 6 to 8 cm above the elbow crease, under local anaesthesia and aseptic conditions

## **Dosage**

- The implant may be inserted at any moment of the cycle if it is reasonably certain the woman is not pregnant, including when switching from another form of contraception.
- Use condoms for 7 days after insertion of the implant if it is inserted:
  - more than 7 days after the start of menstruation;
  - more than 28 days postpartum if not breastfeeding;
  - more than 7 days after an abortion.

## **Duration**

- As long as this method of contraception is desired and it is well tolerated, for max. 3 years after which it no longer provides contraception and must be changed.

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- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication

## Remarks

- Fertility returns rapidly after removal of the implant.
- For the conditions for insertion or removal the implant, follow manufacturer's instructions.

## Storage

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# FLUCONAZOLE injectable

Last updated: November 2022

Prescription under medical supervision

## Therapeutic action

- Antifungal

## Indications

- Severe fungal infections, when oral administration is not possible:
  - Cryptococcal meningitis, in combination with amphotericin B or flucytosine
  - Severe oesophageal candidiasis

## Forms and strengths, route of administration

- 200 mg in 100 ml bottle or bag (2 mg/ml), for IV infusion

## Dosage

### Cryptococcal meningitis, in combination with amphotericin B or flucytosine

- Child 1 month and over: 12 mg/kg (max. 800 mg) once daily administered over 20 minutes minimum (max. 5 ml/minute)
- Adult: 1200 mg once daily, administered over 10 minutes minimum (max. 10 ml/minute)

### Severe oesophageal candidiasis

- Child 1 month and over: 3 to 6 mg/kg (max. 200 mg) once daily
- Adult: 200 mg (max. 400 mg) once daily

## Duration

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and cardiac disorders (QT-prolongation). Stop treatment in the event of anaphylactic reaction, hepatic disorders or severe skin reaction.

- Avoid or monitor combination with:
  - drugs that prolong the QT interval (amiodarone, chloroquine, erythromycin, haloperidol, mefloquine, pentamidine, quinine);
  - warfarin, carbamazepine, phenytoin, rifabutin, benzodiazepines, calcium-channel blockers, certain antiretrovirals (e.g. nevirapine, zidovudine): increased plasma concentrations of these drugs;
  - rifampicin: decreased plasma concentrations of fluconazole.
- **Pregnancy and breast-feeding:** use only in severe or life-threatening infections, particularly during the first trimester of pregnancy (risk of foetal malformations).

## Remarks

- As in neonates the half-life of fluconazole is prolonged, fluconazole should be administered every 72 hours (neonates < 14 days) or every 48 hours (neonates ≥ 14 days).
- For cryptococcal meningitis, when amphotericin B is not available or not tolerated, fluconazole may be administered alone during the induction phase (same doses as the oral route).
- Do not add any drug in the infusion bottle or bag.

## Storage

Below 25 °C. Do not store in a refrigerator.

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# FUROSEMIDE injectable

Prescription under medical supervision

## Therapeutic action

- Diuretic

## Indications

- Emergency treatment of:
  - Oedema caused by renal, hepatic or congestive heart failure
  - Hypertensive crisis (except that of pregnancy)
  - Pulmonary oedema

## Forms and strengths, route of administration

- 20 mg in 2 ml ampoule (10 mg/ml) for IM or slow IV injection

## Dosage

- Child: 0.5 to 1 mg/kg/injection
- Adult: 20 to 40 mg/injection

Repeat after 2 hours if necessary.

For **pulmonary oedema**: if an initial IV injection of 40 mg does not produce a satisfactory response within one hour, the dose may be increased to 80 mg by slow IV injection.

## Duration

- According to clinical response;
- If prolonged use is required, change to oral treatment 2 hours after the last injection

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## **Remarks**

- If doses greater than 50 mg are required, it is recommended that they be given by IV infusion.

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# GENTAMICIN injectable

Last updated: September 2023

Prescription under medical supervision

 Given the risk of renal and auditory toxicity, do not prolong treatment unnecessarily.

## Therapeutic action

- Aminoglycoside antibacterial

## Indications

- Severe bacterial infections: plague, septicaemia, meningitis, pneumonia, pyelonephritis, postpartum upper genital tract infections, brucellosis, etc., in combination with other antibacterials

## Forms and strengths, route of administration

- 10 mg in 1 ml ampoule (10 mg/ml) and 80 mg in 2 ml ampoule (40 mg/ml) for IM or slow IV injection (3 minutes) or IV infusion (30 minutes) in 0.9% sodium chloride or 5% glucose

## Dosage

### Meningitis in young children, in combination with ampicillin or cloxacillin

- Neonate:
  - 0 to 7 days (< 2 kg): 3 mg/kg once daily by IV injection or infusion
  - 0 to 7 days ( $\geq$  2 kg): 5 mg/kg once daily by IV injection or infusion
  - 8 days to < 1 month: 5 mg/kg once daily by IV injection or infusion
- Child 1 to 3 months: 2.5 mg/kg every 8 hours by IV injection or infusion

### Other severe bacterial infections

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- Plague: 10 to 14 days
- Other infections: according to indication and clinical response

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to aminoglycosides.
- Administer with caution to patients with history of renal, vestibular or auditory problems.
- Reduce dosage in patients with renal impairment.
- May cause: irreversible ototoxicity (vestibular and auditory damage), nephrotoxicity, neuropathy, paraesthesia, neuromuscular blockade; rarely, allergic reactions.
- Stop treatment in the event of dizziness, tinnitus or hearing loss (ototoxicity).
- Do not combine with another aminoglycoside.
- Avoid or monitor combination with: furosemide, amphotericin B, vancomycin (enhanced renal and/or auditory toxicity); neuromuscular blockers (increased neuromuscular blockage).
- **Pregnancy:** administer only if clearly needed (risk of fetal ototoxicity).
- **Breast-feeding:** no contra-indication

## Remarks

- Do not mix with other drugs in the same syringe or infusion.

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# **GLUCOSE 50% = DEXTROSE 50%**

# **injectable**

Prescription under medical supervision

## **Indications**

- Treatment of severe hypoglycaemia

## **Forms and strengths, route of administration**

- 50% hypertonic glucose solution in 50 ml vial (500 mg/ml), for slow IV injection (3 to 5 minutes). NEVER BY IM OR SC INJECTION.

## **Dosage and duration**

- Adult: 1 ml/kg by slow IV injection
- Check blood glucose level 15 minutes after injection. If blood glucose level is still < 3.3 mmol/litre or < 60 mg/dl, administer a second dose or give oral glucose, according to the patient's clinical condition.

## **Contra-indications, adverse effects, precautions**

- May cause:
  - vein irritation;
  - severe tissue damage (necrosis) in the event of extravasation.
- The solution is viscous: use a large vein and a large calibre needle.

## **Remarks**

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# HALOPERIDOL injectable

Last updated: February 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of haloperidol, patients should be kept under close surveillance.

## Therapeutic action

- Antipsychotic

## Indications

- Acute confusional state (delirium) and acute alcohol intoxication
- Agitation or aggressive behaviour in patients with acute or chronic psychosis, in combination with promethazine

## Forms and strengths, route of administration

- 5 mg in 1 ml ampoule (5 mg/ml) for IM injection

## Dosage and duration

### Acute confusional state (delirium) and acute alcohol intoxication

- Adult: 0.5 to 1 mg, to be repeated after 30 to 60 minutes if necessary. If needed, administer additional doses every 4 hours (max. 5 mg) for 7 days max.

### Agitation or aggressive behaviour in patients with acute or chronic psychosis, with promethazine

- Adult: 5 mg, to be repeated after 30 minutes if necessary

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- Administer with caution and carefully monitor use in older patients and patients with hypokalaemia, hypotension, hyperthyroidism, renal or hepatic impairment, history of seizures.
- May cause: drowsiness, extrapyramidal syndrome, dyskinesia, anticholinergic effects (constipation, dry mouth), sexual dysfunction, QT-prolongation, ventricular arrhythmia, orthostatic hypotension; neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), rare but requiring immediate treatment discontinuation.
- Avoid or monitor combination with:
  - central nervous system depressants (opioid analgesics, sedatives, H1 antihistamines, etc.);
  - fluoxetine, paroxetine, sertraline, ritonavir (increased plasma concentrations of haloperidol);
  - carbamazepine, rifampicin, phenobarbital, phenytoin (decreased plasma concentrations of haloperidol);
  - antihypertensive drugs (risk of hypotension); drugs that prolong the QT interval (amiodarone, chloroquine, erythromycin, fluconazole, mefloquine, pentamidine, quinine, etc.).
- Keep the patient in the supine position for 30 minutes after injection (risk of orthostatic hypotension):
- **Pregnancy:** re-evaluate whether the treatment is still necessary; if it is continued, administer at the lowest effective dose. Observe the neonate the first few days (risk of agitation, tremors, hypertonia/hypotonia, respiratory difficulties, sleeping disorders, etc.) if the mother was under treatment in the 3<sup>rd</sup> trimester.
- **Breast-feeding:** if absolutely necessary, do not exceed 10 mg daily.

## **Remarks**

- Haloperidol decanoate is a long-acting form used as maintenance therapy of chronic psychotic disorders after stabilisation with oral treatment.

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# HALOPERIDOL decanoate injectable

Last updated: February 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of haloperidol, patients should be kept under close surveillance.

## Therapeutic action

- Long-acting antipsychotic

## Indications

- Chronic psychosis, maintenance therapy after stabilisation with oral haloperidol

## Forms and strengths, route of administration

- 50 mg in 1 ml ampoule (50 mg/ml) for IM injection
- DO NOT ADMINISTER BY IV INJECTION.

## Dosage and duration

- Adult: one injection every 3 to 4 weeks

The initial dose of haloperidol decanoate corresponds to approximately 10 times the daily dose of oral haloperidol.

Daily dose oral haloperidol	Monthly dose haloperidol decanoate IM	50 mg solution haloperidol decanoate IM
-	-	-

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## Contra-indications, adverse effects, precautions

- Do not administer to patients with cardiac disorders (cardiac failure, recent myocardial infarction, conduction disorders, bradycardia, etc.), dementia (e.g. Alzheimer's disease), Parkinson's disease and history of neuroleptic malignant syndrome.
- Administer with caution and carefully monitor use in older patients and patients with hypokalaemia, hypotension, hyperthyroidism, renal or hepatic impairment, history of seizures.
- May cause: drowsiness (caution when driving/operating machinery), extrapyramidal syndrome, early or tardive dyskinesia, constipation, dry mouth, sexual dysfunction, QT-prolongation, ventricular arrhythmia, orthostatic hypotension.
- In case of extrapyramidal symptoms, try reducing the dose of haloperidol decanoate or, if the extrapyramidal symptoms are severe, add biperiden or trihexyphenidyl.
- Avoid or monitor combination with:
  - fluoxetine, paroxetine, sertraline, promethazine, ritonavir (increased plasma concentrations of haloperidol);
  - carbamazepine, rifampicin, phenobarbital, phenytoin (decreased plasma concentrations of haloperidol);
  - drugs that prolong the QT interval (amiodarone, chloroquine, erythromycin, fluconazole, mefloquine, pentamidine, quinine, etc.).
- Avoid alcohol during treatment (increased risk of adverse effects).
- Avoid in women of childbearing age or offer effective contraception.
- **Pregnancy and breastfeeding:** avoid

## Remarks

- Change buttock for each injection.

## Storage

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# HEPARIN sodium injectable

Prescription under medical supervision

- This drug should only be used by well trained personnel in well-equipped hospitals. During treatment, have protamine ready for use.
- Due to narrow margin between therapeutic and toxic dose, coagulation parameters should be monitored.

## Therapeutic action

- Anticoagulant
  - By IV injection: acts immediately for about 2 to 4 hours
  - SC injection: acts within 1 hour for about 8 to 12 hours

## Indications

- Venous and arterial thrombosis: pulmonary embolism, myocardial infarction, thrombophlebitis
- Prevention of venous and arterial thrombosis, especially in pre-operative and postoperative period and in patients on bedrest

~~Prescription of heparin requires systematic monitoring of coagulation parameters.~~

## Forms and strengths, route of administration

- 1000 IU in 1 ml ampoule (1000 IU/ml) and 5000 IU in 1 ml ampoule (5000 IU/ml) for IV injection or infusion, diluted in an isotonic solution of glucose or sodium chloride
- 25 000 IU in 1 ml ampoule (25 000 IU/ml) for SC injection
- Also comes in various concentrations (500 IU, 12 500 IU, 20 000 IU/ml) and volumes (0.5 ml, 2 ml, 5 ml). Check label before use.

## None

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## **Preventive treatment**

- Usually: 5000 IU by SC injection 2 hours before surgery, repeated every 8 to 12 hours.
- Dosage depends on patient's weight and risk of thrombo-embolic complications: 75 IU/kg 2 times daily or 50 UI/kg 3 times daily.

## **Duration**

- About 7 to 10 days or more according to clinical response.
- In postoperative period, administer until fully ambulatory.
- For long-term therapy, administer heparin simultaneously with oral anticoagulants for 2 to 3 days before stopping heparin.

## **Contra-indications, adverse effects, precautions**

- Do not administer if:
  - haemorrhage or risk of haemorrhage: haemophilia, active peptic ulcer, acute bacterial endocarditis, severe hypertension; in postoperative period after neurosurgery or ophthalmic surgery;
  - thrombocytopenia or history of heparin-induced thrombocytopenia.
- Do not administer by IM route. SC injections must be made deep into abdominal fat, between umbilicus and iliac crest.
- Intramuscular or intra-arterial injections and infiltrations are contra-indicated during heparin therapy.
- May cause:
  - severe thrombocytopenia, usually after 5 days of heparin, with thrombo-embolic complications requiring discontinuation of treatment;
  - localised reactions at the injection site, rarely, necrosis;
  - allergic reactions, osteoporosis after prolonged use, alopecia;
  - haemorrhage in case of overdosage, pre-existing lesions, trauma.
- Use with caution and reduce dosage in elderly patients and in hepatic or renal failure.
- Overdosage: neutralise heparin by slow IV injection of protamine. 1 mg protamine neutralises 100 IU of heparin.
- Reduce doses of protamine if more than 15 minutes has elapsed since heparin administration.
- Laboratory tests:
  - Monitor coagulation parameters in order to adjust dose. Partial thromboplastin time should be

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## **Remarks**

- Preparations containing calcium salt of heparin are also available. Check label before use.
- Do not mix with other drugs in the same syringe.

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# HYDRALAZINE injectable

Last updated: October 2024

Prescription under medical supervision

 This drug should only be used by well trained personnel in well-equipped hospitals.

## Therapeutic action

- Antihypertensive vasodilatator

## Indications

- Hypertension in pregnancy, in case of severe symptoms or when oral treatment is not possible

## Forms and strengths, route of administration

- Powder for injection, in 20 mg vial, to be dissolved in 1 ml of water for injection, for IV infusion or slow diluted IV injection

## Dosage

Dosage should be adjusted according to blood pressure (BP). The goal is to reduce the blood pressure to 140/90 mmHg. Diastolic BP must not fall below 90 mmHg.

### By IV infusion

- Dilute 100 mg (5 vials of reconstituted hydralazine solution) in 500 ml of 0.9% sodium chloride or Ringer lactate, to obtain a solution containing 200 micrograms/ml.

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- Administer 5 mg (2.5 ml of the diluted solution) over 2 to 4 minutes. Check BP for 20 minutes. If BP remains uncontrolled, repeat injection. Continue repeating if necessary, waiting 20 minutes between each injection (max. 20 mg total dose).

## **Duration**

- According to clinical response.

Change to oral treatment as soon possible with labetalol or methyldopa.

## **Contra-indications, adverse effects, precautions**

- Administer with caution to patients with heart failure, coronary insufficiency, recent myocardial infarction, severe tachycardia, history of stroke.
- May cause:
  - hypotension, tachycardia, headache, gastrointestinal disturbances;
  - abrupt fall in maternal blood pressure with placental hypoperfusion and foetal death when administered too rapidly by IV injection or in case of overdose.
- Reduce doses in patients with renal or hepatic impairment.
- Do not exceed recommended dosage and administration rate. During administration, monitor maternal BP and heart rate, as well as foetal heart rate.
- In the event of hypotension, administer Ringer lactate to maintain diastolic BP  $\geq$  90 mmHg.
- **Breast-feeding:** no contra-indication

## **Remarks**

- For administration, only use sodium chloride 0.9% or Ringer lactate (incompatibility with glucose and other solutions).
- Do not mix with other drugs in the same syringe or infusion bottle.

## **Storage**

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Reconstituted solution must be used immediately.

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# HYDROCORTISONE injectable

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Short-acting steroid anti-inflammatory drug (corticosteroid)

## Indications

- Symptomatic treatment of severe allergic and inflammatory reactions, when oral administration is not possible

## Forms and strengths, route of administration

- Powder for injection, 100 mg hydrocortisone (hemisuccinate, succinate or phosphate) in vial, to be dissolved in 2 ml water for injection, for IM or slow IV injection or infusion

## Dosage and duration

- Child one month to 11 years: 4 mg/kg (max. 100 mg)
- Child 12 years and over and adult: 100 to 200 mg

Doses may be repeated at 6 or 8 hour-intervals up to 3 or 4 times according to reaction severity and clinical response. Change to oral route with prednisolone as soon as possible.

## Contra-indications, adverse effects, precautions

- In case of systemic infection, only administer if patient is under antimicrobial treatment.
- Avoid prolonged administration in patients with peptic ulcer, diabetes mellitus or cirrhosis.
- May cause (if prolonged treatment with high doses): adrenal suppression, muscle atrophy, growth retardation, increased susceptibility to infections, sodium and water retention (edema and

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- Hydrocortisone acetate is a suspension insoluble in water, used as a local treatment only: intra- or periarticular injection, epidural (sciatic neuralgia).

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# **HYOSCINE BUTYLBROMIDE = BUTYLCOPOLAMINE injectable**

**Last updated: November 2024**

Prescription under medical supervision

 Do not exceed recommended doses, especially in children and older patients (risk of severe anticholinergic effects).

## **Therapeutic action**

- Antispasmodic, anticholinergic drug

## **Indications**

- Spasms of the gastrointestinal tract and genitourinary tract

## **Forms and strengths, route of administration**

- 20 mg in 1 ml ampoule (20 mg/ml) for IM, SC or slow IV injection

## **Dosage**

- Adult: 20 to 40 mg to be repeated if necessary (max. 100 mg daily)

## **Duration**

- According to clinical response; no prolonged treatment.

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- to patients taking other anticholinergic drugs (antidepressants, antipsychotics, H-1 antihistamines, antiparkinsonians, etc.).
- Administer with caution to patients with fever (may affect thermoregulation).
- **Pregnancy:** no contra-indication; NO PROLONGED TREATMENT
- **Breast-feeding:** no contra-indication; NO PROLONGED TREATMENT

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# INSULIN injectable

Prescription under medical supervision

## General information on use of insulin by SC route

### Therapeutic action

- Pancreatic hormone, antidiabetic

### Types of insulin

SC administration	Short-acting human insulin <sup>(a)</sup> (Actrapid®)	Intermediate-acting human insulin (Insulatard®)	Biphasic insulin	
			human	analogue
Onset	30 minutes to 1 hour	1 to 2 hours	30 minutes	10 to 20 minutes
Peak time	2 to 4 hours	4 to 12 hours	2 to 8 hours	2 to 8 hours
Duration	7 to 8 hours	around 24 hours	around 24 hours	around 24 hours
Dosage form	solution	suspension	suspension	suspension
Aspect	clear	cloudy	cloudy	cloudy

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- Analogue insulins have a different chemical structure to human insulin that modifies their onset and duration of activity after SC injection.

## **Indications**

- Type 1 and type 2 diabetes
- Diabetes during pregnancy
- Transient therapy of type 2 diabetes during periods of severe infection, trauma, surgery

## **Dosage**

- Dosage must be individualised. Frequency of administration depends on the type of insulin and the patient's response.

## **Duration**

- Type 1 diabetes: life-time treatment
- Other indications: according to clinical response and laboratory tests

## **Contra-indications, adverse effects, precautions**

- Do not administer in patients with allergy to insulin (rare).
- May cause :
  - hypoglycaemia due to overdosage or inadequate diet;
  - local reactions: pain, erythema at the injection site, lipodystrophy. Rotate injection sites systematically and use all available sites (abdomen, thigh, buttock or arm);
  - weight gain.
- Monitor combination with:
  - drugs enhancing hypoglycaemic effect of insulin: acetylsalicylic acid, angiotensin-converting enzyme inhibitors, beta-blockers (which in addition, may mask symptoms of hypoglycaemia);
  - drugs increasing blood glucose levels: corticosteroids, hydrochlorothiazide, salbutamol, chlorpromazine.
- Avoid alcohol (enhances and prolongs hypoglycaemic effect of insulin).
- In the event of renal or hepatic impairment and during the first trimester of pregnancy, reduce insulin doses.
- ~~In the event of infection, emotional stress, accident or surgical intervention and during the last 2 weeks of pregnancy, increase insulin doses.~~

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- When using an insulin pen, hold the needle in the skin at least six seconds to ensure the entire dose is injected.

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# INSULIN, INTERMEDIATE-ACTING injectable

Prescription under medical supervision

## Therapeutic action

- Intermediate-acting pancreatic antidiabetic hormone mixed with protamine, in order to prolong the duration of activity

## Indications

- Diabetes

## Forms and strengths, route of administration

- 1000 IU of insulin suspension in 10 ml vial (100 IU/ml) for deep SC injection (abdomen, thigh, buttock or arm), administered with a syringe calibrated in insulin units for U-100 insulin (100 IU/ml).  
NEVER ADMINISTER BY IV INJECTION.

## Dosage

- Child and adult: one to 2 injections daily in combination with short-acting insulin or metformine

Dosage must be individualised according to need. Adapt dose in the event of physical activity, change in diet or infection.

## Contra-indications, adverse effects, precautions

- See "[insulin: general information](#)".
- Do not administer if known allergy to protamine.
- In the event of combination with short-acting insulin, always prepare the mix in the syringe immediately before administration and in the following order: first draw the short-acting insulin then

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- Unopened vial: to be kept refrigerated (2 °C to 8 °C)
- Opened vial: max. 4 weeks at below 25 °C and protected from light.

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# **INSULIN, LONG-ACTING injectable**

See [INSULIN, INTERMEDIATE-ACTING injectable](#)

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# INSULIN, SHORT-ACTING injectable

Last updated: October 2024

Prescription under medical supervision

## Therapeutic action

- Rapid-acting pancreatic antidiabetic hormone

## Indications

- Diabetes
- Emergency treatment of hyperglycaemia (diabetic ketoacidosis and hyperosmolar hyperglycaemic state)

## Forms and strengths, route of administration

- Solution of 100 IU of insulin/ml in:
  - 3 ml pre-filled pen (300 IU/3 ml), for deep SC injection only (abdomen, thigh, buttock or arm)
  - 10 ml vial (1000 IU/10 ml), for deep SC injection or IV injection (administered with a syringe calibrated in insulin units) or for IV infusion

## Dosage

### Diabetes

- Child and adult: one SC injection 15 to 30 minutes before a meal, in combination with intermediate-acting insulin
- Dosage must be individualised according to need. Adapt dose in the event of physical activity, change in diet or infection.

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## **Remarks**

- By IV route, insulin has a very short half-life of around 5 minutes and the effect disappears within 30 minutes of injection.

## **Storage**

 – Do not freeze.

- Unopened vial: to be kept refrigerated (2 °C to 8 °C)
- Opened vial: max. 4 weeks at below 25 °C and protected from light.

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# **INSULIN, BIPHASIC injectable**

Prescription under medical supervision

## **Therapeutic action**

- Pancreatic antidiabetic hormone: combination of short-acting + intermediate acting insulin

## **Indications**

- Diabetes

## **Forms and strengths, route of administration**

- 1000 IU vial containing a combination of 30% short-acting insulin + 70% intermediate-acting insulin in suspension (100 IU/ml with a ratio of 30:70, 10ml), for deep SC injection (abdomen, thigh, buttock or arm), administered with a syringe calibrated in insulin units for U-100 insulin (100 IU/ml). NEVER ADMINISTER BY IV INJECTION.

## **Dosage**

- Child and adult: one to 2 injections daily
- Dosage must be individualised according to need. Adapt dose in the event of physical activity, change in diet or infection.

## **Contra-indications, adverse effects, precautions**

- See "[Insulin: general information](#)".
- Do not administer if known allergy to protamine.

## **Remarks**

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- Opened vial: max. 4 weeks at below 25 °C and protected from light. Follow manufacturer's instructions

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# ISOSORBIDE DINITRATE injectable

Last updated: August 2021

Prescription under medical supervision

## Therapeutic action

- Vasodilator, antianginal

## Indications

- Adjunctive therapy in acute heart failure (acute pulmonary oedema)

## Forms and strengths, route of administration

- 10 mg in 10 ml ampoule (1 mg/ml), for slow IV injection or IV infusion in 5% glucose or 0.9% sodium chloride

## Dosage

- Adult: 2 mg (= 2 ml) by slow IV injection (2 minutes) then, if necessary, 2 to 10 mg/hour by continuous infusion with an electric syringe pump
- Monitor blood pressure during administration. The objective is to lower the systolic pressure to 120-150 mmHg and the diastolic pressure to under 110 mmHg.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with obstructive cardiomyopathy, hypotension, shock, intracranial hypertension or neurologic injury.
- May cause:
  - orthostatic hypotension (especially in older patients), headache, nausea, flushing of the

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## **Remarks**

- Injectable isosorbide dinitrate is not included in the WHO list of essential medicines.

## **Storage**

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# KETAMINE injectable

Prescription under medical supervision

## Therapeutic action

- General anaesthetic

## Indications

- Induction and maintenance of general anaesthesia

## Forms and strengths, route of administration

- 250 mg in 5 ml ampoule (50 mg/ml) for IM, IV injection or infusion

## Dosage

Child and adult:

- Induction
  - IV: 2 mg/kg to be injected slowly. Anaesthesia is produced within one minute and lasts 10 to 15 minutes.
  - IM: 8 to 10 mg/kg. Anaesthesia is produced within 5 minutes and lasts 15 to 30 minutes.
- Maintenance
  - IV: 0.5 to 1 mg/kg depending on recovery signs (approximately every 15 minutes)
  - IM: 5 mg/kg approximately every 20 to 30 minutes

## Duration

- Depending on duration of the operation

## Contra-indications, adverse effects, precautions

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- atropine IM: 0.01 to 0.015 mg/kg + diazepam IM: 0.1 mg/kg, 30 minutes before induction
- Technical equipment for intubation and ventilation must be available and ready for use.
- **Pregnancy:** no contra-indication, except in pre-eclampsia. For cesarean sections, do not exceed 1 mg/kg by IV injection (risk of neonatal respiratory depression at higher doses).
- **Breast-feeding:** no contra-indication

## Remarks

- Ketamine has no muscle relaxant properties.
- In some countries, ketamine is on the list of narcotics: follow national regulations.
- Also comes in 10 ml ampoule containing 500 mg (50 mg/ml).

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# **LABETALOL injectable**

**Last updated: October 2024**

Prescription under medical supervision

This drug should only be used by well trained personnel in well-equipped hospitals.

## **Therapeutic action**

- Non cardioselective beta-blocker

## **Indications**

- Hypertension in pregnancy, in case of severe symptoms or when oral treatment is not possible

## **Forms and strengths, route of administration**

- 100 mg ampoule (5 mg/ml, 20 ml) for IV injection

## **Dosage**

Dosage should be adjusted according to blood pressure (BP). The goal is to reduce the blood pressure to 140/90 mmHg. Diastolic BP must not fall below 90 mmHg.

- One dose of 20 mg (4 ml) over at least one minute. If hypertension remains uncontrolled 5 and 10 minutes after injection, administer another dose of 20 mg (4 ml). Administer additional doses of 40 mg (8 ml) then 80 mg (16 ml) at 10 minute intervals as long as hypertension is not controlled (max. 300 mg total dose).

## **Directions**

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- bradycardia, orthostatic hypotension, heart failure, bronchospasm, hypoglycaemia, gastrointestinal disturbances, dizziness, headache, weakness, urinary retention;
- abrupt fall in maternal blood pressure with placental hypoperfusion and foetal death when administered too rapidly by IV injection or in case of overdose.
- Administer with caution to patients with diabetes (risk of hypoglycaemia).
- Reduce dosage in patients with renal impairment.
- Do not exceed recommended dosage and administration rate. During administration, monitor maternal BP and heart rate, as well as foetal heart rate.
- In the event of anaphylactic shock, risk of resistance to epinephrine.
- Avoid or monitor combination with: mefloquine, digoxin, amiodarone, diltiazem, verapamil (risk of bradycardia); tricyclic antidepressants, neuroleptics, other anti- hypertensive drugs (risk of hypotension).
- Monitor the newborn: risk of hypoglycaemia, bradycardia, respiratory distress occurring most often during the first 24 hours and until 72 hours after the birth.
- In the event of hypotension, administer Ringer lactate to maintain diastolic BP  $\geq$  90 mmHg.
- **Breast-feeding:** no contra-indication

## Remarks

- Labetalol IV is also used in the treatment of hypertensive crises with serious end-organ damage.

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# LEVETIRACETAM = LEV injectable

Last updated: October 2024

Prescription under medical supervision

 During and after administration, have ventilation equipment (Ambu and mask) and solutions for fluid replacement ready for use.

## Therapeutic action

- Antiseizure (anticonvulsant)

## Indications

- Second-line treatment of convulsive status epilepticus

## Forms and strengths, route of administration

- 500 mg in 5 ml vial (100 mg/ml) for slow IV injection or IV infusion in 0.9% sodium chloride or 5% glucose
- DO NOT ADMINISTER THE SOLUTION UNDILUTED BY IV INJECTION. DO NOT ADMINISTER BY SC INJECTION.

## Dosage and duration

- Loading dose:
  - Child 1 month and over:
    - Use diluted solution: add 3 ml (300 mg) of LEV to 17 ml of 0.9% NaCl to obtain 20 ml of solution containing 15 mg of LEV per ml.
    - Administer 40 mg/kg (max. 3 g) over 10 minutes by IV infusion using a syringe pump or by very

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- If maintenance treatment is indicated after the loading dose: change to oral route as soon as possible.

## **Contra-indications, adverse effects, precautions**

- Administer with caution to patients with renal impairment (reduce dosage) or heart disorders.
- May cause:
  - drowsiness, headache, asthenia, dizziness, behavioural disturbances;
  - haematologic disorders, gastrointestinal disturbances, cough, nasopharyngitis;
  - rarely: QT prolongation, hypersensitivity reactions sometimes severe;
  - respiratory depression and coma in the event of overdose.
- Avoid or monitor the combination with:
  - mefloquine (reduced effect of LEV);
  - drugs that prolong the QT interval (antimalarials, antipsychotics, fluconazole, fluoroquinolones, hydroxyzine, macrolides, ondansetron, etc.);
  - benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- **Pregnancy and breast-feeding:** the risks linked to status epilepticus appear greater than risks linked to LEV.

## **Remarks**

- Do not mix with other drugs in the same syringe or infusion.

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# **LEVONORGESTREL subdermal implant**

Prescription under medical supervision

## **Therapeutic action**

- Hormonal contraceptive, progestogen

## **Indications**

- Long-acting contraception

## **Forms and strengths, route of administration**

- Set of two flexible rods containing 75 mg of levonorgestrel, with a sterile applicator, to be inserted subdermally into the inner side of the non-dominant arm, 6 to 8 cm above the elbow crease, under local anaesthesia and aseptic conditions

## **Dosage**

- The implant may be inserted at any moment of the cycle if it is reasonably certain the woman is not pregnant, including when switching from another form of contraception.  
Use condoms for 7 days following the insertion of the implant if it is inserted:
  - more than 7 days after the start of menstruation;
  - more than 28 days postpartum if not breastfeeding;
  - more than 7 days after an abortion.

## **Duration**

- As long as this method of contraception is desired and it is well tolerated, for max. 5 years (4 years in obese women) after which it no longer provides contraception and must be changed.

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- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication

## Remarks

- Fertility returns rapidly after removal of the implant.
- The duration of action of the levonorgestrel implant (5 years) is longer than that of the etonogestrel implant (3 years). However, the etonogestrel implant (one rod) is easier to insert and remove than the levonorgestrel implant (2 rods).
- For the conditions for insertion or removal the implant, follow manufacturer's instructions.

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# LIDOCAINE = LIGNOCAINE injectable

Prescription under medical supervision

## Therapeutic action

- Local anaesthetic

## Indications

- Local anaesthesia:
  - minor operations: 1% lidocaine
  - dental surgery: 2% lidocaine (plain or with epinephrine)

## Forms and strengths, route of administration

- 1% solution in 20 and 50 ml vials (10 mg/ml), for SC infiltration
- 2% solution in 20 and 50 ml vials (20 mg/ml), for SC infiltration

## Dosage

- The volume to be injected depends on the surface area to be anesthetised.
- Do not exceed:
  - Child: 5 mg/kg/injection
  - Adult: 200 mg = 20 ml of lidocaine 1% or 10 ml of lidocaine 2%

AGE	0 months	1 year	5 years	15 years	ADULT
WEIGHT	4 kg	8 kg	15 kg	35 kg	
1% solution, 10 mg/ml		2 to 3 ml	4 to 8 ml	9 to 15 ml	15 to 20 ml

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- When anaesthetising the extremities, inject distally (at the base), in circle, without tourniquet and without epinephrine (adrenaline).
- Do not use lidocaine for the incision of abscesses: risk of spreading the infection.
- **Lidocaine with epinephrine (adrenaline):**
  - in dental surgery, epinephrine added to lidocaine prolongs anaesthesia;
  - never use solutions with epinephrine for the anaesthesia of extremities (fingers, penile nerve block): risk of ischemia and necrosis.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Anaesthesia is produced within 2 to 5 minutes and lasts 1 to 1.5 hours.
- Do not confuse with lidocaine 5% hyperbaric which is reserved for spinal anaesthesia.
- The more concentrated the lidocaine, the more localised the anaesthetic effect.
- To simplify protocols, use lidocaine 2% with epinephrine for dental anaesthesia and lidocaine 1% without epinephrine for cutaneous anaesthesia.

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# MAGNESIUM SULFATE = MgSO<sub>4</sub> injectable

Last updated: October 2024

Prescription under medical supervision

This drug should only be used by well trained personnel in well-equipped hospitals. During and after administration, have ventilation equipment (Ambu and mask), calcium gluconate and solutions for fluid replacement ready for use.

## Therapeutic action

- Calcium antagonist, anticonvulsant

## Indications

- Severe pre-eclampsia: prevention of eclamptic seizures
- Eclampsia: treatment of eclamptic seizures and prevention of recurrence

## Forms and strengths, route of administration

- 5 g ampoule (0,5 g/ml, 10 ml) for IM injection or IV infusion

## Dosage and duration

### IV/IM protocol

4 g by IV infusion in 100 ml of 0.9% sodium chloride over 15 to 20 minutes then, 10 g by IM route (5 g in each buttock) then, 5 g by IM route every 4 hours (changing buttock for each injection)

### IV protocol

4 g by IV infusion in 100 ml of 0.9% sodium chloride over 15 to 20 minutes then 1 g per hour by continuous IV infusion

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- May cause:
  - pain at the injection site, warm flushes; decreased fetal heart rate;
  - in case of overdosage (hypermagnesaemia):
    - For the mother: diminished then absent patellar reflex (early sign), hypotension, drowsiness, confusion, difficulty in speaking, bradycardia, respiratory depression (respiratory rate < 12/minute).
    - For the neonate (if the mother is treated for pre-eclampsia or eclampsia): hypotonia, neurobehavioural impairment, apnoea, respiratory depression.
- Do not combine with nifedipine.
- Check urine output every hour. In the event of decreased urine output (< 30 ml/hour or 100 ml/4 hour), stop magnesium sulfate and perform delivery as soon as possible. If delivery cannot be performed immediately in a woman with eclampsia, stop magnesium sulfate for one hour then resume magnesium sulfate perfusion until delivery.
- Check patellar reflex, blood pressure, heart and respiratory rate every 15 minutes during the first hour of treatment. If no signs of overdosage are observed, continue this surveillance every hour. If signs of overdosage are observed: stop magnesium sulfate and give 1 g calcium gluconate by slow IV route as an antidote (in this event, seizures may recur).
- **Breast-feeding:** no contra-indication

## Remarks

- Magnesium sulfate is also used as an adjunctive treatment in severe asthma attack in children and adults: 40 mg/kg (max. 2 g) by IV infusion in 5 ml/kg of 0.9% of sodium chloride in children less than 20 kg and in 100 ml of 0.9% sodium chloride in children 20 kg and over and in adults, to be administered over 20 minutes, using an infusion or a syringe pump.
- Also comes in ampoules containing 1 g (0.5 mg/ml, 2 ml) and many other dosages. Check the strength of the ampoule carefully before use.
- 1 g magnesium sulfate contains approximately 4 mmol (8 mEq) of magnesium.
- Do not mix with other drugs in the same syringe or infusion fluid.

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# **MEDROXYPROGESTERONE acetate injectable**

Last updated: October 2024

Prescription under medical supervision

## **Therapeutic action**

- Hormonal contraceptive, progestogen

## **Indications**

- Long-acting contraception
- Long-term treatment of functional uterine bleeding

## **Forms and strengths, route of administration**

- 150 mg in 1 ml vial (150 mg/ml) for IM injection

## **Dosage**

- Adolescent and adult: 150 mg every 3 months (13 weeks). Subsequent injections may be administered up to 2 weeks before or 4 weeks after the scheduled date.
- The injection may be administered at any moment of the cycle if it is reasonably certain the woman is not pregnant, including when switching from another form of contraception.  
For contraception, use condoms for 7 days after the injection if it is administered:
  - more than 7 days after the start of menstruation;
  - more than 28 days postpartum if not breastfeeding;
  - more than 7 days after an abortion

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hepatic disease.

- May cause: menstrual irregularities, amenorrhoea, menometrorrhagia, breast tenderness, headache, weight gain, acne, mood change, abdominal pain, gastrointestinal disturbances.
- The contraceptive efficacy of medroxyprogesterone does not seem to be reduced in women taking enzyme-inducing drugs.
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication

## Remarks

- Shake the vial vigorously before use to homogenise the suspension.
- Return to fertility is delayed for 3 to 12 months after stopping injections.
- Also comes in prefilled single-use injection system (104 mg/0.65 ml) for SC self-administration in the abdomen or anterior thigh.

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# MELARSOPROL injectable

Last updated: December 2023

Prescription under medical supervision

 Due to high toxicity and numerous adverse effects of melarsoprol, patients must be treated in hospital, under close medical supervision.

## Therapeutic action

- Trypanocide (arsenical derivative)

## Indications

- Meningoencephalitic stage of African trypanosomiasis due to *T. b. gambiense* and *T. b. rhodesiense*

## Forms and strengths, route of administration

- 180 mg in 5 ml ampoule (36 mg/ml), 3.6 % solution in propylene glycol, for slow IV injection
- DO NOT ADMINISTER BY IM or SC INJECTION.

## Dosage and duration

- Child and adult: 2.2 mg/kg (max. 5 ml) once daily for 10 days

## Contra-indications, adverse effects, precautions

- May cause:
  - reactive encephalopathy (5-10% of cases): repeated or prolonged seizures, coma, mental disorders, usually between the 5<sup>th</sup> and the 8<sup>th</sup> day of treatment (but sometimes later, even after

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- **Pregnancy:** CONTRA-INDICATED

## Remarks

- Oral prednisolone is frequently associated during the course of treatment.
- For the meningoencephalitic stage of gambiense trypanosomiasis, the treatment of choice is nifurtimox + eflornithine (NECT).

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# METHYLERGOMETRINE injectable

Prescription under medical supervision

## Therapeutic action

- Uterotonic, oxytocic

## Indications

- Postpartum haemorrhage due to uterine atony (preferably use oxytocin for this indication)

## Forms and strengths, route of administration

- 0,2 mg in 1 ml ampoule ( 0,2 mg/ml), for IM injection

## Dosage

- Adult: 0,2 mg every 2 to 4 hours if necessary (max. 1 g)

## Contra-indications, adverse effects, precautions

- Do not administer during delivery or labour.
- Do not administer in case of allergy to ergot alkaloids (cabergoline, bromocriptine, ergotamine, etc.), severe hypertension, pre-eclampsia, eclampsia, and septicaemia.
- Do not combine with another ergot alkaloid.
- Administer with caution to patients with hepatic or renal impairment, ischemic disorders.
- Do not administer simultaneously with prostaglandins or oxytocin (addition of uterotonic activity).
- May cause: gastrointestinal disturbances, headache, paraesthesia, confusion, dizziness, tinnitus, hypertension, peripheral vasoconstriction, chest pain.
- Monitor combination with: metronidazole, azole antifungals, macrolides, protease inhibitors, antivirals, fluconazole (risk of arrhythmia)

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## Storage

-  – To be kept refrigerated (2 °C to 8 °C). Do not freeze.
- Expiry date indicated on the label is only valid if stored under refrigeration and protected from light. Exposure to heat and especially light causes the deterioration of the active ingredient and thus loss of efficacy.
- The solution must be colourless. Discolouration indicated a deterioration of the active ingredient. Never use a coloured solution.
- If refrigeration is not available, vials can be kept for one month on condition that they are protected from light and the temperature remains under 25 °C.

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# METOCLOPRAMIDE injectable

Last updated: February 2024

Prescription under medical supervision

 Do not exceed the recommended dose and duration of treatment (risk of serious neurological adverse effects).

## Therapeutic action

- Antiemetic (dopamine antagonist)

## Indications

- Prevention or symptomatic treatment of nausea and vomiting in adults

## Forms and strengths, route of administration

- 10 mg in 2 ml ampoule (5 mg/ml) for IM or slow IV injection (3 to 5 minutes)

## Dosage

- Adult: 10 mg every 8 hours if necessary

## Duration

- Change to oral treatment as soon as possible.

## Contra-indications, adverse effects, precautions

- Do not administer to children < 18 years or to patients with gastrointestinal haemorrhage,

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- Avoid combination with CNS depressants (opioid analgesics, antipsychotics, sedatives, antidepressants, antihistamines, etc.) and antihypertensive drugs (increased risk of hypotension).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- For postoperative nausea and vomiting in adults, efficacy of metoclopramide is limited: ondansetron is preferred.

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# METRONIDAZOLE injectable

Prescription under medical supervision

## Therapeutic action

- Antiprotozoal, antibacterial

## Indications

- Severe infections due to anaerobic bacteria (*Bacteroides* sp, *Clostridium* sp, etc.)

## Forms and strengths, route of administration

- 500 mg in 100 ml vial or bag (5 mg/ml), for infusion, to be administered over 30 minutes

## Dosage

- Child 1 month and over: 10 mg/kg every 8 hours (max. 1500 mg daily)
- Adult: 500 mg every 8 hours

## Duration

- According to indication.

Change to oral treatment as soon as possible.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to metronidazole or another nitroimidazole (tinidazole, secnidazole, etc.).
- Do not drink alcohol during treatment (antabuse reaction).
- May cause: gastrointestinal disturbances, brownish urine, allergic reactions, headache, dizziness.

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- Do not add any drug in the infusion vial.

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# MIDAZOLAM injectable

Last updated: October 2024

Prescription under medical supervision

- During and after administration, have ventilation equipment (Ambu and mask) and solutions for fluid replacement ready for use.
- For seizures, preferably use the buccal or intranasal route, especially in children.

## Therapeutic action

- Short-acting antiseizure (anticonvulsant), muscle relaxant, sedative-hypnotic, anxiolytic

## Indications

- First-line treatment of convulsive status epilepticus

## Forms and strengths, route of administration

- 5 mg in 5 ml ampoule (1 mg/ml) and 50 mg in 10 ml ampoule (5 mg/ml), for administration by buccal or intranasal route or IM injection
- For buccal or intranasal administration, preferably use the 50 mg in 10 ml ampoule (5 mg/ml).
- For IM injection, use only the 5 mg in 5 ml ampoule (1 mg/ml).

## Dosage and duration

- Child 1 month to 11 years:
  - Buccal or intranasal route: one dose of 0.2 to 0.3 mg/kg (0.04 to 0.06 ml/kg of the 5 mg/ml solution or 0.2 to 0.3 ml/kg of the 1 mg/ml solution); max. 10 mg
  - IM injection: one dose of 0.15 to 0.2 mg/kg (0.15 to 0.2 ml/kg of the 1 mg/ml solution); max. 10 mg

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Age	Weight	5 mg/ml solution	1 mg/ml solution	
		Buccal/ intranasal route	Buccal/ intranasal route	IM injection
1 to < 4 months	3 to < 6 kg	0.25 ml	1 ml	0.6 ml
4 to < 12 months	6 to < 10 kg	0.4 ml	1.8 ml (max. 2 ml)	1.2 ml
1 to < 3 years	10 to < 15 kg	0.6 ml	–	2 ml
3 to < 5 years	15 to < 20 kg	1 ml	–	3 ml
5 to < 9 years	20 to < 30 kg	1.2 ml	–	4 ml
9 to < 12 years	30 to < 40 kg	2 ml	–	6 ml

- Child 12 years and over and adult:
  - Buccal or intranasal route: one dose of 10 mg (2 ml of the 5 mg/ml solution)
  - IM injection: one dose of 10 mg (10 ml of the 1 mg/ml solution)

In children and adults, if seizures do not stop 5 minutes after the first dose, readminister the same dose, regardless of the route of administration. Do not administer more than 2 doses in total.

## Buccal/intranasal administration technique

### Buccal route:

Lay the patient on their side. Withdraw the required dose using a 1 ml or 2 ml syringe. Remove the needle. Insert the tip of the syringe into the space between the gum and cheek. Administer the dose by slowly pushing the syringe plunger.

### Intranasal route:

Lay the patient on their back or side. Withdraw the required dose using a 1 ml or 2 ml syringe (add an

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- hypotension, muscle weakness, ataxia, hypotonia, drowsiness, lethargy, confusional state;
- respiratory depression and coma in the event of overdose.
- Avoid or monitor in combination with:
  - opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation);
  - enzyme inducers such as rifampicin, rifabutin, nevirapine, phenobarbital, phenytoin, carbamazepine, etc. (reduced effect of midazolam);
  - omeprazole, macrolides, ritonavir, isoniazid, fluconazole, itraconazole, etc. (increased midazolam toxicity);
  - phenytoin (increased phenytoin toxicity).
- **Pregnancy and breast-feeding:** avoid, except if vital (passage through the placenta and breast milk)

## Remarks

- Midazolam is subject to international controls: follow national regulations.
- Midazolam is also used as premedication prior to surgical procedures, for sedation in medical procedures and intensive care, for induction of general anaesthesia, etc.
- Do not mix with other drugs in the same syringe.

## Storage

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# MORPHINE injectable

Last updated: October 2024

Prescription under medical supervision

 During and after administration, have ventilation equipment (Ambu and mask), naloxone and solutions for fluid replacement ready for use.

## Therapeutic action

- Centrally acting opioid analgesic

## Indications

- Severe pain, especially in surgery, trauma and neoplastic disease

## Forms and strengths, route of administration

- 10 mg ampoule (10 mg/ml, 1 ml) for SC, IM or IV injection

## Dosage

### SC and IM route

- Child over 6 months and adult: 0.1 to 0.2 mg/kg every 4 hours if necessary

### IV route

- Child over 6 months and adult: 0.1 mg/kg administered in fractionated doses (0.05 mg/kg every 10 minutes) every 4 hours if necessary

### Directions

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- in the event of overdose: excessive sedation, respiratory depression, coma.
- Monitor patient closely for several hours after administration.
- Administer with caution to patients with respiratory impairment, head injury, raised intracranial pressure, uncontrolled epilepsy or urethroprostatic disorders.
- In older patients and in patients with severe renal or hepatic impairment: reduce doses by half and administer less frequently, according to clinical response (risk of accumulation).
- Do not combine with opioid analgesics with mixed agonist-antagonist activity such as buprenorphine, nalbuphine, pentazocine (competitive action).
- Increased risk of sedation and respiratory depression, when combined with alcohol and drugs acting on the central nervous system: benzodiazepines (diazepam, etc.), antipsychotics (chlorpromazine, haloperidol, etc.), antihistamines (chlorphenamine, promethazine), phenobarbital, etc.
- **Pregnancy and breast-feeding:** no contra-indication. The child may develop withdrawal symptoms, respiratory depression and drowsiness when the mother receives morphine at the end of the 3<sup>rd</sup> trimester and during breast-feeding. In these situations, administer with caution, for a short period, at the lowest effective dose, and monitor the child.

## **Remarks**

- Administer an appropriate laxative (e.g. lactulose) if analgesic treatment continues more than 48 hours.
- Morphine is on the list of narcotics: follow national regulations

## **Storage**

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# NALOXONE injectable

Last updated: November 2024

Prescription under medical supervision

 Naloxone should be used in addition to assisted ventilation and by well trained personnel. Closely monitor vital signs, in particular respiratory rate, during administration and for at least 12 hours after respiratory function is restored.

## Therapeutic action

- Specific opioid antagonist

## Indications

- Respiratory depression induced by opioids (analgesia, anaesthesia, intoxication)

## Forms and strengths, route of administration

- 0.4 mg in 1 ml ampoule (0.4 mg/ml) for IV, IM injection or infusion in sodium chloride 0.9% or glucose 5%

## Dosage

IV route is preferred, use IM route if IV route is not feasible:

- Child: 5 to 10 micrograms/kg by IV injection, repeated if necessary after 2 to 3 minutes, until adequate spontaneous ventilation is restored, followed by a continuous infusion of 1 to 5 micrograms/kg/hour, or by 5 to 10 micrograms/kg by IM injection every 90 minutes
- Adult: 1 to 3 micrograms/kg by IV injection, repeated if necessary after 2 to 3 minutes, until

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- tachycardia, fibrillation, hypertension, pulmonary oedema when given postoperatively, due to a sudden reversal of analgesia;
- nausea, vomiting;
- acute withdrawal syndrome in opioid-dependent patients.
- Administer with caution and reduce dosage in case of heart failure or coronary artery disease.
- Naloxone is used in addition to assisted ventilation and must be administered under close medical supervision.
- **Pregnancy:** risks linked to respiratory depression appear greater than risks linked to naloxone.
- **Breast-feeding:** no contra-indication

## Remarks

- Naloxone is a specific opioid antidote. It cannot be used to antagonise the effects of other drugs producing CNS or respiratory depression.
- Efficacy in antagonising opioid effects depends not only on the dose of naloxone but also on the dose and potency of the specific opioid involved.

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# **NOREPINEPHRINE tartrate = NEP = NORADRENALINE tartrate injectable**

Last updated: September 2023

Prescription under medical supervision

This drug should only be used by well trained personnel in well-equipped hospitals.

## **Therapeutic action**

- Sympathomimetic

## **Indications**

- Acute hypotension despite fluid therapy in shock (in children, preferably use epinephrine for this indication)

## **Forms and strengths, route of administration**

- 8 mg of norepinephrine tartrate in 4 ml ampoule (2 mg/ml), equivalent to 4 mg of norepinephrine base in 4 ml (1 mg/ml), for IV infusion

## **Dosage**

The doses are expressed as norepinephrine tartrate and intended for peripheral IV administration only.

- Use diluted solution in 0.9% sodium chloride (NaCl 0.9%) or 5% glucose (G5%) or Ringer lactate (RL):
  - Child under 40 kg: add 1 ml (2 mg of NEP tartrate) to 39 ml of NaCl 0.9%, G5% or RL to obtain a 0.05 mg/ml (50 micrograms/ml) solution

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*Example, for a child 20 kg, dose 0.1 microgram/kg/min, solution concentration 50 micrograms/ml:*

NEP dose (microgram/kg/min)	0.1	0.15	0.2	0.25	0.3	0.35	0.4	0.45	0.5
Infusion rate (ml/hour)	2.4	3.6	4.8	6	7.2	8.4	9.6	10.8	12

## Contra-indications, adverse effects, precautions

- Administer with caution to patients with hypertension, hypotension due to volume depletion (except as an emergency measure), thrombosis, hyperthyroidism and to older patients.
- May cause: arrhythmia, hypertension, agitation, headache; tissue necrosis following extravasation (use a large vein for IV administration).
- **Pregnancy and breast-feeding:** no contra-indication

## Remarks

- Norepinephrine is colourless: discard any ampoules with a pink or brownish colour.

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# OMEPRAZOLE injectable

Prescription under medical supervision

## Therapeutic action

- Antiulcer drug (proton pump inhibitor)

## Indications

- Peptic ulcer perforation

## Forms and strengths, route of administration

- Powder for injection, 40 mg vial, to be dissolved in 100 ml of 0.9% sodium chloride or 5% glucose, for IV infusion

## Dosage

- Adult: 40 mg once daily to be administered over 20 to 30 minutes

## Duration

- Change to oral treatment as soon as the patient can eat.

## Contra-indications, adverse effects, precautions

- May cause: headache, diarrhoea, skin rash, nausea, abdominal pain, dizziness.
- Avoid combination with itraconazole and ketoconazole (decreases efficacy of these drugs).
- Monitor combination with warfarin, digoxin, phenytoin.
- Do not exceed 20 mg daily in patients with severe hepatic impairment.
- **Pregnancy:** no contra-indication

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# ONDANSETRON injectable

Prescription under medical supervision

## Therapeutic action

- Antiemetic (serotonin 5-HT3 receptor antagonist)

## Indications

- Prevention of post-operative nausea and vomiting in children
- Treatment of post-operative nausea and vomiting

## Forms and strengths, route of administration

- 4 mg ampoule (2 mg/ml, 2 ml) for slow IV injection (3 to 5 minutes)

## Dosage and duration

### Prevention of post-operative nausea and vomiting

- Child over 1 month: 0.1 mg/kg at the end of surgery (max. 4 mg per injection)

### Treatment of nausea and vomiting

- Child over 1 month:
  - No prophylactic dose of ondansetron received: 0.1 mg/kg every 8 hours if necessary
  - Prophylactic dose of ondansetron received and late postoperative vomiting ( $\geq 6$  hours after surgery): 0.1 mg/kg every 6 hours if necessaryDo not exceed 4 mg per injection and 3 injections per 24 hours.
- Adult: 4 mg every 8 hours if necessary (max. 3 injections per 24 hours)

## Contra-indications, adverse effects, precautions

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- drugs that prolong the QT interval: amiodarone, bedaquiline, chloroquine, co-artemether, erythromycin, fluconazole, haloperidol, moxifloxacin, mefloquine, pentamidine, quinine, etc.;
- serotonergics: fluoxetine, paroxetine, tricyclic antidepressants, etc.;
- enzyme inducers: rifampicin, rifabutin, nevirapine, ritonavir, phenobarbital, phenytoin, carbamazepine, griseofulvin, etc. (efficacy of ondansetron reduced);
- tramadol (antalgic effect reduced).
- **Pregnancy:** avoid during the first trimester; not recommended for nausea and vomiting of pregnancy
- **Breast-feeding:** not recommended

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# OXYTOCIN injectable

Prescription under medical supervision

## Therapeutic action

- Synthetic oxytocic

## Indications

- Induction and augmentation of labour in the event of dynamic dystocia
- Postpartum haemorrhage due to uterine atony
- Prevention of postpartum haemorrhage, after vaginal delivery or caesarean section

## Forms and strengths, route of administration

- 10 IU in 1 ml ampoule (10 IU/ml) for IM or slow IV injection or infusion

## Dosage

### Induction and augmentation of labour

Dilute 5 IU in 500 ml or 10 IU in 1 litre of Ringer lactate or 0.9% sodium chloride to obtain a solution of 10 milliunits per ml. Start an infusion of 5 drops/minute, then increase by 5 drops/minute every 30 minutes (max. 60 drops/minute) until efficient contractions are obtained (3 to 4 contractions lasting 40 seconds over 10 minutes).

### Treatment of postpartum haemorrhage due to uterine atony

20 IU in 1 litre of Ringer lactate or 0.9% sodium chloride, administered over 2 hours (160 drops/minute). Simultaneously, 5 to 10 IU by slow IV injection, to be repeated if necessary until the uterus is retracted (max. total dose 60 IU).

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## **Contra-indications, adverse effects, precautions**

- Do not administer by rapid IV injection (risk of hypotension with flushing and reflex tachycardia, uterine hypertonia and/or rupture, foetal distress).
- During labour:
  - Do not administer to patients with history of two caesarean sections or more.
  - Administer with caution and do not exceed 30 drops/minute in patients with history of single caesarean section and in grand multipara (risk of uterine rupture).
  - Respect the dosage and rate of administration, monitor uterine contractility and foetal heart rate.
- May cause: nausea, vomiting, heart rhythm disorders.
- Do not administer simultaneously with prostaglandins. Only administer oxytocin 6 hours after the last administration of prostaglandins.

## **Storage**

-  – To be kept refrigerated (2 °C to 8 °C). Do not freeze.
- Expiry date indicated on the label is only valid if stored under refrigeration and protected from light. Exposure to light and heat causes the deterioration of the active ingredient and thus loss of efficacy.
  - If refrigeration is not available, ampoules kept below 25 °C and protected from light may be stored for a maximum of one month.

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# **PARACETAMOL = ACETAMINOPHEN**

# **injectable**

**Last updated: February 2024**

Prescription under medical supervision

 Do not exceed indicated doses, especially in children and older patients. Paracetamol intoxications are severe (hepatic cytolysis).

## **Therapeutic action**

- Analgesic, antipyretic

## **Indications**

- Very high fever, only when oral administration is not possible
- Mild pain, only when oral administration is not possible

## **Forms and strengths, route of administration**

- 500 mg (10 mg/ml, 50 ml) and 1 g (10 mg/ml, 100 ml) vials, for infusion

## **Dosage**

- Neonate: 7.5 mg/kg (0.75 ml/kg) every 6 hours, to be administered over 15 minutes (max. 30 mg/kg daily)
- Child  $\geq$  1 month and  $<$  10 kg: 10 mg/kg (1 ml/kg) every 6 hours, to be administered over 15 minutes (max. 30 mg/kg daily)
- Patient  $\geq$  10 kg and  $<$  50 kg: 15 mg/kg (1.5 ml/kg) every 6 hours, to be administered over 15 minutes

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- Do not administer to patients with severe hepatic impairment.
- Administer with caution to patients with moderate hepatic impairment, severe renal impairment, chronic alcoholism, malnutrition, dehydration.
- May cause (very rarely): malaise, hypotension and rash.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- As the efficacy of IV paracetamol is not superior to the efficacy of oral paracetamol, the IV route is restricted to situations where oral administration is not possible.
- For mild pain, IV paracetamol is used alone or in combination with an NSAID administered parenterally.
- For moderate pain, IV paracetamol is used in combination with an NSAID and tramadol administered parenterally.
- For severe pain, IV paracetamol is used in combination with an NSAID and morphine administered parenterally.
- Paracetamol has no anti-inflammatory properties.
- Do not mix with other drugs in the same infusion bottle.

## Storage

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# PENICILLIN G injectable

See [BENZYL PENICILLIN injectable](#)

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# PENTAMIDINE injectable

Last updated: November 2024

Prescription under medical supervision

 Due to the numerous and potentially severe adverse effects of pentamidine, patients should be kept under close surveillance.

## Therapeutic action

- Antiprotozoal active against *Pneumocystis jiroveci (carinii)*

## Indications

- Second-line treatment of pneumocystosis, in the event of contra-indication, intolerance or unresponsiveness to co-trimoxazole

## Forms and strengths, route of administration

- Powder for injection, 200 mg and 300 mg vials, to be dissolved in 10 ml water for injection, for IM injection or infusion in 250 ml of 5% glucose

## Dosage and duration

- Child and adult: 4 mg/kg once daily by IM injection or infusion (60 minutes minimum) for 14 to 21 days

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe renal impairment.

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- Avoid combination with: mefloquine, cardiac glycosides, azole antifungals, drugs inducing hypokalaemia (diuretics, glucocorticoids, injectable amphotericin B, etc.).
- Administer on an empty stomach, keep the patient supine during injection and 30 minutes after.
- Monitor blood pressure, blood glucose level, serum creatinine level, blood counts.
- **Pregnancy and breast-feeding:** CONTRA-INDICATED, except if vital and there is no therapeutic alternative.

## Remarks

- For the prophylaxis of pneumocystosis, pentamidine may be used by inhalation of nebulised solution using suitable equipment.
- Pentamidine is also used in the treatment of African trypanosomiasis and leishmaniasis.

## Storage

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Once reconstituted, solution keeps for 24 hours maximum, between 2 °C to 8 °C.

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# **PHENOBARBITAL = PB injectable**

Last updated : October 2024

Prescription under medical supervision

 During and after administration, have ventilation equipment (Ambu and mask) and solutions for fluid replacement ready for use.

## **Therapeutic action**

- Antiseizure (anticonvulsant), sedative

## **Indications**

- Second-line treatment of convulsive status epilepticus

## **Forms and strengths, route of administration**

- 200 mg in 1 ml ampoule (200 mg/ml) for IV infusion in 0.9% sodium chloride
- DO NOT ADMINISTER BY DIRECT IV INJECTION. DO NOT ADMINISTER THE SOLUTION UNDILUTED.
- DO NOT ADMINISTER BY SC INJECTION (risk of necrosis).

## **Dosage and duration**

- Loading dose:
  - Child 1 month and over:
    - Use diluted solution: add 1 ml (200 mg) of PB to 9 ml of 0.9% NaCl to obtain 10 ml of solution containing 20 mg of PB per ml.
    - Administer 20 mg/kg (max. 1 g) over 20 minutes by IV infusion using a syringe pump (or only if

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- If maintenance treatment is indicated after the loading dose: change to oral route as soon as possible.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe impairment of respiratory, renal or hepatic function (risk of accumulation).
- Administer with caution in children, older patients and patients with mild to moderate impairment of respiratory, renal or hepatic function.
- May cause :
  - drowsiness, dizziness, headache, behavioural disturbances;
  - dose-dependant respiratory depression;
  - hypotension, apnoea, laryngospasm, shock, especially if administered rapidly by IV route and if large doses are administered;
  - haematologic disorders, gastrointestinal disturbances;
  - hypersensitivity reactions sometimes severe;
  - coma in the event of overdose.
- Monitor closely respiratory rate and blood pressure during and after administration.
- Avoid or monitor the combination with:
  - mefloquine (reduced effect of PB);
  - benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- Use with extreme caution with benzodiazepines and opioids analgesics (increased risk of respiratory depression).
- PB may reduce the effect of many drugs:
  - diazepam, midazolam, antimicrobials, some antiretrovirals, corticosteroids, tricyclic antidepressants, itraconazole, direct-acting antivirals for chronic hepatitis C, warfarin, etc. Adjust dosage if necessary.
  - implants and oral contraceptives: use condoms until next menstruation.
- **Pregnancy and breast-feeding:** prefer a safer drug (levetiracetam). If PB is the only option, the risks linked to status epilepticus appear greater than risks linked to PB.

## Remarks

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# PHENYTOIN = PHT injectable

Last updated: October 2024

Prescription under medical supervision

- This drug should only be used by well-trained personnel in well-equipped hospitals.
- During and after administration have ventilation equipment (Ambu and mask) and solutions for fluid replacement ready for use.

## Therapeutic action

- Antiseizure (anticonvulsant)

## Indications

- Second-line treatment of convulsive status epilepticus

## Forms and strengths, route of administration

- 250 mg in 5 ml ampoule or vial (50 mg/ml), for IV route only, to be administered through a large central or peripheral vein.
- Dilute the solution in 0.9% sodium chloride only. DO NOT DILUTE IN GLUCOSE.
- For administration use a infusion set or line with a 0.2 micron filter.
- DO NOT ADMINISTER BY RAPID IV INJECTION.

## Dosage and duration

- Loading dose:  
Child and adult: 20 mg/kg (max. 2 g) single dose

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<b>Patients</b>	<b>Mode of administration</b>	<b>Duration of infusion</b>	<b>Max. rate</b>
Children ≥ 1 month and ≤ 25 kg	Use diluted solution: add 1 ml (50 mg) of PHT to 9 ml of 0.9% NaCl to obtain 10 ml of solution containing 5 mg of PHT per ml. Administer by IV infusion using a syringe pump <sup>(a)</sup> .	20 min	1 mg/kg/min
Children > 25 kg and adults	Add undiluted solution to a 100 ml bag of 0.9% NaCl. Administer by IV infusion.	≤ 1 g or ≤ 50 kg: 20 min	50 mg/min
		> 1 g and ≤ 1.5 g or > 50 kg and ≤ 75 kg: 30 min	
		> 1.5 g and ≤ 2 g or > 75 kg and ≤ 100 kg: 40 min	
Older patients (≥ 65 years) and adults with cardiac disorders	Add undiluted solution to a 100 ml bag of 0.9% NaCl. Administer by IV infusion.	≤ 1 g or ≤ 50 kg: 40 min	25 mg/min
		> 1 g and ≤ 1.5 g or > 50 kg and ≤ 75 kg: 60 min	
		> 1.5 g and ≤ 2 g or > 75 kg and ≤ 100 kg: 80 min	

a Or only if syringe pump is not available, use a paediatric infusion set.

- If maintenance treatment is indicated after the loading dose: change to oral route as soon as possible.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with bradycardia or atrioventricular block

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- Closely monitor heart rate and blood pressure during and after administration. Reduce the infusion rate in the event of bradycardia or drop in blood pressure.
- Avoid IV placement in the hand, foot or wrist. Closely monitor injection site, during and after administration, in particular in:
  - older or very young patients (fragile veins),
  - patients with cardiovascular disease.
- Before and after infusion, flush the catheter with 0.9% NaCl to limit venous irritation and potential incompatibility with other drugs.
- Avoid or monitor the combination with:
  - rifampicin, mefloquine (reduced effect of PHT);
  - sulfonamides, chloramphenicol, fluconazole, isoniazid, fluoxetine, omeprazole (increased PHT toxicity);
  - benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- PHT may reduce the effect of many drugs:
  - diazepam, midazolam, digoxin, corticosteroids, antimicrobials, some antiretrovirals, itraconazole, warfarin, etc. Adjust dosage if necessary.
  - implants and oral contraceptives: use condoms until next menstruation.
- **Pregnancy and breast-feeding:** prefer a safer drug (levetiracetam). If PHT is the only option, the risks linked to status epilepticus appear greater than risks linked to PHT.

## Remarks

- Do not mix with other drugs in the same syringe or infusion.

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# **PHYTOMENADIONE = VITAMIN K1 injectable**

Last updated: March 2024

Prescription under medical supervision

## **Therapeutic action**

- Vitamin, anti-haemorrhagic

## **Indications**

- Prophylaxis and treatment of haemorrhagic disease of the newborn

## **Forms and strengths, route of administration**

- 2 mg ampoule (10 mg/ml, 0.2 ml), for oral administration, IM or slow IV injection

## **Dosage**

### **Prophylaxis of haemorrhagic disease of the newborn**

By IM route, the day of birth:

- Neonate < 1.5 kg: 0.5 mg single dose
- Neonate ≥ 1.5 kg: 1 mg single dose

### **Treatment of haemorrhagic disease of the newborn**

By IM or slow IV route:

1 mg every 8 hours if necessary, depending on clinical evolution and coagulation tests results

## **Contra-indications, adverse effects, precautions**

- May cause: allergic reactions, especially by IV route; haematoma at IM injection site.
- **Pregnancy:** no contra-indication

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birth. This maternal prevention does not change the need for IM administration of vitamin K<sub>1</sub> in neonates.

- Do not dilute or mix with other drugs in the same syringe.

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# POTASSIUM CHLORIDE 15% = KCl 15%

## injectable

Last updated: February 2024

Prescription under medical supervision

This drug should only be used by well-trained personnel in well-equipped hospitals.

### Indications

- Treatment of severe hypokalaemia (arrhythmia, marked muscular weakness and/or serum potassium level  $\leq 2.5$  mmol/litre)

### Forms and strengths, route of administration

- Ampoule containing 15% potassium chloride hypertonic solution (150 mg/ml, 10 ml = 2 mmol/ml), i.e. 1.5 g of potassium chloride (KCl) per 10 ml ampoule
- Ionic composition:
  - potassium ( $K^+$ ): 20 mmol per 10 ml ampoule ( $20\text{ mEq}$ )
  - chloride ( $Cl^-$ ): 20 mmol per 10 ml ampoule ( $20\text{ mEq}$ )
- Check concentration before use: potassium chloride also comes in ampoules containing 7.5%, 10%, 11.2% and 20% solutions.
- Potassium chloride must always be administered by slow IV infusion, diluted in 0.9% sodium chloride.
- For dilution:
  - The potassium concentration in the infusion fluid should not exceed 40 mmol/litre.
  - Mix thoroughly the potassium and the 0.9% sodium chloride solution by inverting at least 5 times the infusion bottle or bag.

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10 kg	0.2 (mmol) x 10 (kg) = 2 mmol/hour x 3 hours = 6 mmol 6 mmol (= 3 ml of 15% KCl solution) diluted in 150 ml of NaCl 0.9% and administered over 3 hours
15 kg	0.2 (mmol) x 15 (kg) = 3 mmol/hour x 3 hours = 9 mmol 9 mmol (= 4.5 ml of 15% KCl solution) diluted in 225 ml of NaCl 0.9% and administered over 3 hours

- Adult: 40 mmol (= 2 ampoules of 10 ml of 15% KCl) in one litre of 0.9% sodium chloride, to be administered over 4 hours

Do not exceed 10 mmol/hour. The infusion may be repeated if severe symptoms persist or if the serum potassium level remains < 3 mmol/litre.

## Contra-indications, adverse effects, precautions

- Administer with caution to older adults.
- Administer with caution and reduce the dose in patients with renal impairment (increased risk of hyperkalaemia).
- May cause:
  - pain at infusion site, venous irritation and phlebitis (use a large peripheral vein to reduce these risks);
  - in the event of too rapid administration or overdose: hyperkalaemia, cardiac conduction and rhythm disorders, potentially fatal;
  - in the event of extravasation: necrosis.
- Monitor closely:
  - infusion rate; use an infusion pump or syringe pump if possible to prevent unintentional bolus;
  - infusion site for redness and inflammation.
- Monitor electrolytes if possible to determine the need for further infusions and to avoid hyperkalaemia.

## Remarks

- Higher dose or infusion rate requires continuous electrocardiogram monitoring.

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# PROMETHAZINE injectable

Last updated: April 2024

Prescription under medical supervision

## Therapeutic action

- Sedating H1 antihistamine

## Indications

- Agitation or aggressive behaviour in patients with acute or chronic psychosis, in combination with haloperidol

## Forms and strengths, route of administration

- 50 mg in 2 ml ampoule (25 mg/ml) for deep IM injection.
- NEVER ADMINISTER BY SC INJECTION.

## Dosage and duration

- Adult: 25 mg, to be repeated after 30 minutes if necessary. If no response 30 minutes after the second dose, administer 50 mg (total dose max. 100 mg).

## Contra-indications, adverse effects, precautions

- Administer with caution and monitor use:
  - in older patients;
  - in patients with prostate disorders, closed-angle glaucoma, epilepsy, orthostatic hypotension, severe renal or hepatic impairment;
  - in patients taking central nervous system depressants (opioid analgesics, antipsychotics, ~~and other antidepressants etc.) or drugs known to have an anticholinergic effect (atropine~~

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- **Pregnancy and breast-feeding:** avoid

## Remarks

- Promethazine by IV route should only be used in intensive care unit, at a max. concentration of 1 mg/ml by infusion over 20 minutes using a central catheter or a large bore peripheral catheter (risk of necrosis and peripheral gangrene).
- Promethazine is not included in the WHO list of essential medicines.

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# PROTAMINE injectable

Last updated: August 2022

Prescription under medical supervision

## Therapeutic action

- Neutralisation of the anticoagulant action of unfractionated heparin
- Partial neutralisation of the anticoagulant action of low molecular weight heparin

## Indications

- Haemorrhagic syndromes resulting from accidental heparin overdosage

## Forms and strengths, route of administration

- 50 mg protamine sulfate in 5 ml ampoule (10 mg/ml) for slow IV injection  
Concentration may be expressed in antiheparin units (AHU): 1000 AHU = 10 mg.

## Dosage

Depends on the amount of heparin to be neutralised.

### Heparin overdose

- If administered between 0 and 30 minutes after the heparin injection, 1 mg of protamine sulfate (100 AHU) neutralises 100 units of heparin.
- If more than 30 minutes have elapsed since the heparin injection, the dose of protamine to be given should be one half the dose of heparin injected.
- Do not administer more than 50 mg per dose

### Enoxaparin overdose

Time since last enoxaparin dose

Protamine dose

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## Duration

- According to clinical response. Monitor coagulation parameters.

## Contra-indications, adverse effects, precautions

- May cause: hypotension, bradycardia and dyspnoea; allergic reactions, notably in diabetics treated by protamine-insulin.
- If excessive doses are used, haemorrhage may persist or reappear, as protamine sulfate itself has some anticoagulant activity.
- Administer by very slow IV (over 10 minutes) in order to reduce risks of hypotension and bradycardia.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Anticoagulant effect of protamine may vary according to the origin of the heparin: follow manufacturer's recommendations.
- Protamine sulfate may be used to neutralize the effect of heparin before surgery.

## Storage

-Ø- – To be kept refrigerated (2 °C to 8 °C)

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# SODIUM BICARBONATE 8.4% injectable

Last updated: October 2024

Prescription under medical supervision

## Indications

- Severe metabolic acidosis

## Forms and strengths

- 10 ml ampoule

## Composition

- Sodium bicarbonate: 8.4 g per 100 ml
  - Hypertonic solution
  - Ionic composition:
    - ▷ sodium ( $\text{Na}^+$ ): 10 mmol ( $10 \text{ mEq}$ ) per 10 ml ampoule
    - ▷ bicarbonate: 10 mmol ( $10 \text{ mEq}$ ) per 10 ml ampoule

## Contra-indications, adverse effects, precautions

- Do not use in case of alkalosis or respiratory acidosis.
  - Do not administer hypertonic solutions by IM or SC route. Administer under close medical supervision, by slow direct IV injection diluted in 5% glucose or by continuous infusion in 5% glucose.
  - Do not add: penicillins, chloramphenicol, aspirin, atropine, calcium, insulin, vitamins, etc. to sodium bicarbonate solution.
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# STREPTOMYCIN injectable

Last updated: September 2022

Prescription under medical supervision

 Given the risk of renal and auditory toxicity, do not prolong treatment unnecessarily.

## Therapeutic action

- Antibacterial (group of aminoglycosides)

## Indications

- Alternative to gentamicin in plague
- Brucellosis, in combination with doxycycline

## Forms and strengths, route of administration

- Powder for injection, vial containing 1 g of streptomycin base, to be dissolved in 3.2 ml of water for injection to obtain a 250 mg/ml solution, for IM injection.
- DO NOT ADMINISTER BY IV INJECTION.**

## Dosage

### Plague

- Child: 15 mg/kg (max. 1 g) every 12 hours
- Adult: 1 g every 12 hours

### Brucellosis

- Adult: 1 g once daily

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- May cause: irreversible ototoxicity (vestibular and auditory damage), nephrotoxicity, neuropathy, paraesthesia, neuromuscular blockade; rarely, allergic reactions.
- Stop treatment in the event of dizziness, tinnitus or hearing loss (ototoxicity).
- Drink sufficient liquid to limit the risk of renal toxicity.
- Do not combine with another aminoglycoside.
- Avoid or monitor combination with: furosemide, amphotericin B, vancomycin (enhanced renal and/or auditory toxicity); neuromuscular blockers (increased neuromuscular blockage).
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication

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# **SURAMIN injectable**

Last updated: December 2023

Prescription under medical supervision

 Due to high toxicity and numerous adverse effects of suramin, patients must be treated in hospital, under close medical supervision.

## **Therapeutic action**

- Trypanocide

## **Indications**

- Haemolymphatic stage of African trypanosomiasis due to *T. b. rhodesiense*

## **Forms and strengths, route of administration**

- Powder for injection in 1 g vial, to be dissolved in 10 ml of water for injection to obtain a 10% solution, for slow IV injection (or slow infusion in 500 ml of 0.9% NaCl).
- DO NOT ADMINISTER BY IM or SC INJECTION.

## **Dosage and duration**

- Child and adult: 4 to 5 mg/kg by slow IV at D1 (test dose) then, in the absence of reaction after the test dose, 20 mg/kg by slow IV at D3, D10, D17, D24 and D31 (max. 1 g per injection)

## **Contra-indications, adverse effects, precautions**

- Do not administer in patients with severe renal or hepatic disease.

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event of persisting heavy proteinuria, treatment should be discontinued.

- Ensure that the patient is well hydrated.
- **Pregnancy:** although suramin is toxic, it is recommended to treat pregnant women with rhodesiense trypanosomiasis at the haemolymphatic stage. Suramin is also used at the meningoencephalitic stage until the woman can be given melarsoprol after delivery, as melarsoprol is contra-indicated during pregnancy.

## Remarks

- Suramin is not administered at the meningoencephalitic stage (except in pregnant women) as it poorly penetrates into the cerebrospinal fluid.
- Due to its toxicity, suramin is no longer used for the treatment of onchocerciasis.

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# **THIAMINE = VITAMIN B1 injectable**

Last updated: August 2021

Prescription under medical supervision

## **Therapeutic action**

- Vitamin

## **Indications**

- Initial treatment of severe thiamine (vitamin B<sub>1</sub>) deficiency: severe acute forms of beriberi, neurological complications of chronic alcoholism (delirium tremens, Wernicke's encephalopathy)

## **Forms and strengths, route of administration**

- 100 mg thiamine hydrochloride in 2 ml ampoule (50 mg/ml) for IM or very slow IV route (30 minutes)

## **Dosage and duration**

### **Infantile beriberi**

25 mg by IV route then, 25 mg by IM route once or 2 times daily then, change to oral route (10 mg once daily) as soon as symptoms have improved.

### **Acute beriberi**

50 mg by IM route then change to oral route (50 mg 3 times daily until symptoms improve then, 10 mg once daily)  
or, depending on severity, 50 mg by IM route every 8 hours for a few days then change to oral route (10 mg once daily).

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## Remarks

- Thiamine is also called aneurine.
- Injectable thiamine is not included in the WHO list of essential medicines.

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# TRAMADOL injectable

Prescription under medical supervision

## Therapeutic action

- Opioid analgesic

## Indications

- Moderate pain

## Forms and strengths, route of administration

- 100 mg ampoule (50 mg/ml, 2 ml) for IM, slow IV injection or infusion

## Dosage

- Child over 12 years and adult: 50 to 100 mg every 4 to 6 hours (max. 600 mg daily)

## Duration

Change to oral route as soon as possible.

## Contra-indications, adverse effects, precautions

- Do not administer in the event of severe respiratory depression and to patients that risk seizures (e.g. epilepsy, head injury, meningitis).
- May cause:
  - dizziness, nausea, vomiting, drowsiness, dry mouth, sweating;
  - rarely: allergic reactions, seizures, confusion; withdrawal symptoms; respiratory depression in the event of overdosage.

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- **Breast-feeding:** use with caution, for a short period (2-3 days), at the lowest effective dose. Monitor the mother and the child: in the event of excessive drowsiness, stop treatment.

## Remarks

- Tramadol is approximately 10 times less potent than morphine.
- In some countries, tramadol is on the list of narcotics: follow national regulations.
- Tramadol is not included in the WHO list of essential medicines.

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# TRANEXAMIC acid injectable

Last updated: September 2023

Prescription under medical supervision

## Therapeutic action

- Antifibrinolytic

## Indications

- Postpartum haemorrhage
- Heavy abnormal uterine bleeding unrelated to pregnancy
- Trauma-associated haemorrhage

## Forms and strengths, route of administration

- 500 mg in 5 ml ampoule (100 mg/ml) for slow IV injection or infusion in 0.9% sodium chloride or 5% glucose
- DO NOT ADMINISTER BY IM ROUTE.

## Dosage and duration

### Postpartum haemorrhage

- Adolescent under 15 years: 15 mg/kg (max. 1 g)
- Adult: 1 g

Administer the dose over 15 minutes, in the first litre used for fluid resuscitation or in a bag of 100 ml of 0.9% sodium chloride, within 3 hours of delivery.

If haemorrhage persists 15 minutes after the end of first dose or restarts within 24 hours, administer a second dose in 100 ml of 0.9% sodium chloride over 15 minutes (max. total dose 2 g).

### Heavy abnormal uterine bleeding unrelated to pregnancy

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## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with (or with history of) venous or arterial thromboembolic disorders, severe renal impairment, history of seizures.
- Reduce dosage in patients with mild to moderate renal impairment (risk of accumulation).
- May cause: gastrointestinal disturbances, hypotension and malaise if injected rapidly (rate > 1 ml/minute), seizures with high doses, visual disturbances, allergic reactions.
- Avoid combination with drugs that increase the risk of thromboembolism (e.g. oestrogenes).
- **Pregnancy:** this drug is not indicated in the event of bleeding during pregnancy.
- **Breast-feeding:** no contra-indication

## **Remarks**

- Do not mix with benzylpenicillin (incompatibility).
- Tranexamic acid can also be administered undiluted or diluted in smaller volumes of 0.9% sodium chloride (e.g. 10 ml) in case of fluid restriction (max. 100 mg/minute or 1 ml/minute).

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# **VALPROIC acid = VPA = SODIUM VALPROATE injectable**

**Last updated: October 2024**

Prescription under medical supervision

- VPA must not be used in pregnancy or in women and girls of childbearing age. The risk of foetal harm is higher than with other antiseizure medications.
- During and after administration, have ventilation equipment (Ambu and mask) and solutions for fluid replacement ready for use.

## **Therapeutic action**

- Antiseizure (anticonvulsant)

## **Indications**

- Second-line treatment of convulsive status epilepticus

## **Forms and strengths, route of administration**

- 400 mg in 4 ml ampoule (100 mg/ml) for slow IV injection or IV infusion in 0.9% sodium chloride or 5% glucose
- DO NOT ADMINISTER BY IM INJECTION (risk of necrosis).

## **Dosage and duration**

- Loading dose:
  - Child 2 years and over:

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- ▷ Use diluted solution as above (40 mg/ml) if administered by IV infusion using a syringe pump.
- ▷ Use undiluted solution if administered by IV infusion in a bag of 100 ml of 0.9% NaCl.

In children and adults, do not exceed an infusion rate of 6 mg/kg/minute.

- If maintenance treatment is indicated after the loading dose: change to oral route as soon as possible.

## **Contra-indications, adverse effects, precautions**

- Do not administer:
  - to women and girls of childbearing age;
  - to children under 2 years (increased risk of hepatotoxicity);
  - to patients with pancreatitis, hepatic disease or history of hepatic disease.
- Reduce dosage in patients with renal impairment.
- May cause:
  - drowsiness, extrapyramidal symptoms, behavioural disturbances, confusional state;
  - menstrual irregularities, gastrointestinal disturbances, thrombocytopenia;
  - rarely: pancreatitis, hepatic disorders (e.g. elevated liver enzymes), prolonged bleeding time, hypersensitivity reactions sometimes severe, hyperammonemic encephalopathy. In these cases, stop treatment.
  - respiratory depression and coma in the event of overdose.
- Avoid or monitor the combination with:
  - mefloquine, carbapenems, tricyclic antidepressants, rifampicin, protease inhibitors, other antiseizure medications (reduced effect of VPA);
  - acetylsalicylic acid, erythromycin, isoniazid (increased VPA toxicity);
  - benzodiazepines, opioid analgesics, antipsychotics, first-generation antihistamines (hydroxyzine, promethazine), antidepressants, other antiseizure medications, etc. (increased sedation).
- **Pregnancy:** do not use except if vital and no alternative is available (risk of neural tube defects; urogenital, limb and facial malformations; neurodevelopmental disorders). Use a safer drug if possible (levetiracetam).
- **Breast-feeding:** administer with caution (excreted in milk); monitor the child (risk of hepatotoxicity and bleeding).

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# VITAMIN B1 injectable

See [THIAMINE injectable](#)

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# VITAMIN K1 injectable

See [PHYTOMENADIONE injectable](#)

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# Infusion fluids

Precautions for the use of infusion fluids

GLUCOSE 5% = DEXTROSE 5%

GLUCOSE 10% = DEXTROSE 10%

RINGER LACTATE

SODIUM CHLORIDE 0.9% = NaCl 0.9%

SODIUM CHLORIDE 3% = NaCl 3%

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# Precautions for the use of infusion fluids

Last updated: November 2023

- Carefully read the labels on the infusion bottle to avoid mistakes.
- Indicate on the label any drugs added to the infusion as well as the patient's name and/or bed number.
- If drugs are added to the intravenous fluid, think of the risks of:
  - physical and chemical incompatibilities,
  - microbial contamination: aseptic technique.
- Examine each bottle against the light to check clearness. Discard any bottles that show particles in suspension or cloudiness.

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# **GLUCOSE 5% = DEXTROSE 5%**

**Last updated: November 2023**

## **Indications**

- Vehicle for the administration of drugs by IV infusion

## **Forms and strengths**

- 500 ml and 1000 ml bottles or bags

## **Composition**

- 5% isotonic glucose solution (50 mg of glucose/ml) for infusion

## **Contra-indications, adverse effects, precautions**

- Do not use 5% glucose solution for the administration of: hydralazine (incompatibility, rapid degradation of hydralazine), amoxicillin/clavulanic acid, aciclovir, phenytoin, or bleomycin.
- Amoxicillin diluted in 5% glucose must be administered in less than one hour. If infusion over more than one hour is required, use 0.9% sodium chloride.

## **Remarks**

- This solution does not contain electrolytes or lactate. Its use is not recommended for the IV treatment of dehydration. Use Ringer lactate or 0.9% sodium chloride solutions.
- Low nutritional value: 200 kcal/litre.
- Also comes in a premixed solution of 5% glucose/Ringer lactate, which is the preferred infusion solution for maintenance fluids in children.

## **Storage**

Below 25 °C

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# GLUCOSE 10% = DEXTROSE 10%

Last updated: November 2023

Prescription under medical supervision

## Indications

- Treatment of hypoglycaemia

## Forms and strengths

- 250 ml and 500 ml bottles or bags

## Composition

- 10% hypertonic glucose solution (100 mg of glucose/ml) for slow IV injection or IV infusion

## Dosage and duration

- Conscious child: 10 ml/kg by oral route or nasogastric tube
- Child with impaired consciousness: 2 ml/kg by slow IV injection (2 to 3 minutes)  
Check blood glucose level 15 minutes after injection. If blood glucose level is still < 3.3 mmol/l or < 60 mg/dl, administer a second dose or give oral glucose, according to the patient's clinical condition.

## Contra-indications, adverse effects, precautions

- Do not administer by IM or SC route.

## Remarks

- If ready-made 10% glucose solution is not available: remove 100 ml of 5% glucose from a 500 ml

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# RINGER LACTATE

Last updated: November 2023

## Indications

- Severe dehydration
- Fluid replacement in trauma, surgery, anaesthesia)

## Forms and strengths

- 500 ml and 1000 ml bottles or bags

## Composition

- Varies with manufacturer.
- Most frequent ionic composition per litre:

sodium (Na <sup>+</sup> )	130.50 mmol	(130.50 mEq)
potassium (K <sup>+</sup> )	4.02 mmol	(4.02 mEq)
calcium (Ca <sup>++</sup> )	0.67 mmol	(1.35 mEq)
chloride (Cl <sup>-</sup> )	109.60 mmol	(109.60 mEq)
lactate	28.00 mmol	(28.00 mEq)
- Isotonic solution. Does not contain glucose.

Ringer Lactate provides appropriate amounts of sodium and calcium and 4 mEq of potassium/litre, which is sufficient for short-term use. It contains lactate which is converted to bicarbonate for correction of metabolic acidosis when it exists (if haemodynamic and liver function are normal). **Warning, some commercially available solutions do not contain lactate.**

## Contra-indications, adverse effects, precautions

- In cases of metabolic alkalosis, diabetes, severe renal or hepatic failure, hyperkalemia, head injury: isotonic solution of NaCl 0.9% is preferred.

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- For moderate and mild dehydration, administer oral rehydration salts (ORS).

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# SODIUM CHLORIDE 0.9% = NaCl 0.9%

Last updated: February 2025

## Indications

- Vehicle for the administration of drugs by IV infusion
- Severe dehydration, fluid replacement in trauma, surgery, anaesthesia (preferably use of Ringer lactate for these indications)

## Forms and strengths

- 100 ml, 250 ml, 500 ml and 1000 ml bottles or bags

## Composition

- Isotonic solution of sodium chloride (0.9 g per 100 ml) for infusion
- Ionic composition:
  - sodium ( $\text{Na}^+$ ) 150 mmol ( $150 \text{ mEq}$ ) per litre
  - chloride ( $\text{Cl}^-$ ) 150 mmol ( $150 \text{ mEq}$ ) per litre

## Contra-indications, adverse effects, precautions

- Administer with caution to patients with conditions associated with sodium or fluid retention (hypertension, heart failure, peripheral or pulmonary oedema, renal impairment, hepatic impairment with cirrhosis, pre-eclampsia, etc.) or to taking drugs that increase the risk of sodium or fluid retention (e.g. corticosteroids).
- May cause: pulmonary oedema in the event of too rapid infusion or infusion of excessive amounts.
- Do not use as vehicle for the administration of amphotericin B (incompatibility): use only 5% glucose solution.

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# SODIUM CHLORIDE 3% = NaCl 3%

Prescription under medical supervision

- This drug should only be used by well trained personnel in well-equipped hospitals.
- Do not exceed the recommended rate of hyponatraemia correction to minimise the risk of neurologic complications.

## Indications

- Severe symptomatic hyponatraemia: serum sodium level < 120 mmol/litre with neurologic involvement (e. g. seizures, confusional state, coma)
- Increased intracranial pressure in traumatic brain injury
- Cerebral oedema

## Forms and strengths, route of administration

- 500 ml bag, for IV infusion on central line or large peripheral vein, preferably using an infusion pump.
- DO NOT ADMINISTER BY IV, IM OR SC INJECTION.

## Composition

- Hypertonic solution of sodium chloride (3 g per 100 ml, 15 g in 500 ml)
- Ionic composition:
  - sodium ( $\text{Na}^+$ ) 513 mmol ( $513 \text{ mEq}$ ) per litre
  - chloride ( $\text{Cl}^-$ ) 513 mmol ( $513 \text{ mEq}$ ) per litre
- Osmolarity: 1027 mOsmol per litre

## Dosage and duration

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Do not increase serum sodium by more than 10 mmol/litre in the first 24 hours and 8 mmol/litre per 24 hours thereafter.

### **Increased intracranial pressure in traumatic brain injury, cerebral oedema**

- Child and adult: 3 ml/kg over 10 to 20 minutes

Repeat infusion up to 2 times if necessary, according to clinical response.

### **Contra-indications, adverse effects, precautions**

- Administer with caution and under close supervision:
  - to infants and older patients;
  - to patients with conditions associated with sodium or fluid retention (hypertension, heart failure, peripheral or pulmonary oedema, renal impairment, hepatic impairment with cirrhosis, pre-eclampsia, etc.) or taking drugs that increase the risk of sodium or fluid retention (e.g. corticosteroids);
  - if serum sodium > 160 mmol/litre or serum osmolarity > 320 mOsm/litre.
- May cause:
  - pain at infusion site, venous irritation, phlebitis, necrosis in the event of extravasation;
  - nausea, vomiting, diarrhoea, dry eyes and mouth, thirst, headache;
  - electrolytes disturbances (hypernatraemia, hypokalaemia, hyperchloraemia) and acid-base imbalance;
  - in the event of too rapid infusion and/or overcorrection of hyponatraemia:
    - peripheral or pulmonary oedema;
    - osmotic demyelination syndrome (signs and symptoms include dysphagia, confusional state, slurred speech, movement disorders, lethargy, muscle weakness and coma).
- Closely monitor:
  - infusion rate; use an infusion pump to prevent unintentional bolus;
  - infusion site for redness and inflammation;
  - clinical and neurologic state, serum sodium level (and other electrolytes if possible);
  - urine output: a sudden increase to more than 100 ml/hour may be an early sign of hyponatraemia overcorrection.
- **Pregnancy and breast-feeding:** administer only if clearly needed.

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# Vaccines, immunoglobulins and antisera

[ORAL CHOLERA VACCINE O1 and O139](#)

[DIPHTHERIA, TETANUS, PERTUSSIS, HEPATITIS B, Hib VACCINE \(DTwP-HepB-Hib\)](#)

[HEPATITIS B VACCINE](#)

[JAPANESE ENCEPHALITIS VACCINE](#)

[MEASLES VACCINE](#)

[MENINGOCOCCAL A CONJUGATE VACCINE](#)

[MENINGOCOCCAL A+C VACCINE](#)

[MENINGOCOCCAL A+C+W135 VACCINE](#)

[HUMAN PAPILLOMAVIRUS VACCINE \(HPV\)](#)

[PNEUMOCOCCAL CONJUGATE VACCINE \(PCV\)](#)

[INACTIVATED POLIOMYELITIS VACCINE \(IPV\)](#)

[ORAL POLIOMYELITIS VACCINE \(OPV\)](#)

[HUMAN RABIES IMMUNOGLOBULIN \(HRIG\)](#)

[RABIES VACCINE](#)

[ORAL ROTAVIRUS VACCINE](#)

[HUMAN TETANUS IMMUNOGLOBULIN \(HTIG\)](#)

[TETANUS-DIPHTHERIA VACCINE \(Td\)](#)

[TUBERCULOSIS VACCINE = BCG VACCINE](#)

[TYPHOID CONJUGATE VACCINE \(TCV\)](#)

[YELLOW FEVER VACCINE](#)

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# ORAL CHOLERA VACCINE 01 and 0139

## Indications

- Prevention of cholera in epidemic, endemic or humanitarian emergency contexts

## Composition, forms, route of administration

- Inactivated whole cell bivalent vaccine containing *Vibrio cholerae* O1 (serotypes Inaba and Ogawa, and biotypes classical and El Tor) and *Vibrio cholerae* O139
- Oral suspension, 1.5 ml in monodose plastic tube. DO NOT ADMINISTER BY PARENTERAL ROUTE.

## Dosage and vaccination schedule

- Child 1 year and over and adult: 2 doses of 1.5 ml administered at least 14 days apart
- In certain contexts (e.g. outbreak and limited number of vaccines), a single dose of 1.5 ml is administered.
- Shake the vial, squirt the entire contents of the vial into the mouth.

For young children, the contents of the vial can be drawn up in a syringe and squirted into the mouth.

## Contra-indications, adverse effects, precautions

- Do not administer to children less than one year.
- Do not administer in the event of hypersensitivity to any component of the vaccine or history of an allergic reaction to a previous dose.
- Vaccination should be postponed in the event of severe acute febrile illness; minor infections are not contra-indications.
- May cause: nausea, vomiting, abdominal cramping, diarrhoea.
- Drinking water after swallowing the vaccine may reduce its unpleasant taste and prevent vomiting.  
If the patient vomits the dose of vaccine, wait for 10 minutes and re-administer the same dose and follow with a larger volume of water

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 – Between 2 °C and 8 °C. Do not freeze; discard if vaccine has been frozen.  
Shanchol® vaccines used in controlled temperature chain (CTC) can be stored at temperatures of up to 40 °C for 14 days maximum. All vaccines removed from the cold chain and not used within 14 days or exposed to temperatures > 40 °C must be discarded.

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# **DIPHTHERIA, TETANUS, PERTUSSIS, HEPATITIS B, Hib VACCINE (DTwP-HepB- Hib)**

Last updated: December 2024

## **Indications**

- Prevention of diphtheria, tetanus, pertussis, hepatitis B and severe *Haemophilus influenzae* type B (Hib) infections in children from 6 weeks to 7 years of age (primary vaccination)

## **Composition, forms, route of administration**

- Pentavalent vaccine combining diphtheria toxoid, tetanus toxoid, pertussis antigens (whole-cell), hepatitis B surface antigen and Hib polysaccharide
- Suspension for injection in multidose vial, for IM injection into the anterolateral part of the thigh in children < 2 years and into the deltoid muscle in children ≥ 2 years.  
DO NOT ADMINISTER INTO THE GLUTEAL MUSCLE.
- Shake before use to homogenise the vaccine.

## **Dosage and vaccination schedule**

- Three-dose primary series:
  - Child: 3 doses 4 weeks apart, preferably before the age of 6 months. It is recommended to administer the 1<sup>st</sup> dose at 6 weeks of age, the 2<sup>nd</sup> dose at 10 weeks of age and the 3<sup>rd</sup> dose at 14 weeks of age.
  - If a child has not received the 1<sup>st</sup> dose by the age of 1 year, start vaccination as soon as possible according to the 0-1-6 schedule: 2 doses 4 weeks apart, then a 3<sup>rd</sup> dose 6 months after the 1<sup>st</sup> dose
- ~~If vaccination schedule has been interrupted, the missing doses should be completed and not restarted~~

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- May cause: mild local reactions (redness, pain at the injection site), fever, pain, malaise, headache, myalgia; rarely: anaphylactic reactions.
- If administered simultaneously with other vaccines, use different syringes and injection sites.

## Remarks

- Depending on national recommendations, primary vaccination can be done with a trivalent vaccine (diphtheria, tetanus, pertussis), tetravalent vaccine (diphtheria, tetanus, pertussis, hepatitis B), pentavalent vaccine (diphtheria, tetanus, pertussis, Hib, poliomyelitis) or hexavalent vaccine (diphtheria, tetanus, pertussis, hepatitis B, Hib, poliomyelitis).
- A booster dose with a vaccine containing at least diphtheria toxoid, tetanus toxoid and pertussis antigen is recommended between 12 to 23 months of age. Other boosters are recommended between 4 to 7 years of age and 9 to 15 years of age with a bivalent vaccine containing diphtheria and tetanus toxoids.

## Storage

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# HEPATITIS B VACCINE

## Indications

- Prevention of hepatitis B

## Composition, forms, route of administration

- Recombinant hepatitis B vaccine
- Suspension for injection in monodose or multidose vial, for IM injection into the anterolateral part of the thigh in children < 2 years and into the deltoid muscle in children ≥ 2 years.  
DO NOT ADMINISTER INTO THE GLUTEAL MUSCLE.

## Dosage and vaccination schedule

Dosage varies according to age and type of vaccine used: follow manufacturer's instructions.

Child: one dose = 5 to 10 micrograms

Adult: one dose = 10 to 20 micrograms

- **Standard schedule**
  - Neonate and infant:
    - One dose as soon as possible after birth (preferably within the first 24 hours of life) then a 2<sup>nd</sup> dose at 6 weeks and a 3<sup>rd</sup> dose at 14 weeks
    - or
    - One dose as soon as possible after birth (preferably within the first 24 hours of life) then 3 doses administered 4 weeks apart with the 1<sup>st</sup> at 6 weeks, the 2<sup>nd</sup> at 10 weeks and the 3<sup>rd</sup> at 14 weeks
  - Child, adolescent, adult: schedule 0-1-6  
2 doses 4 weeks apart, then a 3<sup>rd</sup> dose 6 months after the 1<sup>st</sup> dose
- **Accelerated schedule**, when rapid protection is required in the event of post-exposure prophylaxis  
3 doses administered during the same month on D0-D7-D21, then a 4<sup>th</sup> dose one year after the 1<sup>st</sup> dose

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## Remarks

- At birth, use only the monovalent hepatitis B vaccine. For the following doses, administer a monovalent or tetravalent (diphtheria, tetanus, pertussis, hepatitis B) or pentavalent (diphtheria, tetanus, pertussis, hepatitis B and *Haemophilus influenzae*) vaccine.
- If an infant was not administered the birth dose, this dose can be administered at anytime during the first contact with health-care providers, up to the time of the next dose of the primary schedule.
- If the vaccination schedule is interrupted before the complete series has been administered, it is not necessary to start again from the beginning. Continue the vaccination schedule from where it was interrupted and complete the series as normal.
- SC route may be used, only if IM route is contra-indicated.
- Shake before use to homogenise the vaccine.

## Storage

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# JAPANESE ENCEPHALITIS VACCINE

## Indications

- Prevention of Japanese encephalitis:
  - in children from 1 year and adults in endemic countries (rural areas of Southeast and Southwest Asia and Western Pacific countries)
  - in travellers spending more than 1 month in endemic countries, in rural areas and during the wet season

## Composition, forms, route of administration

- Inactivated virus vaccine
- Powder for injection in single-dose vial, to be dissolved with the entire vial of the diluent supplied by the manufacturer, for SC injection

## Dosage

- Child from 1 to 3 years: 0.5 ml per dose
- Child over 3 years and adult: 1 ml per dose

There are several vaccination schedules. For information, for travellers:

3 doses on Day 0, Day 7 and Day 28; a booster dose every 3 years if risk persists.

An accelerated schedule is possible (3 doses on Day 0, Day 7 and Day 14) but this is likely to result in lower antibody levels than the standard schedule.

The 3<sup>rd</sup> dose should be given at least 10 days before departure to ensure an adequate immune response and access to medical care in the event of adverse reactions.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with history of an allergic reaction to a previous injection of Japanese encephalitis vaccine

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- If administered simultaneously with EPI vaccines, use different syringes and injection sites.
- **Pregnancy:** only administer if there is a high risk of contamination.
- **Breast-feeding:** no contra-indication

## Remarks

- Protection lasts at least 2 years after 3 doses.
- Caution: there are different vaccines against EJ, with different dosages and administration schedules (e.g. suspension for injection in pre-filled syringe, administered in 2 doses (0.5 ml on D0 and D28) in adults, by IM route). For each vaccine, follow manufacturer's instructions.

## Storage



- Powder: between 2 °C and 8 °C. Do not freeze.
- Diluent: a cold chain is not required for storage. However, at least 12 hours before reconstitution of the vaccine, the diluent must be refrigerated between 2 °C and 8 °C so that the diluent and lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy. Do not freeze.
- Reconstituted vaccine: between 2 °C and 8 °C, for 6 hours maximum.

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# MEASLES VACCINE

## Indications

- Prevention of measles

## Composition, forms, route of administration

- Live-attenuated virus vaccine, derived from different viral strains (Schwarz, Edmonston, CAM70, Moraten, etc.)
- Powder for injection in single multidose vial, to be dissolved with the diluent supplied by the manufacturer, for SC or IM injection into the anterolateral part of the thigh in children < 2 years and into the deltoid muscle in children ≥ 2 years

## Dosage and vaccination schedule

### Routine vaccination

- Child between 9 and 12 months: one dose of 0.5 ml. The WHO recommends a 2<sup>nd</sup> dose between 15 and 18 months. Respect an interval of at least 4 weeks between doses.
- Where there is high risk of infection (overcrowding, epidemics, malnutrition, infants born to a mother with HIV infection, etc.), administer a supplementary dose from 6 months of age then continue vaccination schedule.

### Catch-up vaccination

Children under 15 years who have missed either one or both doses of routine vaccination should be vaccinated when they come in contact with health services. Check national recommendations.

## Contra-indications, adverse effects, precautions

- Do not administer to patients with severe immune depression or history of an allergic reaction to a previous injection of measles vaccine.
- Vaccination should be postponed in the event of severe acute febrile illness; minor infections are

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immunization programme.

## Storage



- Powder: between 2 °C and 8 °C.
- Diluent: a cold chain is not required for storage. However, at least 12 hours before reconstitution of the vaccine, the diluent must be refrigerated between 2 °C and 8 °C so that the diluent and lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy. Do not freeze.
- Reconstituted vaccine: between 2 °C and 8 °C for 6 hours maximum.

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# MENINGOCOCCAL A CONJUGATE VACCINE

## Indications

- Prevention of meningitis due to meningococcus A in countries of the African meningitis belt

## Composition, forms, route of administration

- Inactivated bacterial vaccine, conjugated (*Neisseria meningitidis* group A)
- Powder for injection, to be dissolved with the entire vial of the diluent supplied by the manufacturer
- Vials of 10 doses of:
  - 5 micrograms of meningococcal A antigen per 0.5 ml dose for children aged 3 to 24 months
  - 10 micrograms of meningococcal A antigen per 0.5 ml dose for children from 1 year and adults up to 29 years
- For deep IM injection, into the anterolateral part of the thigh in children < 2 years or into the deltoid muscle in children ≥ 2 years and adults

## Dosage and vaccination schedule

- Child 3 to < 9 months: 2 doses of 0.5 ml, to be administered at least 8 weeks apart
- Child 9 months and over: 0.5 ml single dose
- Adult: 0.5 ml single dose

## Contra-indications, adverse effects, precautions

- Do not administer to patients with history of an allergic reaction to a previous injection of meningococcal vaccine.
- Vaccination should be postponed in the event of severe acute febrile illness (minor infections are not contra-indications).
- May cause: mild local reaction, mild fever.
- Do not mix with other vaccines in the same syringe (inactivation of vaccines).
- If administered simultaneously with other vaccines, use different syringes and injection sites.

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## Storage

- Ø- – Do not freeze.
- Powder: between 2 °C and 8 °C.
- Diluent: a cold chain is not required for storage. However, at least 12 hours before reconstitution of the vaccine, the diluent must be refrigerated between 2 °C and 8 °C so that the diluent and lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy.
- Reconstituted vaccine: up to 40 °C for 6 hours maximum.
- Controlled temperature chain (CTC): during mass vaccination campaigns only, the 10 microgram vaccine can be stored in temperatures of up to 40 °C for a period of 4 days maximum. Any vaccine removed from the cold chain and not used within 4 days or exposed to temperatures > 40 °C must be discarded.

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# MENINGOCOCCAL A+C VACCINE

## Indications

- Prevention of meningitis due to meningococci groups A and C:
  - in mass immunisation campaigns in the event of an outbreak due to meningococcus A or C
  - in travellers spending more than 1 month in hyperendemic areas

## Composition, forms, route of administration

- Inactivated bacterial vaccine, polysaccharide
- Powder for injection in monodose or multidose vial, to be dissolved with the entire vial of the diluent supplied by the manufacturer, for deep SC or IM injection, into the deltoid muscle or the anterolateral part of the thigh in children (follow manufacturer's instructions)

## Dosage and vaccination schedule

- Child from 2 years and adult: 0.5 ml single dose

## Contra-indications, adverse effects, precautions

- Do not administer to patients with history of an allergic reaction to a previous injection of meningococcal vaccine.
- Vaccination should be postponed in the event of severe acute febrile illness; minor infections are not contra-indications.
- May cause: mild local reaction, mild fever.
- Do not mix with other vaccines in the same syringe (inactivation of vaccines).
- If administered simultaneously with EPI vaccines, use different syringes and injection sites.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy. Do not freeze.

- Reconstituted vaccine: between 2 °C and 8 °C, for 6 hours maximum.

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# MENINGOCOCCAL A+C+W135 VACCINE

## Indications

- Prevention of meningitis due to meningococci groups A, C and W135:
  - in mass immunisation campaigns in the event of an outbreak due to meningococcus A, C or W135
  - in travellers spending more than 1 month in hyperendemic areas

## Composition, forms, route of administration

- Inactivated bacterial vaccine, polysaccharide
- Powder for injection in multidose vial, to be dissolved with the entire vial of the diluent supplied by the manufacturer, for SC injection only

## Dosage and vaccination schedule

- Child from 2 years and adult: 0.5 ml single dose

## Contra-indications, adverse effects, precautions

- Do not administer to patients with history of an allergic reaction to a previous injection of meningococcal vaccine.
- Vaccination should be postponed in the event of severe acute febrile illness; minor infections are not contra-indications.
- May cause: mild local reaction, mild fever.
- Do not mix with other vaccines in the same syringe (inactivation of vaccines).
- If administered simultaneously with EPI vaccines, use different syringes and injection sites.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy. Do not freeze.

- Reconstituted vaccine: between 2 °C and 8 °C, for 6 hours maximum.

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# HUMAN PAPILLOMAVIRUS VACCINE (HPV)

## Indications

- Prevention of premalignant anogenital lesions, mainly of the cervix, and of cervical cancer, due to certain types of papilloma viruses
- Prevention of anogenital warts due to certain types of papilloma viruses (particularly types 6 and 11) for the quadrivalent vaccine

## Composition, forms, route of administration

- Recombinant bivalent (HPV type 16 and 18) or quadrivalent (HPV type 6, 11, 16 and 18) vaccine
- Suspension for injection in monodose or multidose (only for bivalent vaccine) vials, for IM injection into the deltoid muscle

## Dosage and vaccination schedule

- Child from 9 to 14 years:  
2 doses of 0.5 ml at least 6 months apart  
If the 2 doses are administered less than 5 months apart, a 3<sup>rd</sup> dose is administered at least 6 months and up to 12 months maximum after the 1<sup>st</sup> dose.
- Immunocompromised or HIV-infected individuals (under treatment or not):  
2 doses of 0.5 ml 1 or 2 months apart then a 3<sup>rd</sup> dose 6 months after the 1<sup>st</sup> dose

Most vaccination programmes only target young females, the population group most at risk of papillomavirus infection complications. Achieving high vaccination coverage in girls reduces the risk of infection for boys. For vaccination of boys, follow national recommendations.

## Contra-indications, adverse effects, precautions

- Do not administer in the event of allergic reactions to a previous dose of papillomavirus vaccine.
- Vaccination should be postponed in the event of severe acute febrile illness; minor infections are ~~not contra indications~~

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- In individuals 15 years or over, the vaccine is administered in 3 doses (as in immunocompromised individuals).
- Shake before use to homogenise the vaccine.

## Storage

 – Between 2 °C and 8 °C. Do not freeze.

Once opened, the multidose bivalent (Cervarix®) vaccine vials can be stored between 2 °C and 8 °C for 6 hours maximum.

Controlled temperature chain (CTC): the quadrivalent vaccine (Gardasil®) can be stored at temperatures of up to 42 °C for 3 days maximum. All vaccines removed from the cold chain and not used within 3 days or exposed to temperatures > 42 °C must be discarded.

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# PNEUMOCOCCAL CONJUGATE VACCINE (PCV)

## Indications

- Prevention of invasive infections, pneumonia and acute otitis media due to *Streptococcus pneumoniae*, in children from 6 weeks of age

## Composition, forms, route of administration

- 10 or 13 valent pneumococcal polysaccharide conjugate vaccine
- Suspension for injection:
  - 10 valent vaccine: in multidose vials
  - 13 valent vaccine: in monodose and multidose vials
- For IM injection into the anterolateral part of the thigh in children < 2 years and into the deltoid muscle in children ≥ 2 years.  
DO NOT ADMINISTER INTO THE GLUTEAL MUSCLE.

## Dosage and vaccination schedule

- Child: 0.5 ml per dose
- Child from 6 weeks to < 12 months:
  - 3p+0 schedule**  
3 doses 4 weeks apart at 6, 10 and 14 weeks of age
  - 2p+1 schedule**  
2 doses 8 weeks apart and a booster dose between 9 and 15 months
- Child from 12 months to < 2 years: 2 doses 8 weeks apart
- Child from 2 to 5 years: a single dose

## Contra-indications, adverse effects, precautions

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- If the vaccination is interrupted before the complete series has been administered, continue the vaccination schedule from where it was interrupted, do not repeat administration of the previous dose.
- Choice of vaccines and vaccination schedule: follow national recommendations.
- Shake before use to homogenise the vaccine.

## **Storage**

 – Between 2 °C and 8 °C. Do not freeze.

- 10 valent vaccine, 2 dose vial: if open vial is not used entirely within 6 hours it should be discarded.
- 10 and 13 valent vaccine, 4 dose vial: if open vial is not entirely used it can be stored for 28 days, providing the cold chain is respected.

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# INACTIVATED POLIOMYELITIS VACCINE (IPV)

## Indications

- Prevention of poliomyelitis, alone or in combination with the oral poliomyelitis vaccine (bOPV)

## Composition, forms, route of administration

- Inactivated virus vaccine, trivalent (poliovirus types 1, 2 and 3)
- Suspension for injection in multidose vial, for IM injection into the anterolateral part of the thigh in children < 2 years or deep SC injection into the deltoid muscle in children ≥ 2 years and adults

## Dosage and vaccination schedule

### • bOPV + IPV schedule

Child: 0.5 ml single dose at 14 weeks, in combination with a dose of bOPV

### • IPV only schedule

Child: 3 doses of 0.5 ml approximately 4 weeks apart, at 6, 10 and 14 weeks of age and a booster dose at least 6 months after the 3<sup>rd</sup> dose

## Contra-indications, adverse effects, precautions

- Vaccination should be postponed in the event of severe acute febrile illness (minor infections are not contra-indications).
- May cause: mild local reaction (pain, redness at the injection site), fever; exceptionally, anaphylactic reaction.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Protection against poliomyelitis lasts for life after 4 doses.

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 – Between 2 °C and 8 °C. Do not freeze.

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# ORAL POLIOMYELITIS VACCINE (OPV)

## Indications

- Prevention of poliomyelitis, in combination with the inactivated poliomyelitis vaccine (IPV)

## Composition, forms, route of administration

- Live-attenuated virus vaccine, bivalent (poliovirus types 1 and 3)
- Oral suspension in multidose vial, to be administered on the tongue, with dropper

## Dosage and vaccination schedule

One dose = 2 drops (approximately 0.1 ml)

**In endemic areas or areas at risk of poliovirus importation**, according to WHO recommendations

- Child: 4 doses approximately 4 weeks apart, at birth then at 6, 10 and 14 weeks of age  
The 4<sup>th</sup> dose at 14 weeks is administered in combination with a dose of the inactivated poliomyelitis vaccine (IPV).

## Other areas

- Child: 3 doses approximately 4 weeks apart, at 6, 10 and 14 weeks of age  
The 3<sup>rd</sup> dose at 14 weeks is administered in combination with a dose of the inactivated poliomyelitis vaccine (IPV).

## Contra-indications, adverse effects, precautions

- Do not administer in the event of severe immunodepression (risk of paralytic poliomyelitis): use the injectable vaccine IPV (asymptomatic HIV infection is not a contra-indication).
- Vaccination should be postponed in the event of severe acute febrile illness (minor infections are not contra-indications).
- May cause (exceptionally): paralytic poliomyelitis.
- In the event of vomiting or diarrhoea when the vaccine is administered, give the usual dose followed by an extra dose once gastrointestinal symptoms have improved

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4 weeks apart.

- For the vaccination schedule, follow national recommendations.
- Monovalent oral type 2 vaccines (mOPV and nOPV) are also available but are exclusively used for responding to epidemics.

## Storage



- For prolonged storage: freeze ( $-20^{\circ}\text{C}$ ).
- After defrosting: between  $2^{\circ}\text{C}$  and  $8^{\circ}\text{C}$  for 6 months maximum.

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# **HUMAN RABIES IMMUNOGLOBULIN (HRIG)**

## **Therapeutic action**

- Neutralisation of rabies virus at wound sites

## **Indications**

- Prevention of rabies after category III exposure (except in patients who have received a full course of pre-exposure prophylaxis against rabies), in combination with rabies vaccine
- Prevention of rabies after category II and III exposures in immunocompromised patients (even in patients who have received a full course of pre-exposure prophylaxis against rabies), in combination with rabies vaccine

## **Forms and strengths, route of administration**

- Solution for injection, 300 IU in 1 ml ampoule (300 IU/ml) and 1500 IU in 5 ml ampoule (300 IU/ml) for infiltration into and around the wound

## **Dosage and duration**

- Child and adult: 20 IU/kg single dose on D0, along with the first dose of rabies vaccine.
- Infiltrate as much of the dose as possible into and around the wound(s), which has been cleaned beforehand.
- In the event of multiple wounds, dilute the dose 2 to 3-fold with sterile 0.9% sodium chloride to obtain a sufficient quantity to infiltrate all the sites.
- If HRIG is not available on D0, administer the first dose of rabies vaccine alone. Administer HRIG as soon as possible between D0 and D7; from D8, it is not necessary to administer rabies immunoglobulin as vaccine-induced antibodies begin to appear.

## **Contra-indications, adverse effects, precautions**

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- Purified equine rabies immunoglobulin F(ab')2 fragments may replace HRIG if unavailable. The method of administration is the same but the dose is 40 IU/kg.

## Storage

 – Between 2 °C and 8 °C. Do not freeze.

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# RABIES VACCINE

## Indications

- Prevention of rabies after category II and III exposures

## Composition, forms, route of administration

- Inactivated virus vaccine, prepared from cell cultures (CCEEV): in embryonated egg or purified cells (chick embryo-cells, Vero-cells or human diploid-cells)
- Powder for injection in monodose vial, to be dissolved with the entire vial of the diluent (0.5 ml or 1 ml, supplied by the manufacturer)
- IM route:  
DO NOT ADMINISTER INTO THE GLUTEAL MUSCLE.
  - Child < 2 years: inject into the anterolateral part of the thigh
  - Child ≥ 2 years and adult: inject into the deltoid muscle
- ID route:
  - Child and adult: inject into the deltoid muscle (or the anterolateral part of the thigh or the suprascapular region)

## Dosage and vaccination schedule

- Child and adult: one IM dose = 0.5 or 1 ml, depending on the vaccine used; one ID dose = 0.1 ml, whichever vaccine used
  - Vaccination schedules may vary from country to country, check national recommendations. The schedule depends on the patient's vaccination status at the moment of exposure and the route of administration used (follow manufacturer's instructions).
  - The first dose of vaccine should be administered as soon as possible after exposure, even if the patient seeks medical attention long after exposure (rabies incubation period may last several months). The patient must receive all the recommended doses.
- .....

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	<b>No rabies vaccination or incomplete vaccination or complete vaccination with an NTV or unknown vaccination status</b>			<b>Complete vaccination with a CCEEV</b>
	<b>IM route<sup>(a)</sup></b>	<b>ID route</b>	<b>IM or ID route<sup>(b)</sup></b>	
<b>D0</b>	2 doses <sup>(c)</sup> (1 dose in each arm or thigh)	1 dose <sup>(c)</sup>	2 doses <sup>(c)</sup> (1 dose in each arm)	1 dose
<b>D3</b>		1 dose	2 doses (1 dose in each arm)	1 dose
<b>D7</b>	1 dose	1 dose	2 doses (1 dose in each arm)	
<b>D14</b>		1 dose <sup>(d)</sup>		
<b>D21</b>	1 dose			

- a There are two possible schedules for the IM route: the Zagreb regimen (2-0-1-0-1) over 21 days or the 4-dose Essen regimen (1-1-1-1-0) over 14 to 28 days.
  - b Another possible ID schedule: 4 ID doses (1 dose in each arm and 1 dose in each thigh) on D0.
  - c As well as a single dose of rabies immunoglobulin into the wound in the event of category III exposure on D0.
  - d The last injection can be administered between D14 and D28.
- Immunocompromised patient: 1 dose on D0, D7 and between D21 and D28 by IM or ID route (as well as a single dose of rabies immunoglobulin)

## Contra-indications, adverse effects, precautions

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- **Pregnancy and breast-feeding:** no contra-indication

## Remarks

- Rabies vaccine is also used for pre-exposure vaccination in persons at high risk of infection (prolonged stay in rabies endemic areas, professionals in contact with animals susceptible of carrying the virus).
- Avoid the use of vaccines prepared from animal nerve tissue (NTVs): they are less immunogenic than CCEEV vaccines and more likely to cause severe adverse effects.

## Storage



- Powder: between 2 °C and 8 °C. Do not freeze.
- Diluent: a cold chain is not required for storage. However, at least 12 hours before reconstitution of the vaccine, the diluent must be refrigerated between 2 °C and 8 °C so that the diluent and lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy. Do not freeze.
- Reconstituted vaccine: use immediately.

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# ORAL ROTAVIRUS VACCINE

Last updated: March 2025

## Indications

- Prevention of rotavirus gastroenteritis in children up to 24 months of age

## Composition, forms, route of administration

- Oral suspension, in monodose plastic tube:
  - Rotarix®**, 1.5 ml tube, live-attenuated monovalent human rotavirus vaccine (RV1, strain RIX4414)
  - Rotasiil®**, 2 ml tube, live-attenuated pentavalent human-bovine reassortant rotavirus vaccine (RV5, G1, G2, G3, G4 and G9)
  - Rotateq®**, 2 ml tube, live-attenuated pentavalent human-bovine reassortant rotavirus vaccine (RV5, G1, G2, G3, G4 and P1A[8])
- DO NOT ADMINISTER BY PARENTERAL ROUTE.

## Dosage and vaccination schedule

Child 6 weeks to 24 months:

- Depending on the available vaccine, 2 to 3 doses at least 4 weeks apart
- Shake the plastic tube, squeeze the entire content of the tube into the mouth.
- Recommended schedule:

Vaccine	Age		
	6 weeks	10 weeks	14 weeks
<b>Rotarix®</b>	Dose 1	Dose 2	×
<b>Rotasiil®, Rotateq®</b>	Dose 1	Dose 2	Dose 3

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- rarely: intussusception, anaphylactic reactions.
- If the child regurgitates/spits out/vomits the vaccine immediately after administration, wait a few minutes and re-administer the same dose.

## Remarks

- Other rotavirus vaccines may be available (e.g. Rotavac®). The vaccination should be completed with the same vaccine when feasible. If not possible, follow national and manufacturer recommendations.
- Rotavirus vaccine can be administered concomitantly with other vaccines recommended in childhood.

## Storage

-Ø: – Between 2 °C and 8 °C. Do not freeze.

Once opened, the content must be administered immediately; discard any unused open tube.

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# HUMAN TETANUS IMMUNOGLOBULIN (HTIG)

## Therapeutic action

- Neutralisation of tetanus toxin. HTIG provides passive immunization against tetanus for 3 to 4 weeks.

## Indications

- Prevention of tetanus in wound management, in patients non immunised or incompletely immunised or in patients whose immunisation status is unknown, in combination with tetanus vaccine
- Treatment of clinical tetanus

## Forms and strengths, route of administration

- Solution for injection, in 250 IU (250 IU/ml, 1 ml) or 500 IU (250 IU/ml, 2 ml) ampoule or single-dose syringe, for IM injection.  
DO NOT ADMINISTER BY IV ROUTE.

## Dosage and duration

### Prevention of tetanus

- HTIG is administered in the event of tetanus-prone wounds, e.g. wounds with fracture, deep penetrating wounds, bite wounds, wounds containing foreign bodies, wounds contaminated with soil, infected wounds, extensive tissue damage (contusions, burns).  
Child and adult: 250 IU single dose; 500 IU if more than 24 hours has elapsed
- HTIG should be administered as soon as possible after injury, along with the tetanus vaccine, in a separate syringe and injection site.

### Treatment of tetanus

- Neonate, child and adult: 500 IU single dose, to be injected into 2 different sites

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- For minor clean wounds, tetanus vaccine is administered alone.
- SC route may be used but only if IM route is contra-indicated.

## Storage

 – Between 2 °C and 8 °C. Do not freeze.

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# TETANUS-DIPHTHERIA VACCINE (Td)

## Indications

- Prevention of tetanus in wound management
- Prevention of tetanus and diphtheria in pregnant women or women of childbearing age
- Prevention of tetanus and diphtheria in children over 4 years and adolescents (booster dose after complete primary vaccination)

## Composition, forms, route of administration

- Bivalent vaccine combining tetanus toxoid and diphtheria toxoid (containing reduced dose of diphtheria toxoid)
- Suspension for injection in multidose vial, for IM injection into the deltoid muscle

## Dosage and vaccination schedule

Child and adult: 0.5 ml per dose

### Prevention of tetanus in wound management

Type of wound	Complete vaccination (3 or more doses)			Incomplete vaccination (less than 3 doses) or no vaccination or unknown status
	Time since administration of last dose			
	< 5 years	5-10 years	> 10 years	
Minor, clean	None	None	Td 1 booster dose	Initiate <sup>(a)</sup> or complete tetanus vaccination

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## **Prevention of tetanus in pregnant women and women of childbearing age**

5 doses administered according to the schedule below:

<b>Td1</b>	On first contact with the health care system or as soon as possible during pregnancy
<b>Td2</b>	At least 4 weeks after Td1
<b>Td3</b>	6 months to 1 year after Td2 or during the following pregnancy
<b>Td4</b>	1 to 5 years after Td3 or during the following pregnancy
<b>Td5</b>	1 to 10 years after Td4 or during the following pregnancy

In pregnant women, administer at least 2 doses before delivery: the 1<sup>st</sup> dose as soon as possible during pregnancy and the 2<sup>nd</sup> dose at least 4 weeks after the 1<sup>st</sup> and at least 2 weeks before due date. After delivery, continue vaccination as described in the table above until the required 5 doses have been administered.

## **Prevention of tetanus in children over 4 years (after complete primary vaccination and 1<sup>st</sup> booster between 12 and 23 months)**

Booster dose between 4 and 7 years then between 9 and 15 years

## **Contra-indications, adverse effects, precautions**

- Do not administer in the event of allergic reactions after a previous dose of tetanus or diphtheria vaccine.
- Vaccination should be postponed in the event of severe acute febrile illness; minor infections are not contra-indications.
- May cause: mild local reactions (redness, pain at the injection site), fever, pain, malaise; rarely: anaphylactic reactions.
- If administered simultaneously with other vaccines, use different syringes and injection sites.
- **Pregnancy and breast-feeding:** no contra-indication

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# **TUBERCULOSIS VACCINE = BCG VACCINE**

## **Indications**

- Prevention of tuberculosis

## **Composition, forms, route of administration**

- Live attenuated bacterial vaccine
- Powder for injection in multidose vial, to be dissolved with the entire vial of the diluent supplied by the manufacturer, for intradermal injection into the external face of the left upper arm

## **Dosage and vaccination schedule**

- Child: 0.05 ml single dose as soon after birth as possible
- If child is over one year old: 0.1 ml single dose

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with immunodeficiency (symptomatic HIV infection, immunosuppressive therapy, etc.) and malignant haemopathy.
- Vaccination should be postponed in the event of evolutive extensive dermatosis, acute complicated malnutrition (vaccine should be given just before the child is discharged from the nutrition centre) and severe acute febrile illness (minor infections are not contra indications).
- May cause:
  - normal local reaction 2 to 4 weeks after injection: papule which changes to an ulcer, that usually heals spontaneously (dry dressing only), leaving a permanent scar;
  - occasionally: persistent ulcer with serous discharge up to 4 months after injection, non-suppurative adenitis, keloid formation, abscess at the injection site;
  - exceptionally: suppurative lymphadenitis, osteitis.
- Clean the injection site with boiled and cooled water and allow drying. Do not use antiseptics (risk of inactivation of live vaccine).

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- If the injection is correctly performed an “orange-skin” papule, measuring 5-8 mm in diameter, should appear at the injection site.
- Duration of protection is not known, and decreases over time.

## Storage



- Powder: between 2 °C and 8 °C. Freezing is possible but unnecessary
- Diluent: a cold chain is not required for storage. However, at least 12 hours before reconstitution of the vaccine, the diluent must be refrigerated between 2 °C and 8 °C so that the diluent and lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy. Do not freeze.
- Reconstituted vaccine: between 2 °C and 8 °C for 6 hours maximum.

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# **TYPHOID CONJUGATE VACCINE (TCV)**

## **Indications**

- Prevention of typhoid fever in children as of 6 months and adults up to 45 years of age:
  - in endemic areas
  - in mass immunisation campaigns in the event of an outbreak or humanitarian emergency context, based on risk assessment

## **Composition, forms, route of administration**

- Typhoid (polysaccharide) conjugate vaccine
- Suspension for injection in multidose vial, for IM injection into the anterolateral part of the thigh in children < 2 years and into the deltoid muscle in children ≥ 2 years.  
DO NOT ADMINISTER INTO THE GLUTEAL MUSCLE.

## **Dosage and vaccination schedule**

Child and adult: 0.5 ml single dose

### **Routine vaccination**

- Child at 9 months or during the 2<sup>nd</sup> year of life:  
one single dose at the same time as other recommended vaccines. Follow national recommendations.

### **Catch-up vaccination**

- Child up to 15 years:  
one single dose. Follow national recommendations.

## **Contra-indications, adverse effects, precautions**

- Do not administer in case of allergic reactions to any component of the vaccine.

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- Typhoid conjugate vaccine does not protect against *Salmonella* Paratyphi or other types of non-typhi salmonella.
- Shake before use to homogenise the vaccine.

## Storage

 – Between 2 °C and 8 °C. Do not freeze.

Once opened, store vial between 2 °C and 8 °C for 6 hours maximum.

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# **YELLOW FEVER VACCINE**

## **Indications**

- Prevention of yellow fever:
  - in children from 9 months of age and adults living in or travelling to or from endemic areas
  - in mass immunisation campaigns in the event of an outbreak

## **Composition, forms, route of administration**

- Live-attenuated virus vaccine, prepared by culturing the virus in embryonated chicken eggs
- Powder for injection in monodose and multidose vials, to be dissolved with the entire vial of diluent supplied by the manufacturer, for IM injection into the anterolateral part of the thigh in children < 2 years and into the deltoid muscle in children ≥ 2 years and adults

## **Dosage and vaccination schedule**

- Child and adult: 0.5 ml single dose
- In routine immunisation (EPI), the vaccine is usually administered between 9 and 12 months of age, along with the measles vaccine.
- Vaccination is contra-indicated in children less than 6 months. In children between 6 and 9 months, vaccination is only recommended in epidemics, as the risk of virus transmission may be very high.

## **Contra-indications, adverse effects, precautions**

- Do not administer to patients with history of allergy to egg; to immunocompromised patients or patients with symptomatic HIV infection or under immunosuppressive treatment.
- Vaccination should be postponed in the event of severe acute febrile illness; minor infections are not contra-indications.
- May cause: mild reactions at the injection site (redness, pain at the injection site), mild fever, headache, myalgia; rarely: hypersensitivity reactions, neurological disorders (especially in children < 9 months and adults > 60 years), multiple organ failure (especially in adults > 60 years).

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- Only in the event of limited vaccine supply during yellow fever outbreaks and according to national recommendations, vaccination may be administered by SC or IM injection in children over 2 years and adults with a fractional dose of 1/2 or 1/5 of the standard dose (minimum 0.1 ml) using vials containing a maximum of 10 standard doses. Children < 2 years, pregnant women and HIV positive individuals are administered a standard 0.5 ml dose by IM injection.

## Storage



- Powder: between 2 °C and 8 °C.
- Diluent: a cold chain is not required for storage. However, at least 12 hours before reconstitution of the vaccine, the diluent must be refrigerated between 2 °C and 8 °C so that the diluent and lyophilised powder are at the same temperature: a temperature difference during reconstitution may reduce vaccine efficacy. Do not freeze.
- Reconstituted vaccine: between 2 °C and 8 °C, for 6 hours maximum.

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# Drugs for external use, antiseptics and disinfectants

[ACICLOVIR, eye ointment](#)

[ALCOHOL-BASED solution or gel](#)

[ARTESUNATE rectal](#)

[BENZOIC acid + SALICYLIC acid ointment = Whitfield's ointment](#)

[BENZYL BENZOATE, lotion](#)

[CALAMINE lotion](#)

[CHLORHEXIDINE 5% solution](#)

[CHLORHEXIDINE 7.1% dermal gel](#)

[CHLORHEXIDINE 0.2% mouthwash](#)

[CHLORINE-RELEASING COMPOUNDS \(NaDCC, HTH, bleach, chlorinated lime\)](#)

[CIPROFLOXACIN, ear drops](#)

[CLOTRIMAZOLE, vaginal tablet](#)

[DIMETICONIC, lotion](#)

[ETHANOL](#)

[ETHYL ALCOHOL = ETHANOL](#)

[FLUORESCEIN, eye drops](#)

[HYDROCORTISONE, cream and ointment](#)

[LEVONORGESTREL intrauterine device](#)

[MICONIAZOLE cream](#)

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PILOCARPINE, eye drops

PODOPHYLLOTOXIN 0.5%, solution or gel

PODOPHYLLUM resin, solution

POVIDONE IODINE = POLYVIDONE IODINE = PVI, aqueous solution

POVIDONE IODINE = POLYVIDONE IODINE = PVI, scrub solution

SILVER SULFADIAZINE, cream

SODIUM DICHLOROISOCYANURATE = NaDCC

TETRACYCLINE, eye ointment

ZINC OXIDE, ointment

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# ACICLOVIR, eye ointment

Prescription under medical supervision

## Therapeutic action

- Antiviral active against herpes virus

## Indications

- Treatment of herpes keratitis
- Prevention of herpes keratitis in neonate born to a mother suffering from genital herpes at the moment of childbirth

## Forms and strengths

- 3% ointment, tube

## Dosage and duration

### Treatment of herpes keratitis

- Child and adult: one application 5 times daily into the conjunctival sac of both eyes for 14 days or for 3 days after lesions have healed

### Prevention of herpes keratitis in neonate

- Immediately after birth: one single application of aciclovir into the conjunctival sac of both eyes (after washing eyes with sterile 0.9% sodium chloride)

## Contra-indications, adverse effects, precautions

- In neonates, wait 12 hours after application of aciclovir 3% then apply tetracycline eye ointment ~~10%~~ to prevent congenital neonatal conjunctivitis

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# **ALCOHOL-BASED solution or gel**

## **Therapeutic action**

- Antiseptic

## **Indications**

- Antiseptic hand rub, before and after procedures, whether gloves are used or not

## **Forms and strengths**

- Ready to use alcohol-based hand rub solution or gel

## **Use**

- Alcohol-based hand rubs can only be used if hands are not visibly dirty or soiled with organic matter. There must be no residual powder on hands (use powder-free gloves) and hands must be dry.
- Apply 3 ml of solution or gel in a cupped hand and spread to cover the entire surface of hands. Rub hands for 20-30 seconds, palm to palm, palm over dorsum, between fingers (fingers interlaced), around the thumbs and nails, until hands are completely dry. Do not dilute the product. Do not rinse off or dry hands.
- As long as hands are not visibly soiled, the product may be reapplied as many times as necessary without handwashing before or after applying the product.

## **Contra-indications, adverse effects, precautions**

- Do not use if:
  - hands are visibly dirty or soiled with organic matter (wash hands);
  - there is residual powder on hands (wash hands);
  - hands are wet (water dilutes alcohol and impedes drying).
- Do not use after direct contact with a patient with a parasitic skin infection (scabies, lice): wash

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- To avoid difficulty in putting on gloves, rub hands until the product is completely dry.
- Use of alcohol-based hand rubs may result in a sticky residue on hands after several applications. In this event, wash hands.
- Some alcohol-based hand rubs can be used for surgical hand antisepsis, however the technique is not the same as for antiseptic hand rub.

## **Storage**

 – Below 25 °C

Close bottles tightly to avoid evaporation. Keep away from sources of ignition (flame, spark, incandescent material).

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# **ARTESUNATE rectal**

Prescription under medical supervision

## **Therapeutic action**

- Antimalarial

## **Indications**

- Pre-referral treatment of suspected or confirmed severe malaria, in children less than 6 years, before transfer to a facility where parenteral antimalarial treatment can be administered

## **Forms and strengths, route of administration**

- 100 mg rectal capsule

## **Dosage and duration**

- 10 mg/kg as a single dose before transferring the patient
- Child 2 months to < 3 years ( $\leq 10$  kg): 1 rectal capsule single dose (100 mg)
- Child 3 to < 6 years ( $\leq 20$  kg): 2 rectal capsules single dose (200 mg)

## **Contra-indications, adverse effects, precautions**

- May cause: gastrointestinal disturbances, headache.
- Buttocks should be held together for at least 1 minute to ensure retention. If capsules are expelled from the rectum within 30 minutes of insertion, re-administer the treatment.

## **Remarks**

- Up to 2 capsules can be administered simultaneously.

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# **BENZOIC acid + SALICYLIC acid ointment = Whitfield's ointment**

## **Therapeutic action**

- Fungistatic and keratolytic agent

## **Indications**

- Dermatophyte infection of the scalp (tinea capitis), in combination with a systemic antifungal
- Dermatophyte infection of the glabrous skin and skin folds:
  - alone, if lesions are localised, non-extensive
  - in combination with a systemic antifungal, if the lesions are extensive

## **Forms and strengths**

- Benzoic acid 6% + salicylic acid 3% ointment, tube or jar

## **Dosage**

- Child and adult: one application 2 times daily, in a thin layer, to clean and dry skin

## **Duration**

- 3 to 6 weeks, depending on clinical response

## **Contra-indications, adverse effects, precautions**

- Do not apply to exudative lesions, mucous membranes or eyes.
- May cause: skin irritation, local benign inflammation.
- In case of secondary bacterial infection, start appropriate local or systemic treatment before applying the ointment.

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 – Below 25 °C

Once the ointment has been exposed to a high temperature, the active ingredients are no longer evenly distributed: the ointment must be homogenized before using.

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# BENZYL BENZOATE, lotion

## Therapeutic action

- Scabicide

## Indications

- Scabies (preferably use 5% permethrin cream for this indication)

## Forms and strengths

- 25% lotion

## Preparation and use

- Shake the bottle before application or dilution.
- Dilute the lotion, as required, according to age. Use drinking or boiled water.
- Apply the lotion to the whole body, including scalp, postauricular areas, palms of the hands and soles of the feet, paying particular attention to skin creases and interdigital web spaces. Leave on for recommended contact time, then rinse thoroughly with water.
- In children under 2 years: wrap hands to avoid accidental ingestion and contact with eyes.

	Child < 2 years	Child 2 to 12 years	Child > 12 years and adult	Pregnant woman
Preparation	1 part of 25% lotion + 3 parts of water	1 part of 25% lotion + 1 part of water	Undiluted 25% lotion	Undiluted 25% lotion
Contact time	12 hours <small>16 hours in children</small>	24 hours	24 hours	12 hours

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## **Contra-indications, adverse effects, precautions**

- Do not apply to broken skin (risk of systemic absorption), the face or mucous membranes.
- May cause: burning sensation; contact dermatitis in case of repeated applications; seizures in the event of marked transcutaneous absorption; rarely: hypersensitivity reactions.
- Avoid contact with eyes. In case of accidental contact, flush immediately with plenty of water.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication. Do not apply to the breasts.

## **Remarks**

- Close contacts should be treated at the same time regardless of whether they have symptoms or not. Decontaminate, after each treatment, the clothes and bed linen of patients and close contacts: wash  $\geq 60^{\circ}\text{C}$  and dry in the sun, or leave in direct sunlight or seal in a plastic bag for 72 hours.
- Itching may persist for up to 4 weeks after the end of treatment (allergic reaction to dead parasites). Do not re-treat during this period. The treatment may be repeated if specific scabies lesions (scabious burrows) are still present after this period.
- Prepare dilution in a glass container. The lotion may damage certain plastics.

## **Storage**

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# CALAMINE lotion

## Therapeutic action

- Antipruritic drug

## Indications

- Symptomatic treatment of pruritus

## Forms and strengths

- Calamine 8% or 15% lotion, bottle

## Dosage

- Child and adult: one application 3 to 4 times daily in a thin layer

## Duration

- According to clinical response

## Contra-indications, adverse effects, precautions

- Clean the skin before applying the lotion.
- Do not apply to exudative and/or superinfected lesions, mucous membranes or eyes.
- In case of contact with eyes or mucous membranes, flush immediately with plenty of water.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication. Do not apply to the breasts.

## Remarks

- Shake the lotion well before using.

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# **CHLORHEXIDINE 5% solution**

## **Therapeutic action**

- Antiseptic

## **Indications**

- Antisepsis of minor and superficial wounds and burns

## **Forms and strengths**

- 5% concentrated solution of chlorhexidine gluconate, corresponding to 2.8% chlorhexidine, to be diluted before use

## **Preparation**

- Use as a 0.05% aqueous solution:  
For one litre: 10 ml of 5% concentrated solution + 990 ml of clear water, boiled a few minutes and cooled

## **Dosage**

- Apply diluted solution to minor and superficial wounds and burns.

## **Contra-indications, adverse effects, precautions**

- Do not use undiluted solution.
- Do not bring into contact with body cavities, eyes (risk of corneal damage), brain and meninges, middle ear (risk of deafness if ear drum is perforated).
- Do not use with soap or a different type of antiseptic, e.g. povidone iodine (incompatibility).
- May cause: skin and mucous membrane irritation; rarely allergic reactions.
- Avoid applications to mucous membranes. especially to genital mucous membranes.

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# **CHLORHEXIDINE 7.1% dermal gel**

## **Therapeutic action**

- Antiseptic

## **Indications**

- Antisepsis of umbilical cord
- Adjunctive treatment of omphalitis

## **Forms and strengths**

- 7.1 % chlorhexidine digluconate dermal gel, delivering 4% chlorhexidine, in 3 g sachet and 20 g tube

## **Dosage and duration**

- One application of 3 g of gel to the umbilical cord stump ~~immediately after cutting the cord or during the first post-natal visit~~ within the first 7 days of life if the neonate was born at home
- In settings where traditional unhygienic practices are common: one application daily for the first 7 days of life
- 

## **Contra-indications, adverse effects, precautions**

- Do not bring into contact with body cavities, eyes (risk of corneal damage), brain and meninges, middle ear (risk of deafness if ear drum is perforated).
- Do not use with soap or a different type of antiseptic, e.g. povidone iodine (incompatibility).
- May cause: skin and mucous membrane irritation; rarely allergic reactions.
- Avoid applications to mucous membranes, especially to genital mucous membranes.

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# **CHLORHEXIDINE 0.2% mouthwash**

## **Therapeutic action**

- Antiseptic

## **Indications**

- Antiseptis of noma mouth ulcers

## **Forms and strengths**

- 0.2% mouthwash solution of chlorhexidine digluconate, ready to use

## **Dosage**

- Child: one application 4 to 6 times daily to oral mucosa, using a clean gauze swab wrapped around a tongue depressor

## **Duration**

- According to clinical response

## **Contra-indications, adverse effects, precautions**

- Do not swallow.
- Do not bring into contact with eyes (risk of corneal damage), middle ear (risk of deafness if ear drum is perforated).
- May cause: reversible brown discoloration of the tongue and teeth, taste disturbances; rarely allergic reactions.

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# CHLORINE-RELEASING COMPOUNDS (NaDCC, HTH, bleach, chlorinated lime)



## Therapeutic action

- Disinfectants

## Indications

- Disinfection of medical devices, instruments, linen, floors and surfaces

## Forms and strengths

The potency of chlorine disinfectants is expressed in terms of active chlorine in either:

- percentage (%)
- g/litre or mg/litre
- parts per million (ppm)
- chlorometric degree ( $1^{\circ}\text{chl.}$  = approximately 0.3% active chlorine)  
 $1\% = 10 \text{ g/litre} = 10\,000 \text{ ppm}$   
 $1 \text{ mg/litre} = 1 \text{ ppm} = 0.0001\%$

The most widely used chlorine disinfectants are:

- Sodium dichloroisocyanurate (NaDCC), 1,67 g tab.....1 g active chlorine/tab
- Calcium hypochlorite (HTH), granules.....65-70% active chlorine
- Sodium hypochlorite solutions (liquid bleach):
  - concentrated bleach ..... $36^{\circ}\text{chl.} = 9.6\%$  active chlorine
  - bleach ..... $9^{\circ}\text{chl. or } 12^{\circ}\text{chl.} = 2.6\% \text{ or } 3.6\%$  active chlorine

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	<b>Clean medical devices, equipment, surfaces and linen (after cleaning)</b>	<b>Surfaces, beds, utensils in case of cholera (after cleaning)</b>	<b>Surfaces, equipment contaminated with blood and other body fluid spills (before cleaning)</b>	<b>Corpses, excreta, boots in case of cholera</b>
Concentration required, expressed in active chlorine	<b>0.1%</b> = 1000 ppm	<b>0.2%</b> = 2000 ppm	<b>0.5%</b> = 5000 ppm	<b>2%</b> = 20 000 ppm
NaDCC (1 g active chlorine/tablet)	1 tab/litre water	2 tab/litre water	5 tab/litre water	20 tab/litre water
Calcium hypochlorite (70% active chlorine)	15 g/10 litres = 1 level tablespoon for 10 litres water	30 g/10 litres = 2 level tablespoons for 10 litres water	7.5 g/litre = ½ tablespoon for 1 litre water	300 g/10 litres = 20 level tablespoons for 10 litres water
Bleach (2.6% active chlorine)	For 5 litres: 200 ml + 4800 ml water	For 5 litres: 400 ml + 4600 ml water	For 1 litre: 200 ml + 800 ml water	For 5 litres: 4000 ml + 1000 ml water

For more information, see [Antiseptics and disinfectants](#), Part two.

## Precautions

- Handle concentrated products with caution (avoid jolts and exposure to high temperatures or flames).

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200 ml of bleach 2.6% + 800 ml distilled or filtered water, or if not available, boiled and cooled water + 1 tablespoon of sodium bicarbonate).

- Chloramine T (powder or tablet, 25% active chlorine) is another chlorine-releasing compound used above all as an antiseptic.
- Trichloro-isocyanuric acid (TCCA), in powder or granules (90% active chlorine), is very similar to NaDCC, but its use is limited due to its poor solubility.

## Storage

 -  - In airtight, non-metallic containers, protected from light, heat (and humidity for dry products).

Chlorinated lime, bleach and concentrated bleach are unstable. HTH is more stable. NaDCC is by far the most stable.

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# CIPROFLOXACIN, ear drops

Prescription under medical supervision

## Therapeutic action

- Fluoroquinolone antibacterial

## Indications

- Acute otitis externa
- Chronic suppurative otitis media

## Forms and strengths

- 0.3% ear drops

## Dosage

- Child ≥ 1 year: 3 drops 2 times daily
- Adult: 4 drops 2 times daily

To administer drops in the affected ear(s), pull back the auricle and maintain the head to one side for a few minutes.

## Duration

- Acute otitis externa: 7 days
- Chronic suppurative otitis media: until no more drainage is obtained (approximately 2 weeks, max.4 weeks)

## Contra-indications, adverse effects, precautions

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Once the bottle has been opened, solution keeps for 4 weeks.

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# **CLOTRIMAZOLE, vaginal tablet**

## **Therapeutic action**

- Antifungal

## **Indications**

- Vaginal candidiasis

## **Forms and strengths, route of administration**

- 500 mg vaginal tablet, with applicator

## **Dosage and duration**

- Adult: one vaginal tablet single dose, at bedtime, preferably lying down

Place the tablet on the applicator. Insert the applicator high into the vagina. Push the plunger then remove the applicator.

## **Contra-indications, adverse effects, precautions**

- May cause: local irritation; allergic reactions.
- Inform patients that the oil-based vaginal tablet may damage the latex in condoms and diaphragms and reduce their effectiveness.
- **Pregnancy:** no contra-indication (do not use the applicator to avoid damage to the cervix)
- **Breast-feeding:** no contra-indication

## **Remarks**

- Also comes in 100 mg vaginal tablets, applied once daily at bedtime for 6 days. Do not interrupt treatment during menstruation. Clean the applicator with water after each use.

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# DIMETICON, lotion

## Therapeutic action

- Pediculicide by physical mode of action

## Indications

- Head pediculosis (lice)

## Forms and strengths

- 4% lotion

## Use

- Child 6 months and over and adult: apply lotion to scalp and entire length of the hair shaft, paying particular attention to the areas behind the ears and around the nape of the neck. Leave on hair for 8 hours (e.g. overnight), then rinse thoroughly with water.
- Repeat the application after 7 days.

## Contra-indications, adverse effects, precautions

- May cause: scalp and eye irritation.
- Keep away from flames and/or heat sources during application and until rinsing (risk of ignition).
- Avoid contact with eyes. In case of accidental contact, flush immediately with plenty of water.
- Pregnancy:** no contra-indication
- Breast-feeding:** no contra-indication

## Remarks

- Examine everyone in contact with a patient and only treat those with live lice and/or live nits. Preventive treatment of noninfected persons is ineffective.

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# ETHANOL

See [ETHYL ALCOHOL](#)

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# ETHYL ALCOHOL = ETHANOL

## Therapeutic action

- Antiseptic and disinfectant

## Indications

- Antisepsis of intact skin prior to injections and venopunctures
- Disinfection of latex stopper of infusion bottles and drug vials (except vaccines), latex injection sites of infusion sets

## Forms and strengths

- Mixtures of alcohol (ethanol) and water in different concentrations (e.g. 95% v/v ethanol), sometimes containing additives to avoid their ingestion.
- Alcoholic strength is expressed:
  - preferably as a percentage by **volume** of alcohol (% v/v); e.g. 1000 ml of 95% v/v alcohol contains 950 ml of absolute alcohol.
  - sometimes as a percentage by **weight** of alcohol (% w/w). The % w/w is not equal to the % v/v because the mixture of water and alcohol produces a reduction in volume.
  - sometimes in **degrees** ( $^{\circ}$ ) but this should be discouraged as it is a source of error. There are at least 3 different definitions of degrees: the old UK definition ( $^{\circ}$  British proof), the American ( $^{\circ}$  proof) and the one used in French speaking countries ( $1^{\circ} = 1\% \text{ v/v}$ ). For example: 40% v/v = 70 $^{\circ}$  proof (British system) = 80 $^{\circ}$  proof (American system) = 40 $^{\circ}$  in French speaking countries.

## Preparation

**Use 70% v/v ethanol, which is more effective than higher concentrations.**

- To obtain 1 litre of 70% v/v ethanol:
  - take 785 ml of 90% v/v ethanol, or 730 ml of 95% v/v ethanol, or 707 ml of 99% v/v ethanol;
  - add distilled or filtered water to make up a volume of 1 litre;

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- Ethanol can be used for disinfection of non-critical medical items (items that are in contact with intact skin only) that are not soiled by blood or other body fluids.
- Critical medical items (surgical instruments, etc.) cannot, under any circumstances, be “sterilized” by alcohol flaming, immersion in ethanol or wiping with ethanol.

## Storage

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Close bottles tightly to avoid evaporation. Keep away from sources of ignition (flame, spark, incandescent material).

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# FLUORESCEIN, eye drops

Last updated: September 2023

## Therapeutic action

- Ophthalmic diagnostic staining agent

## Indications

- Detection of corneal or conjunctival epithelial damage

## Forms and strengths

- 0.5% eye drops in single use vial

## Dosage and duration

- Instill 1 or 2 drops into the conjunctival sac.
- Ask patient to blink a few times to spread the dye around; remove excess fluorescein and proceed with the examination.

## Contra-indications, adverse effects, precautions

- May cause: local allergic reaction (rare).
- Wait 15 minutes before administering any other kind of eye drops.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- To facilitate the examination, use an ophthalmoscope with a blue filter (increases fluorescence).
- Under normal light, large lesions are visible but small lesions cannot be detected.

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# **HYDROCORTISONE, cream and ointment**

Prescription under medical supervision

## **Therapeutic action**

- Topical corticosteroid

## **Indications**

- Atopic eczema, contact eczema, seborrhoeic dermatitis
- Reactions to insect bites

## **Forms and strengths**

- 1% cream and ointment

## **Dosage and duration**

- Child and adult: one application once daily or 2 times daily to the affected area only, in thin layer, for 7 days maximum

## **Contra-indications, adverse effects, precautions**

- Do not use:
  - for more than 7 days;
  - in case of acne, rosacea, perioral dermatoses, untreated bacterial (impetigo, etc.), fungal (candidiasis and dermatophytosis) and viral (herpes) skin infections;
  - under occlusive dressing, on large areas of skin or on wounds, especially in infants and children (increased local and systemic adverse effects).
- May cause:
  - irritation, pruritus, burning sensations, skin乾燥, hyperpigmentation, contact eczema and

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## **Remarks**

- The cream and ointment are interchangeable. However, preferably use the cream on moist lesions and the ointment on dry and scaly lesions.

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# LEVONORGESTREL intrauterine device

Last updated: October 2021

Prescription under medical supervision

## Therapeutic action

- Hormonal contraceptive, progestogen

## Indications

- Long-acting contraception
- Long-term treatment of functional uterine bleeding

## Forms and strengths

- Intrauterine device (IUD) containing 52 mg of levonorgestrel and releasing 20 micrograms daily on insertion

## Dosage

**The IUD may be inserted at any moment of the cycle if it is reasonably certain the woman is not pregnant, including when switching from another form of contraception.**

- For contraception, use condoms for 7 days after the insertion of the IUD if it is inserted:
  - over 7 days after the start of menstrual period;
  - over 28 days postpartum if not breastfeeding;
  - over 7 days after an abortion.

## Duration

- Contraception as long as this method of contraception is desired and well tolerated for up to 5 years.

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- changes in bleeding patterns: amenorrhoea, irregular lighter bleeding; rarely: heavy prolonged bleeding;
- abdominal pain, headache, nausea, breast tenderness, acne, weight gain, mood change.
- IUD insertion-related complications: expulsion of IUD, pelvic infection, risk of uterine perforation during insertion.
- The contraceptive efficacy of levonorgestrel-releasing IUD does not seem to be reduced in women taking enzyme-inducing drugs.
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** no contra-indication

## Remarks

- Fertility returns rapidly after removal of the IUD.
- The IUD can be inserted into the uterus within 48 hours after childbirth. If not inserted within 48 hours, delay insertion until after 28 days postpartum.
- For details on insertion and removal of IUD, read manufacturer's instructions carefully.

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# MICONAZOLE, cream

## Therapeutic action

- Antifungal

## Indications

- Cutaneous candidiasis (groin, abdominal folds, intergluteal fold, sub-mammary folds, interdigital spaces of the toes or fingers)
- Candidal balanitis
- Mild dermatophyte infection of the glabrous skin and skin folds

## Forms and strengths

- 2% cream, tube

## Dosage

- Child and adult: one application 2 times daily, in a thin layer, to clean and dry skin

## Duration

- Cutaneous candidiasis: 2 to 4 weeks
- Candidal balanitis: one week
- Dermatophyte infection: 2 to 3 weeks

## Contra-indications, adverse effects, precautions

- May cause: local irritation; allergic reactions.
- In the event of genital candidiasis, inform patients that the oil-based cream may damage the latex in condoms and diaphragms and reduce their effectiveness.
- **Pregnancy:** no contra-indication

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# MUPIROCIN, ointment

Prescription under medical supervision

Mupirocin should not be used in patients with extended impetigo (more than 5 lesions or more than one skin area involved), bullous impetigo, ecthyma, impetigo with abscess, and in immunodeficient patients: in such cases, oral antibiotic therapy is required.

## Therapeutic action

- Antibacterial

## Indications

- Localized non bullous impetigo (less than 5 lesions in a single area)

## Forms and strengths

- 2% ointment, tube

## Dosage and duration

- Child and adult: one application 3 times daily, to clean and dry skin, for 7 days  
The patient should be reassessed after 3 days. If there is no response, switch to oral antibiotic therapy.

## Contra-indications, adverse effects, precautions

- May cause: pruritus and burning sensation; allergic reactions.
- If applying to the face, avoid contact with eyes.
- **Pregnancy:** no contra-indication

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# NaDCC

See [SODIUM DICHLOROISOCYANURATE](#)

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# **NYSTATIN, vaginal tablet**

## **Therapeutic action**

- Antifungal

## **Indications**

- Vaginal candidiasis

## **Forms and strengths, route of administration**

- 100 000 IU vaginal tablet

## **Dosage and duration**

- Adult: one tablet once daily at bedtime for 14 days

Tablets must be moistened and inserted high into the vagina.

## **Contra-indications, adverse effects, precautions**

- May cause (rarely): local irritation, allergic reactions.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## **Remarks**

- Do not interrupt treatment during menstruation.
- Prefer clotrimazole 500 mg vaginal tablet as a single dose for this indication.

## **Storage**

 – Below 25 °C

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# OXYBUPROCAINE, eye drops

Prescription under medical supervision

## Therapeutic action

- Local anaesthetic

## Indications

- Short-term anaesthesia of conjunctiva and cornea

## Forms and strengths

- 0.4% eye drops in single use vial

## Dosage and duration

### Removal of foreign bodies

- Up to 3 drops into the conjunctival sac, administered one to two minutes apart

### Measurement of intraocular pressure

- 1 drop into the conjunctival sac

## Contra-indications, adverse effects, precautions

- Do not use repeatedly (risk of severe and permanent corneal damage).
- May cause: stinging on instillation.
- Wait 15 minutes before administering any other kind of eye drops.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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Vials are designed for single use only; they must be discarded after use.

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# **PERMETHRIN 1%, lotion**

## **Therapeutic action**

- Pediculicide (pyrethroid insecticide)

## **Indications**

- Head pediculosis (lice)

## **Forms and strengths**

- 1% lotion

## **Use**

- Child 2 months and over and adult: apply lotion to scalp and entire length of the hair shaft, paying particular attention to the areas behind the ears and around the nape of the neck. Leave on hair for 10 minutes, then rinse thoroughly with water.
- Repeat the application after 7 days.

## **Contra-indications, adverse effects, precautions**

- Use with caution and under medical supervision in children under 6 months.
- May cause: scalp irritation, pruritus, skin rash and redness; rarely: oedema, hypersensitivity reactions.
- Avoid contact with eyes. In case of accidental contact, flush immediately with plenty of water.
- **Pregnancy and breast-feeding:** prefer dimeticone

## **Remarks**

- Examine everyone in contact with a patient and only treat those with live lice and/or live nits. Preventive treatment of noninfected persons is ineffective and increases the risk of

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# PERMETHRIN 5%, cream

## Therapeutic action

- Scabicide (pyrethroid insecticide)

## Indications

- Scabies

## Forms and strengths

- 5% cream

## Use

- Child 2 months and over and adult: apply the cream to the whole body, including scalp, postauricular areas, palms of the hands and soles of the feet, paying particular attention to skin creases and interdigital web spaces. Leave on for at least 8 hours (e.g. overnight) then rinse thoroughly with water.
- In child under 2 years: wrap hands to avoid accidental ingestion and contact with eyes.
- Repeat the application after 7 days.

## Contra-indications, adverse effects, precautions

- Do not use in children under 2 months.
- Do not apply to the face and mucous membranes, nor on broken skin.
- May cause: paraesthesia, pruritus, redness, burning sensation, skin dryness; rarely: oedema, hypersensitivity reactions.
- Avoid contact with eyes. In case of accidental contact, flush immediately with plenty of water.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication. Do not apply to the breasts.

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- 1% permethrin lotion is used for the treatment of head lice in children 2 months and over and adults.

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# PILOCARPINE, eye drops

Prescription under medical supervision

## Therapeutic action

- Cholinergic anti-glaucoma agent, miotic

## Indications

- Chronic open-angle glaucoma

## Forms and strengths

- 2% eye drops

Also comes in 4% eye drops.

## Dosage

- Adult: 1 drop into the conjunctival sac 4 times daily

## Duration

- Life-long treatment

## Contra-indications, adverse effects, precautions

- Do not administer to children.
- Do not administer to patients with iridocyclitis and some forms of secondary glaucoma.
- Do not administer to patients with history of retinal detachment (trauma or family history) nor to myopic patients, except if it is possible to examine the peripheral retina (fundus examination) prior to the initiation of therapy and routinely thereafter.

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## **Remarks**

- Do not touch the dropper with the hands.

## **Storage**

Below 25 °C

Once the bottle has been opened, solution keeps for 2 weeks.

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# **PODOPHYLLOTOXIN 0.5%, solution or gel**

Prescription under medical supervision

## **Therapeutic action**

- Antiviral, antimitotic, cytolytic agent active against human papillomaviruses (HPVs)

## **Indications**

- External genital warts, perianal warts and vaginal warts

## **Forms and strengths**

- 0.5% solution or gel, with applicator tips

## **Dosage**

- One application to warts 2 times daily
- For vaginal warts, allow to dry before removing the speculum.

## **Duration**

- 3 consecutive days per week, for a maximum of 4 weeks

## **Contra-indications, adverse effects, precautions**

- Do not use to treat genital warts in children.
- Do not apply to warts > 3 cm.
- Do not apply to cervical, urethral, anorectal or oral warts.
- Do not apply to healthy skin.
- May cause local reactions: erythema, ulceration, pain in area where applied.

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## **Storage**

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# **PODOPHYLLUM resin, solution**

Prescription under medical supervision

## **Therapeutic action**

- Antiviral, antimitotic, cytolytic agent active against human papillomaviruses (HPVs)

## **Indications**

- External genital warts, perianal warts and vaginal warts

## **Forms and strengths**

- Podophyllum resin in alcohol or compound benzoin tincture, 10%, 15% and 25% solution for topical application

## **Use**

- Always apply a protective layer of vaseline or zinc oxide ointment on the surrounding skin prior to treatment.
- Apply podophyllum resin to warts:
  - For external warts, leave on the warts for 1 to 4 hours then wash with soap and water.
  - For vaginal warts, allow to dry before removing the speculum.

## **Duration**

- Apply once weekly if necessary, for a maximum of 4 weeks.

## **Contra-indications, adverse effects, precautions**

- Do not use to treat genital warts in children.

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- **Breast-feeding:** CONTRA-INDICATED

## Remarks

- Use by preference 0.5% podophyllotoxin solution: it is as effective as podophyllum resin, but less irritant and toxic. Another advantage is that the patient may apply the solution to the warts himself; whereas the resin must always be applied by medical staff.
- When treatment is contra-indicated or has failed after 4 weeks, change treatment method (cryosurgery, electrosurgery, surgical removal).

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# **POVIDONE IODINE = POLYVIDONE IODINE = PVI, aqueous solution**

## **Therapeutic action**

- Antiseptic and disinfectant

## **Indications**

- Antisepsis of intact or broken skin and mucous membranes
- Disinfection of latex stopper of infusion bottles and drug vials (except vaccines), latex injection sites of infusion sets

## **Forms and strengths**

- 10% aqueous solution

## **Use**

### **Antisepsis of intact skin (injections, punctures)**

- Apply 10% solution to the puncture/injection site and allow to dry before inserting the needle. The skin should be cleaned beforehand if soiled or if the procedure is invasive (lumbar puncture, epidural/spinal anaesthesia, etc.).

### **Preoperative skin antisepsis Antisepsis of skin prior to surgery**

- Apply 10% solution twice. Allow to dry between each application (do not dab to accelerate drying). Incise once the 2<sup>nd</sup> application has dried. The surgical site should be cleaned beforehand with PVI scrub solution.

### **Wound antisepsis Antisepsis of wounds**

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- Due to the risk of transcutaneous resorption of iodine, do not use repeatedly nor on large areas, especially in pregnant and lactating women and infants < 1 month.
- May cause: local skin reactions; exceptionally, allergic reactions.

## Remarks

- The antiseptic effect of PVI begins after 30 seconds of contact. However, a minimum contact time of 1 minute is recommended to eliminate bacteria.

## Storage

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Once the bottle has been opened, solution keeps 30 days.

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# **POVIDONE IODINE = POLYVIDONE IODINE = PVI, scrub solution**

## **Therapeutic action**

- Antiseptic

## **Indications**

- Antiseptic hand wash and surgical hand antisepsis
- Preoperative skin preparation (patient preoperative showering, antiseptic cleansing of the surgical site)
- Cleansing of contaminated wounds

## **Forms and strengths**

- 7.5% scrub solution

Also comes in 4% scrub solution.

## **Use**

### **Antiseptic hand wash**

- Wet hands; pour 5 ml of solution, rub hands for 1 min; rinse thoroughly; dry with a clean towel.

### **Surgical hand antisepsis**

- There are different protocols, for information:
  - Wet hands and forearms; spread 5 ml of solution on hands and forearms and rub for 1 or 2 min (i.e. 30 seconds or 1 min for each side); brush the nails of each hand for 30 seconds; rinse.
  - Spread again 5 ml of solution on hands and forearms and rub for 2 min; rinse thoroughly; dry with a sterile towel.

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## Cleansing of contaminated wounds

- Prepare a diluted solution:
  - With 7.5% solution: 1 part of solution + 4 parts of sterile 0.9% NaCl or water
  - With 4% solution: 1 part of solution + 2 parts of sterile 0.9% NaCl or water
- Clean the wound; rinse thoroughly.

## Contra-indications, adverse effects, precautions

- Do not use with others antiseptics such as chlorhexidine (incompatibility) or mercury compounds (risk of necrosis). Given the possible interactions between different groups of antiseptics, PVI scrub solution must only be used with products of the same group (i.e. PVI aqueous or alcoholic solutions).
- Do not use in preterm neonates and neonates < 1.5 kg (use ordinary soap).
- May cause: local skin reactions (contact dermatitis); exceptionally: allergic reactions.
- **Pregnancy and breast-feeding:** no contra-indication for brief application; no prolonged use.

## Remarks

- For preoperative skin preparation, cleansing of the surgical site is followed by the application of 10% PVI solution.

## Storage

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# SILVER SULFADIAZINE, cream

Prescription under medical supervision

## Therapeutic action

- Antibacterial (sulfonamide group)

## Indications

- Prophylaxis and treatment of infections of in severe burns
- Treatment of infections in leg ulcers

## Forms and strengths

- 1% sterile cream, tube or jar

## Use

- Child 2 months and over and adult: clean the wound then apply a 3 to 5 mm layer of silver sulfadiazine cream to the wound once daily and cover with sterile compresses.

## Duration

- Until wound has healed or until skin graft, when required.

## Contra-indications, adverse effects, precautions

- Do not use in patients with allergy to sulfonamides; in children under 2 months.
- Do not apply other topical treatments to wounds where silver sulfadiazine is applied.
- Use with caution in children under 2 years (risk of systemic absorption); in patients with severe renal or hepatic impairment.

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 – Between 8 °C and 25 °C

After use, keep the tube or jar tightly closed to avoid exposure to light.

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# **SODIUM DICHLOROISOCYANURATE = NaDCC**



## **Therapeutic action**

- Disinfectant (chlorine-releasing compound)

## **Indications**

- Disinfection of medical devices, instruments, linen, floors and surfaces

## **Forms and strengths**

- 1.67 g NaDCC effervescent tablet, releasing 1 g active chlorine when dissolved in water.  
Also comes in different strengths and in granules and powder.

## **Preparation and use**

### **Pre-disinfection of soiled instruments**

- 0.1% active chlorine solution (1000 ppm): 1 tablet of 1 g active chlorine per litre  
Immediately after use, soak instruments for 15 minutes, then clean instruments.

### **Disinfection of clean instruments**

- 0.1% active chlorine solution (1000 ppm): 1 tablet of 1 g active chlorine per litre  
Soak previously cleaned instruments for 20 minutes, rinse thoroughly and dry.

### **Disinfection of linen**

- 0.1% active chlorine solution (1000 ppm): 1 tablet of 1 g active chlorine per litre  
Soak for 15 minutes, rinse thoroughly (at least 3 times).

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- Do not expose the product to flames. Do not incinerate.
- DO NOT SWALLOW. Do not store NaDCC tablets near oral tablets.
- Avoid inhaling vapours and dust when opening or handling the containers.
- Do not mix with acid solutions such as urine, etc. (release of toxic chlorine gas) and detergents.

## Remarks

- NaDCC may be used for wound antisepsis but only if the formulation is intended for this purpose: 0.1% active chlorine solution (1000 ppm): 1 tablet of 1 g active chlorine per litre. For prolonged use, protect the healthy skin around the wound with vaseline.  
Caution: some formulations used for disinfecting floors contain additives (detergents, colouring, etc.) and cannot be used on wounds. Check label or leaflet.
- Some formulations can be used for the disinfection of drinking water (Aquatabs®, etc.). Follow manufacturer's instructions.
- NaDCC is also called sodium troclosene, sodium dichloro-s-triazinetrione.

## Storage

 -  - In airtight container, protected from light, heat and humidity, in a well ventilated room

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# **TETRACYCLINE, eye ointment**

## **Therapeutic action**

- Antibacterial

## **Indications**

- Treatment of bacterial conjunctivitis
- Treatment of trachoma (by preference use oral azithromycin for this indication)
- Prevention of neonatal conjunctivitis

## **Forms and strengths**

- 1% ointment, tube

## **Dosage and duration**

- Wash the eyes with boiled and cooled water before each application. Use sterile sodium chloride 0.9% for newborns.
- Apply tetracycline 1% into the conjunctival sac of both eyes:
  - Conjunctivitis: one application 2 times daily for 7 days
  - Trachoma: one application 2 times daily for 6 weeks
  - Prevention of neonatal conjunctivitis: one single application immediately after birth

## **Contra-indications, adverse effects, precautions**

- Do not use in patients with hypersensitivity to tetracyclines.
- May cause allergic reactions; stop treatment in the event of serious reaction.

## **Remarks**

- Neonatal conjunctivitis must be treated with systemic antibiotic therapy. When it is not immediately

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# ZINC OXIDE, ointment

## Therapeutic action

- Skin protector

## Indications

- Dermatosis of kwashiorkor
- Nappy rash
- Eczema
- First-degree burns
- Protection of healthy skin when caustic products such as podophyllum resin or podophyllotoxin are to be applied

## Forms and strengths

- 10% zinc oxide ointment, tube or jar

## Dosage

- Child and adult: one application 1 to 3 times daily

## Duration

- According to clinical response

## Contra-indications, adverse effects, precautions

- Clean the skin before applying the ointment.
- Do not apply to exudative and/or superinfected lesions.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication. Do not apply to the breasts.

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# Drugs potentially dangerous or obsolete or ineffective

AMODIAQUINE = AQ oral

ARTEMETHER injectable

ARTESUNATE = AS oral

ARTESUNATE + SULFADOXINE/PYRIMETHAMINE = AS + SP oral

Long-acting oily CHLORAMPHENICOL injectable

MEFLOQUINE = MQ oral

METHYLROSANILINIUM CHLORIDE = GENTIAN VIOLET = GV = CRYSTAL VIOLET

METAMIZOLE = DIPYRONE = NORAMIDOPYRINE oral

METAMIZOLE = DIPYRONE = NORAMIDOPYRINE injectable

POTASSIUM CHLORIDE 10% = KCl 10% injectable

QUININE injectable

SALBUTAMOL injectable

TETANUS ANTITOXIN (EQUINE)

DIPHTERIA-TETANUS-PERTUSSIS VACCINE (DTP)

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# **AMODIAQUINE = AQ oral**

Prescription under medical supervision

Do not administer the combination artesunate-amodiaquine as separate tablets (i.e. artesunate tablets + amodiaquine tablets). Use co-formulated tablets.

## **Therapeutic action**

- Antimalarial

## **Indications**

- Treatment of uncomplicated falciparum malaria, in combination with artesunate
- Treatment of uncomplicated malaria due to other Plasmodium species, in combination with artesunate, when chloroquine cannot be used
- Completion treatment following parenteral therapy for severe malaria, in combination with artesunate

## **Forms and strengths**

- 200 mg amodiaquine hydrochloride tablet, containing 153 mg amodiaquine base

## **Dosage and duration**

- Child and adult: 10 mg base/kg once daily for 3 days, in combination with artesunate

## **Contra-indications, adverse effects, precautions**

- Do not administer in the event of previous severe adverse reaction to treatment with amodiaquine (e.g. hypersensitivity reaction, hepatitis, leucopenia, agranulocytosis).

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## **Storage**

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# **ARTEMETHER injectable**

Prescription under medical supervision

## **Therapeutic action**

- Antimalarial

## **Indications**

- Alternative to injectable artesunate (when it is not available) in the:
  - Treatment of severe malaria
  - Initial treatment of uncomplicated malaria, when persistent vomiting precludes oral therapy

## **Forms and strengths, route of administration**

- 80 mg in 1 ml ampoule (80 mg/ml), oily solution for IM injection. NEVER ADMINISTER BY IV ROUTE.  
When the dose required is less than 1 ml, use a 1 ml syringe graduated in 0.01 ml.

## **Dosage and duration**

- Child and adult:  
3.2 mg/kg by IM injection on the first day followed by 1.6 mg/kg once daily

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Weight	80 mg ampoule	
	Loading dose	Maintenance dose
3-4 kg	0.2 ml	0.1 ml
5-6 kg	0.3 ml	0.15 ml
7-9 kg	0.4 ml	0.2 ml
10-14 kg	0.6 ml	0.3 ml
15-19 kg	0.8 ml	0.4 ml
20-29 kg	1.2 ml	0.6 ml
30-39 kg	1.6 ml	0.8 ml
40-49 kg	2 ml	1 ml
50-59 kg	2.5 ml	1.2 ml

- Treat parenterally for at least 24 hours (2 doses), then, if the patient can tolerate the oral route, change to a complete 3-day course of an artemisinin-based combination. If not, continue parenteral treatment once daily until the patient can change to oral route (without exceeding 7 days of parenteral treatment).

## Contra-indications, adverse effects, precautions

- May cause: gastrointestinal disturbances, dizziness.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

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# ARTESUNATE = AS oral

Prescription under medical supervision

Oral artesunate must always be administered in combination with another antimalarial in coformulated tablets: artesunate/amodiaquine or artesunate/mefloquine.

## Therapeutic action

- Antimalarial

## Indications

- Treatment of uncomplicated falciparum malaria, in combination with another antimalarial
- Treatment of uncomplicated malaria due to other Plasmodium species, in combination with another antimalarial, when chloroquine cannot be used
- Completion treatment following parenteral therapy for severe malaria, in combination with another antimalarial

## Forms and strengths

- 50 mg tablet

## Dosage and duration

- Child and adult: 4 mg/kg once daily for 3 days in combination with another antimalarial

## Contra-indications, adverse effects, precautions

- May cause: gastrointestinal disturbances, dizziness.
- **Pregnancy:** no contra-indication

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# **ARTESUNATE + SULFADOXINE/PYRIMETHAMINE = AS + SP oral**

Prescription under medical supervision

## **Therapeutic action**

- Antimalarial

## **Indications**

- Treatment of uncomplicated falciparum malaria
- Completion treatment following parenteral therapy for severe falciparum malaria

## **Forms and strengths**

- Artesunate (AS) tablets and sulfadoxine/pyrimethamine (SP) tablets, in blister packs, for a complete treatment for one individual
- There are 4 different blister packs:
  - Child < 25 kg:  
blister pack with 3 tab AS 50 mg and 1 tab SP 500/25 mg
  - Child 25 to < 50 kg:  
blister pack with 6 tab AS 50 mg and 2 tab SP 500/25 mg
  - Child ≥ 50 kg and adult:  
blister pack with 12 tab AS 50 mg and 3 tab SP 500/25 mg  
or blister pack with 6 tab AS 100 mg and 3 tab SP 500/25 mg

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<b>Weight</b>	<b>Blister pack</b>	<b>D1</b>	<b>D2</b>	<b>D3</b>
5 to < 10 kg	3 tab AS50 + 1 tab SP	½ tab AS + ½ tab SP	½ tab AS	½ tab AS
10 to < 25 kg	3 tab AS50 + 1 tab SP	1 tab AS + 1 tab SP	1 tab AS	1 tab AS
25 to < 50 kg	6 tab AS50 + 2 tab SP	2 tab AS + 2 tab SP	2 tab AS	2 tab AS
≥ 50 kg and adult	12 tab AS50 + 3 tab SP	4 tab AS + 3 tab SP	4 tab AS	4 tab AS
	6 tab AS100 + 3 tab SP	2 tab AS + 3 tab SP	2 tab AS	2 tab AS

## Contra-indications, adverse effects, precautions

- Do not administer to patients with allergy to sulfonamides.
- May cause: see artesunate and sulfadoxine/pyrimethamine.
- Do not use in combination with co-trimoxazole.
- Do not give folic acid on the same day SP is administered, or within 2 weeks thereafter.
- **Pregnancy:** CONTRA-INDICATED during the first trimester (risk of neural tube defects); no contra-indication during the 2<sup>nd</sup> and 3<sup>rd</sup> trimester
- **Breast-feeding:** no contra-indication

## Storage

 -  - Below 30 °C

Leave tablets in blisters until use. Once a tablet is removed from its blister, it must be administered immediately.

If half tablets are used, remaining half tablets may be given to another patient if administered within 24 hours.

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# Long-acting oily CHLORAMPHENICOL injectable

Prescription under medical supervision

## Therapeutic action

- Phenicol antibacterial, with prolonged effect

## Indications

- Treatment of meningococcal meningitis during epidemics

## Forms and strengths, route of administration

- 500 mg oily suspension in 2 ml ampoule (250 mg/ml) for IM injection only. NEVER FOR IV INJECTION.

## Dosage

- Child over 2 years and adult: 100 mg/kg single dose (max. 3 g per dose)

Age	Weight	Dose	Volume
2 to < 6 years	13 to < 21 kg	1.5 g	6 ml
6 to < 10 years	21 to < 31 kg	2 g	8 ml
10 to < 15 years	31 to < 54 kg	2.5 g	10 ml

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- Do not administer to patients with:
  - history of allergic reaction or bone marrow depression during a previous treatment with chloramphenicol;
  - G6PD deficiency.
- May cause:
  - dose-related haematological toxicity (bone marrow depression, anaemia, leucopenia, thrombocytopenia), allergic reactions. In these events, stop treatment immediately;
  - gastrointestinal disturbances, peripheral and optic neuropathies.
- Avoid or monitor combination with potentially haematotoxic drugs (carbamazepine, co-trimoxazole, flucytocine, pyrimethamine, zidovudine, etc.).
- **Pregnancy:** CONTRA-INDICATED
- **Breast-feeding:** CONTRA-INDICATED

## Remarks

- Oily chloramphenicol is not recommended as chemoprophylaxis for meningitis contacts during epidemics.
- Shake the injection suspension before administration.

## Storage

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# MEFLOQUINE = MQ oral

Prescription under medical supervision

 Do not administer the combination artesunate-mefloquine as separate tablets (i.e. artesunate tablets + mefloquine tablets). Use co-formulated tablets.

## Therapeutic action

- Antimalarial

## Indications

- Treatment of uncomplicated falciparum malaria
- Treatment of uncomplicated malaria due to other Plasmodium species, when chloroquine cannot be used
- Completion treatment following parenteral therapy for severe malaria

## Forms and strengths

- 250 mg scored tablet

## Dosage and duration

- Child 6 months and over ( $\geq 5$  kg) and adult: 8 mg/kg once daily for 3 days (in combination with artesunate)

## Contra-indications, adverse effects, precautions

- Do not administer to patients with neuropsychiatric disorders (or history of), seizures, hypersensitivity to mefloquine or quinine: mefloquine treatment in the previous 4 weeks.

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- Do not combine with anti-epileptics (risk of seizures), co-artemether, chloroquine (risk of seizures, cardiac toxicity).
- Do not administer simultaneously with quinine (risk of seizures, cardiac toxicity). If mefloquine is used after quinine IV, administer mefloquine 12 hours after the last dose of quinine.
- Administer with caution to patients taking antiarrhythmics, beta-blockers, calcium-channel blockers or digitalis (risk of heart rhythm disorders).
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Also comes in co-formulated tablets containing artesunate 25 mg/mefloquine 50 mg and artesunate 100 mg/mefloquine 200 mg.

## Storage

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# **METHYLROSANILINIUM CHLORIDE = GENTIAN VIOLET = GV = CRYSTAL VIOLET**

Carcinogenic effects have been demonstrated in animals. As a precaution, this product should not be used in humans if an alternative is available.

## **Therapeutic action**

- Antifungal, weak antiseptic, drying agent

## **Indications**

- Oropharyngeal candidiasis, mammary candidiasis in nursing mothers
- Certain wet skin lesions (impetigo, dermatophytosis oozing lesions)

## **Forms and strengths**

- Powder to be dissolved

## **Preparation**

- Dissolve 2.5 g of powder (= one half-teaspoon) in 1 litre of clear water (boiled a few minutes and cooled) to obtain a 0.25% solution.
- Shake well and leave to settle. Pour carefully into another bottle to eliminate any possible sediment.
- Before preparation, carefully wash both the bottle for dilution and the storage bottle with hot water and leave to dry.

## **Use**

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- The use of cooking oil or vaseline around lips before swabbing can limit the risk of skin coloration.
- Stop treatment in the event of allergic reactions or if new ulcerations develop.
- In the event of product entering the eye, rinse with plenty of water.
- Avoid contact with clothes (causes permanent staining of fabrics).

## Remarks

- Gentian violet is no longer included in the WHO list of essential medicines.

## Storage



- Powder to be dissolved: unlimited
- Diluted solution: maximum 1 week

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# **METAMIZOLE = DIPYRONE = NORAMIDOPYRINE oral**

Prescription under medical supervision

 Given the potentially serious adverse effects and that safer alternatives exist, this drug should not be prescribed as first choice treatment.

## **Therapeutic action**

- Analgesic, antipyretic

## **Indications**

- Pain, fever

## **Forms and strengths**

- 500 mg tablet

## **Dosage**

- Adult: 500 mg to 1 g 2 to 3 times daily

## **Duration**

- As short as possible.

## **Contra-indications, adverse effects, precautions**

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## **Storage**

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# **METAMIZOLE = DIPYRONE = NORAMIDOPYRINE injectable**

Prescription under medical supervision

 Given the potentially serious adverse effects and that safer alternatives exist, this drug should not be prescribed as first choice treatment.

## **Therapeutic action**

- Analgesic, antipyretic

## **Indications**

- Pain, fever

## **Forms and strengths, route of administration**

- 1 g in 2 ml ampoule (500 mg/ml) for IM, SC or slow IV injection or infusion

## **Dosage**

- Adult: 500 mg every 8 hours if necessary

## **Duration**

- As short as possible.

## **Contra-indications, adverse effects, precautions**

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# POTASSIUM CHLORIDE 10% = KCl 10%

## injectable

 Prescription under medical supervision

### Indications

- Treatment of severe hypokalaemia (arrhythmia, marked muscular weakness, rhabdomyolysis or serum potassium level  $\leq 2.5$  mmol/litre)

### Forms and strengths, route of administration

- Ampoule containing 10% potassium chloride hypertonic solution (100 mg/ml, 10 ml), i.e. 1 g of potassium chloride (KCl) per 10 ml ampoule
- Ionic composition:
  - potassium ( $K^+$ ): 13.4 mmol per 10 ml ampoule ( $13.4\text{ mEq}$ )
  - chloride ( $Cl^-$ ): 13.4 mmol per 10 ml ampoule ( $13.4\text{ mEq}$ )
- Check concentration before use:** potassium chloride also comes in ampoules containing 7.5%, 11.2%, 15% and 20% solutions.
- NEVER USE BY IV OR IM OR SC INJECTION. Potassium chloride must always be administered by slow IV infusion, diluted in 0.9% sodium chloride.
- For dilution:
  - The potassium concentration in the infusion fluid should not exceed 40 mmol/litre.
  - Mix thoroughly the potassium and the 0.9% sodium chloride solution by inverting at least 5 times the infusion bottle or bag.

### Dosage and duration

Dosage depends on the severity of hypokalaemia and the patient's underlying condition. For

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10 kg	0.2 (mmol) x 10 (kg) = 2 mmol/hour x 3 hours = 6 mmol 6 mmol (= 4.5 ml of 10% KCl solution) diluted in 150 ml of NaCl 0.9% and administered over 3 hours
15 kg	0.2 (mmol) x 15 (kg) = 3 mmol/hour x 3 hours = 9 mmol 9 mmol (= 6.5 ml of 10% KCl solution) diluted in 225 ml of NaCl 0.9% and administered over 3 hours

- Adult: 40 mmol (= 3 ampoules of 10 ml of 10% KCl) in one litre of 0.9% sodium chloride, to be administered over 4 hours. Do not exceed 10 mmol/hour.

The infusion may be repeated if severe symptoms persist or if the serum potassium level remains < 3 mmol/litre.

## Contra-indications, adverse effects, precautions

- Administer with caution to elderly patients.
- Administer with caution and reduce the dose in patients with renal impairment (increased risk of hyperkalaemia).
- May cause:
  - in the event of rapid or excessive administration: hyperkalaemia, cardiac conduction and rhythm disorders, potentially fatal;
  - in the event of extravasation: necrosis.
- Infusion must be constantly monitored.

## Remarks

- A 7.5% potassium solution contains 1 mmol of K<sup>+</sup>/ml; a 11.2% solution contains 1.5 mmol of K<sup>+</sup>/ml; a 15% solution contains 2 mmol of K<sup>+</sup>/ml; a 20% solution contains 2.68 mmol of K<sup>+</sup>/ml.
- Moderate hypokalaemia is defined as a potassium level < 3.5 mmol/litre; severe hypo kalaemia as a potassium level ≤ 2.5 mmol/litre.

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# QUININE injectable

Prescription under medical supervision

## Therapeutic action

- Antimalarial

## Indications

- Alternative to injectable artesunate, when it is not available, in the treatment of severe malaria

## Forms and strengths, route of administration

- 600 mg of quinine dihydrochloride in 2 ml ampoule (300 mg/ml), to be diluted in 5% glucose, for slow infusion.  
NEVER ADMINISTER BY IV INJECTION.

## Dosage

The dosage is expressed in terms of salt:

- Child and adult:
  - loading dose: 20 mg/kg administered over 4 hours, then keep the vein open with an infusion of 5% glucose over 4 hours
  - maintenance dose: 8 hours after the start of the loading dose, 10 mg/kg every 8 hours  
(alternate quinine over 4 hours and 5% glucose over 4 hours)

For adults, administer each dose of quinine in 250 ml. For children under 20 kg, administer each dose of quinine in a volume of 10 ml/kg.

Do not administer a loading dose to patients who have received oral quinine or mefloquine within the

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## **Contra-indications, adverse effects, precautions**

- May cause: hypoglycaemia; auditory and visual disturbances, cardiac disorders (especially in the event of overdose), hypersensitivity reactions, cardiac depression if injected undiluted by IV route.
- In patients with acute renal failure, reduce the dose by one-third if the parenteral treatment lasts more than 48 hours.
- Monitor blood glucose (reagent strip test).
- Do not administer simultaneously with mefloquine (risk of seizures, cardiac toxicity). Administer mefloquine 12 hours after the last dose of quinine.
- **Pregnancy:** no contra-indication. The risk of quinine-related hypoglycaemia is very high in pregnant women.
- **Breast-feeding:** no contra-indication

## **Remarks**

- 10 mg quinine dihydrochloride = 8 mg quinine base.
- Administration by IM deep injection (into the anterior thigh only) is possible when infusion cannot be performed (e.g. before transferring a patient). However this may cause numerous complications. Doses are the same as for the IV route. Quinine should be diluted (1/2 or 1/5). For the loading dose, administer half the dose into each thigh.

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# SALBUTAMOL injectable

Prescription under medical supervision

## Therapeutic action

- Uterine relaxant

## Indications

- Threatened premature labour (preferably use nifedipine for this indication)

## Forms and strengths, route of administration

- 0.5 mg in 1 ml ampoule (0.5 mg/ml) for IV infusion

## Dosage

- Dilute 5 mg (10 ampoules of 0.5 mg) in 500 ml of 5% glucose or 0.9% sodium chloride to obtain a solution of 10 micrograms/ml.
- Start infusion at the rate of 15 to 20 micrograms/minute (30 to 40 drops/minute).
- If contractions persist, increase the rate by 10 to 20 drops/minute every 30 minutes until uterine contractions cease. Do not exceed 45 micrograms/minute (90 drops/minute).
- Continue for one hour after contractions have ceased, then reduce the rate by half every 6 hours.

## Duration

- 48 hours maximum

## Contra-indications, adverse effects, precautions

- Do not administer to patients with pre-eclampsia, eclampsia, uterine haemorrhage, intra-uterine

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- **Breast-feeding:** avoid

## Remarks

- Use salbutamol within 24 hours of mixing with infusion fluid.
- Do not mix with other drugs in the same infusion fluid.
- Also comes in 5 ml ampoule containing 0.25 mg (0.05 mg/ml).

## Storage

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# TETANUS ANTITOXIN ( EQUINE)

Equine tetanus antitoxin should no longer be used, as there is a risk of hypersensitivity and serum sickness.

It should be replaced by human tetanus immunoglobulin.

## Therapeutic action

- Neutralisation of tetanus toxin. Tetanus antiserum provides temporary passive immunity against tetanus for 2 weeks.

## Indications

- Prevention of tetanus in wound management, in patients non immunised or incompletely immunised or in patients whose immunisation status is unknown, in combination with tetanus vaccine
- Treatment of clinical tetanus

## Composition, forms and strengths, route of administration

- Solution prepared from the serum of horses immunised against tetanus toxin
- 1500 IU in 1 ml ampoule, for IM injection. DO NOT ADMINISTER BY IV ROUTE.

## Dosage and duration

### Prevention of tetanus

- Tetanus antiserum is administered in the event of tetanus-prone wounds, e.g. wounds with fracture, deep penetrating wounds, bite wounds, wounds containing foreign bodies, wounds contaminated with soil, infected wounds, extensive tissue damage (contusions, burns).  
Child and adult: 1500 IU single dose; 3000 IU if more than 24 hours has elapsed
- It is administered as soon as possible after injury, along with the tetanus vaccine, in a separate syringe and injection site.

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- Administer following Besredka's method: inject 0.1 ml by SC route and wait 15 minutes; if no local or general allergic reactions occur, inject 0.25 ml by SC route and wait 15 minutes; if no reactions, administer the injection by IM route.
- Ensure that the injection does not enter a blood vessel (risk of shock): aspirate prior to injection to confirm that the needle is not in a vein.
- **Pregnancy:** no contra-indication
- **Breast-feeding:** no contra-indication

## Remarks

- Equine tetanus antitoxin is not included in the WHO list of essential medicines.

## Storage

-Ø: – Between 2 °C and 8 °C. Do not freeze.

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# DIPHTERIA-TETANUS-PERTUSSIS VACCINE (DTP)

Last updated: December 2024

This vaccine has been replaced by the pentavalent DTP/Hepatitis B/Hib vaccine.

## Indications

- Prevention of diphtheria, tetanus and pertussis in children under 7 years (primary vaccination and booster dose)

## Composition, forms, route of administration

- Trivalent vaccine combining diphtheria toxoid, tetanus toxoid and whole-cell (DTwP) or acellular (DTaP) pertussis vaccine
- Suspension for injection in multidose vial, for IM injection into the anterolateral part of the thigh in children < 2 years and in the deltoid muscle in children ≥ 2 years  
DO NOT ADMINISTER INTO THE GLUTEAL MUSCLE.

## Dosage and vaccination schedule

- Child: 0.5 ml per dose
- Primary vaccination: 3 doses 4 weeks apart, preferably before the age of 6 months. It is recommended to administer the 1<sup>st</sup> dose at 6 weeks of age, the 2<sup>nd</sup> dose at 10 weeks of age and the 3<sup>rd</sup> dose at 14 weeks of age. If a child has not been vaccinated at 6 weeks of age, start vaccination as soon as possible.
- Booster: one dose between 12 and 23 months

## Contra-indications, adverse effects, precautions

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## Remarks

- If the vaccination is interrupted before the complete series has been administered, it is not necessary to start again from the beginning. Continue the vaccination schedule from where it was interrupted and complete the series as normal.
- Also comes in:
  - tetravalent vaccine (diphtheria, tetanus, pertussis, hepatitis B) and pentavalent vaccine (diphtheria, tetanus, pertussis, hepatitis B and *Haemophilus influenzae*) used for primary vaccination in children < 7 years;
  - bivalent Td vaccine containing a reduced dose of diphtheria toxoid (tetanus-diphtheria), used in children ≥ 4 years, adolescents and adults.
- Shake before use to homogenise the vaccine.

## Storage

 – Between 2 °C and 8 °C. Do not freeze.

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# Part two

[Organization and management of a pharmacy](#)

[Drug quality and storage](#)

[Prescription, cost, compliance](#)

[Antiseptics and disinfectants](#)

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# Organization and management of a pharmacy

Organization and rigorous management of the pharmacy are crucial in all health facilities in order to:

- maintain a permanent stock of essential medicines and supplies of quality;
- reduce costs;
- save time and optimise the work of the staff;
- facilitate management and continuous consumption evaluation.

In any case, national pharmaceutical policies and regulations must be taken into account when implementing pharmaceutical activities.

## Preliminary information

### Drug designation

All active ingredients have an *international nonproprietary name* (INN). Drugs are designated by their INN in all standardised lists. The INN should also be used in standard therapeutic regimens and management documents, in order to avoid confusion, since drugs are sold under their INN or a variety of brand names, depending on the manufacturer (e.g. ampicillin may be sold as Britapen®, Penbritin®, Pentrexyl®, Totapen®, etc.).

Generic drugs are copies of drugs whose patents have expired. They can therefore be made by any pharmaceutical laboratory and are most often sold under their INN or occasionally under a new brand name.

### Selection of essential medicines

Most countries have a national list of essential medicines. If there is no national list, refer to the latest WHO list.

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- economic and administrative improvements concerning purchasing, storage, distribution and control.

Proposing the same drug in many different strengths or forms should be avoided. In most cases, one form/strength for adults and one paediatric form/strength are sufficient. This facilitates management and avoids confusion in prescriptions.

At times, local prescription usages should be taken into account, e.g. in French-speaking Africa, 500 mg aspirin tablets are used; in English-speaking Africa, 300 mg tablets.

**Note:** medical supplies (dressing, injections, sutures, etc.) should be limited to essentials and the object of a standardised list.

## Drug classification

In the WHO list, drugs are classified according to their therapeutic action. This classification presents a certain pedagogical advantage but cannot be used as the basis of a storage arrangement system (e.g. a drug may appear in several classes).

Médecins Sans Frontières recommends a storage arrangement system according to the route of administration and in alphabetical order.

Drugs are divided into 6 classes and listed in alphabetical order within each class:

- oral drugs
- injectable drugs
- infusion fluids
- vaccines, immunoglobulins and antisera
- drugs for external use and antiseptics
- disinfectants

This classification should be used at every level of a management system (order forms, stock cards, inventory lists, etc.) in order to facilitate all procedures.

## Levels of use

More limited lists should be established according to the level of health structures and competencies of prescribers. Restricted lists and the designation of prescription and distribution levels should be adapted to the terminology and context of each country.

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Several methods have been suggested (see *Estimating drug requirements*, WHO). Quantities calculated may differ from those corresponding to true needs or demands (this can be the case when the number of consultations increases or when prescribers do not respect proposed therapeutic regimens).

In an emergency situation (especially with displaced population), the *Emergency Health Kit*, developed in collaboration with the WHO, UNHCR, MSF, etc., is designed to meet the care needs of a displaced population of 10,000 people for 3 months. Afterwards, specific local needs should be evaluated in order to establish a suitable supply.

Routine evaluation of needs and consumption allows verification of how well prescription schemes are respected and prevents possible stock shortages.

## **Layout of a pharmacy**

Whether constructing a building, converting an existing building, central pharmacy or health facility pharmacy, the objectives are the same only the means differ.

### **Premises**

Functional premises should be designed in order to ensure:

- the safe keeping of stocks;
- correct storage of drugs and supplies;
- rational and easy management.

## **Characteristics of a warehouse**

Dimensions of warehouse are determined by storage needs, which depend on:

- the number of drugs and supplies to be stocked;
- the number and activities of facilities;
- distribution and receiving frequency: the lesser the frequency the greater the volume needed, thus the greater the space needed.

It is better to have too much space than not enough: a cramped warehouse is difficult to work, and any increases in stock or activity are also difficult. For 1 m<sup>2</sup> of storage space count 3 m<sup>2</sup> of floor space.

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- Floors should be covered in cement (slightly inclined, if possible, to facilitate cleaning).

## **Interior layout of a warehouse**

The organization should be logical and correspond to the circuit "reception, storage, distribution".

### **Shelves and pallets**

Solid and stable shelves are indispensable. In tropical countries where termites attack wood, metal structures are preferred. As they can be dismantled, it is easy to adjust spaces between shelves and alleys to better accommodate goods to be stored.

Space between shelves and walls improves ventilation.

No products or packaging, even large-sized, should be stored on the floor, but on pallets which permit air circulation and protect against humidity.

### **Stocking areas**

Within a warehouse, or close by, stocking areas should be provided.

- Receiving area: for stocking parcels before unpacking and checking freight and quality control.
- Distribution area: for stocking peripheral orders before distribution. Each destination should have a designated area where parcels may be stocked before distribution.

Receiving and distribution areas should be near access doors in order to facilitate handling.

It is also recommended to plan a stocking area for empty boxes, used to prepare orders for peripheral health facilities.

### **Workspace(s)**

A workspace should be set up in the receiving area and in the distribution area to verify deliveries and prepare orders.

### **Desk**

For the person in charge of the pharmacy, a desk near a light source should be set up for administrative work and for keeping documents.

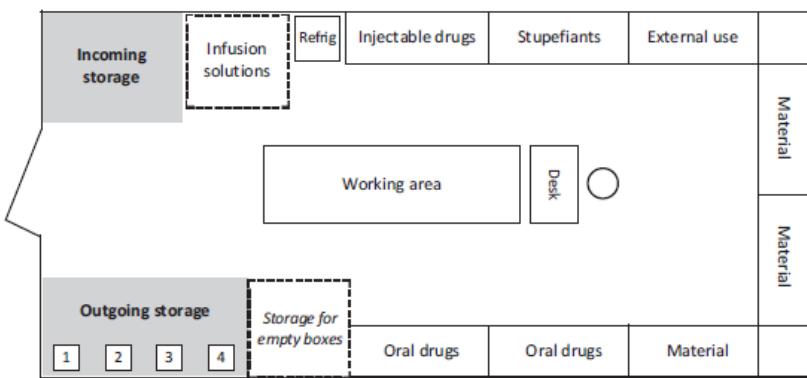
### **Examples of pharmacy layout**

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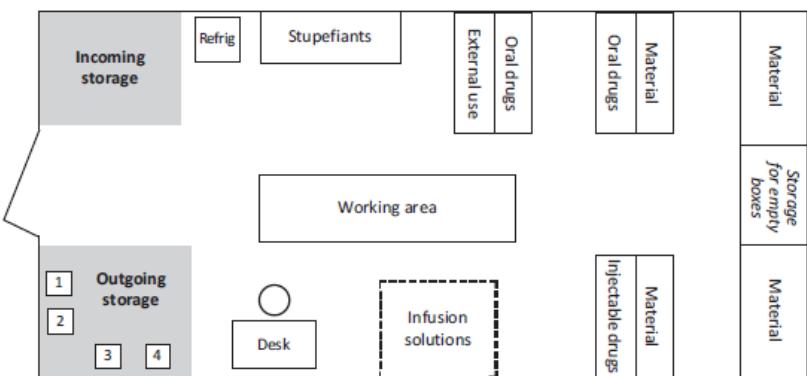
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Schema 1



Schema 2



The arrangement of shelves, tables or other furniture, varies according to the layout of the premises.

For larger stocks or central pharmacies, use several rooms and apply the same principles by adapting layouts to needs: administration, cold room, refrigerators, etc.

## Arrangement of drugs and supplies

### Storage of drugs not requiring a cold chain

Drugs are arranged according to the classification adopted:

- oral drugs
- injectable drugs
- infusions
- drugs for external use and antiseptics
- disinfectants

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Clearly indicate expiry dates on boxes (large marker). Arrange products with the earliest expiry date at the front of the shelves and those with the latest at the back. This is essential to avoid drugs expiring during storage.

So that persons not familiar with the INN system can find their way around in case of emergency or replacement, a list of commercial names and the corresponding INN can be put up, e.g.:

Bactrim®	see co-trimoxazole
Clamoxyl®	see amoxicillin
Flagyl®	see metronidazole
Valium®	see diazepam

## **Storage of controlled substances**

Narcotics and other controlled substances should be placed under lock and key.

## **Storage of products requiring a cold chain**

Products needing a cold chain should be stored in a refrigerator (between 2-8 °C): vaccines, immunoglobulins, serums, insulin, ergometrine, oxytocin, dinoprostone, certain laboratory tests, etc.

## **Storing medical materials/supplies**

Given the diversity of items, do not use alphabetical ordering, but group articles by category: injections, dressings, sutures, reagents and laboratory material, etc.

## **Storing bulky materials**

Put a few boxes in their normal place and, on a label, indicate where the rest of the stock is kept. Do not disperse the rest of the stock in several places.

- The storage arrangement should allow a 'visual stock check':
  - It should be possible to quickly count the number of boxes for each product and evaluate, in a few minutes, the number of weeks or months that can be covered with the stock available.
  - An empty space behind a label immediately shows that the product is out of stock.
- Only a few hours should be needed to perform a complete inventory.

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Tasks and responsibilities should be clearly defined. One assistant should be able to replace the person in charge if necessary.

It is important to draw up a work calendar (orders, distributions, inventories, management of expired drugs, etc.) in order to spread out the workload.

## Stock management

### Stock cards

The stock card is the principle instrument for stock control. A stock card is established for each product (drugs and supplies) and updated at each movement. Stock cards are used to:

- identify all stock movements: in and out;
- determine at any moment the theoretical level of stocks;
- follow-up the consumption of different facilities;
- correctly plan and prepare orders;
- determine losses (differences between theoretical stock and actual stock).

### Example of a stock card

Item: AMOXICILLIN	Dosage/Form: 250 mg, tab				
Code:	Packaging unit: box 1,000 tab				
AMC = 9,000					
Date	Origin/Destination	IN	OUT	STOCK	Remarks/Signature
01/06/19	Brought forward (previous stock card)			20,000	
01/06/19	Central warehouse	80,000		100,000	Exp. 12/2021
02/06/19	Health centre 1		5,000	95,000	
06/06/19	Health centre 2		2,000	93,000	
06/06/19	Health centre 3		2,000	91,000	
01/07/19	Inventory			91,000	10,000 (07/19) 11,000 (05/20) 70,000 (12/21)
02/07/19	Health centre 1		6,000	85,000	
05/07/19	Health centre 2		2,000	83,000	
05/07/19	Health centre 3		1,000	82,000	
31/07/19	Expired July 19		1,000	81,000	Exp. 07/2019
01/08/19	Health centre 1		6,000	75,000	

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- average monthly consumption;
- stock levels: buffer stock, running stock;
- other stock areas for a product;
- unit price;
- current orders and dates.

Quantities in and out are always recorded in units (e.g. 5,000 tablets, 80 ampoules) and never in number of boxes.

Write a single operation per line, even if several operations take place the same day.

**Note:** stock cards are always required, even when computer assisted stock management is used.

## **Quantities to retain and order (stock level)**

### **Average monthly consumption (AMC)**

Calculated from outgoing stock recorded on stock cards: add the quantities of several months (3, 6 or 12) in the out column and divide the total by the number of months considered.

**Running stock** = consumption between two supply deliveries

Running stock corresponds to the quantity of each drug consumed between two supply deliveries (e.g. if deliveries are quarterly, running stock = AMC x 3).

### **Buffer stock**

This stock is planned to compensate for possible late deliveries, losses, and increases in consumption. It is calculated according to the delivery delay of orders.

Buffer stock quantities are generally evaluated as half of the consumption during the period between two deliveries. It depends on risks that a programme may run: stock shortages or drug expiration in specific situations (resources, seasonal supply problems, etc.).

For example, if the delivery delay is two months, the buffer stock corresponds to the quantity consumed in one month.

### **Quantities to be ordered**

Quantities to order are based on data from stock cards:

- actual stock level (inventory) on the day of the order
- running stock
- buffer stock

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The following may also be included:

- stock levels,
- AMC.

Orders should be in triplicate, dated and countersigned by the person in charge of the health facility.

Two copies are sent to the central pharmacy: one serves as a way bill and may also be used for invoicing, the second stays with the central pharmacy. The third copy stays at the health facility.

### **Example:**

Health facility order form, 6-month supply period, minimum stock of 3 months (2 month delivery delay + 1 month buffer stock )

Health structure: <i>Bébora</i>	Head of structure: <i>Jacques Pinel, Ph</i>	Date: <i>26.06.19</i>	Signature: <i>XXX</i>			
ORAL DRUGS						
NAME	PRESENTATION	Price	Stock	Monthly consump.	Qty ordered	Qty delivered
ACETYLSALICYLIC ACID	300 mg tab	0.01	55,000	10,000	5,000	
ASCORBIC ACID	250 mg tab	0.04	-	-	-	
ALUMINIUM HYDROXYDE	500 mg tab	0.03	15,000	6,000	21,000	
AMOXICILLIN	250 mg tab	0.18	16,000	4,000	8,000	

### **Receiving orders**

All orders should be accompanied by a way bill or invoice and packing list.

On reception, the number of parcels should be checked, then their contents should be verified:

- ensure that products delivered correspond to products ordered, and that the quantities conform to those on the packing list;
- packaging, labelling and expiry dates of each product should be checked, as well as the aspect of the product;
- look for special storage conditions (cold chain).

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An inventory of current stock quantities and expiry dates should be done before each order. Stock cards give a theoretical figure of stock quantities, but actual quantities of each product should be verified (physical stock). Differences may arise due to errors in recording or due theft. These differences should be clarified.

An inventory may only be easily done if the pharmacy is correctly arranged. It is an indispensable task. During an inventory there should be no stock movements, i.e. incoming or outgoing stock.

## **Distribution**

### **Distribution to health facilities**

Each health facility sends the central pharmacy two copies of the order form.

On both copies, actual quantities supplied by the central pharmacy are recorded in the "Qty delivered" column.

One on these copies is sent with the delivery.

After verifying that all products have been correctly recorded on their respective stock cards, the second copy is placed in a file established for health facility. The exit date on the stock card should be the same as the date on the order form.

### **Dispensing drugs to patients**

Drug packaging should be presentable. Use plastic bags that can be resealed by pressure (Minigrip®).

Prepare labels for each drug, clearly showing:

- the name of the drug (INN), form and strength;
- the dosage written out in full or in symbols.

Put the number of tablets corresponding to a complete treatment and the label into the bag.

In busy centres it is better to have two people responsible for dispensing drugs in order to double check prescription deliveries; the first collects the drugs prescribed, the second verifies and gives them to patients with all necessary explanations, slightly away from other patients.

So that patients correctly follow treatment, adequate explanations should be given:

- how to take the drug,
- for how long,
- possible adverse effects (e.g. drowsiness caused by anti-histamines),
- precautions to be taken (e.g. avoid alcohol with metronidazole).

Persons dispensing drugs should be able to give patients the information they need.

Interpreters are needed if several languages exist in the same region.

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# Drug quality and storage

Drug quality influences treatment efficacy and safety. Quality depends on correct manufacturing and storage: high-quality drugs are available when using rational buying procedures and when suppliers are reliable. It is also essential to ensure optimum transportation and storage conditions.

## Quality standards

Each drug is characterised by particular norms written in pharmacopoeia or files presented by manufacturers and recognised by competent authorities in each country. These norms concern aspects (colour, odour, etc.), physicochemical properties, analysis procedures, shelf life and storage conditions.

Analysis certificates guarantee that products from one batch (products from the same production cycle) conform to official quality standards in the country of manufacture. These certificates are provided for each product by manufacturers.

Every unit (box and bottle) should be clearly labelled; each label should clearly indicate the:

- INN,
- form and dosage,
- number of units (tablets, ampoule, etc.) or the volume (syrup, etc.),
- name and address of the manufacturer,
- batch number,
- expiry date.

## Storage conditions

Stability of drugs depends on both environmental factors such as temperature, air, light and humidity, and drug-related factors such as the active ingredient itself, the dosage form (tablet, solution, etc.) and the manufacturing process. It is therefore necessary to respect storage instructions given in this guide or by manufacturers (on notices and labels) if the recommendations are not identical.

### Temperature

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freezer	- 15 to 0 °C
refrigerator	+ 2 to + 8 °C
cool	+ 8 to + 15 °C
ambient temperature	+ 15 to + 25 °C

During transit and transportation temperatures may attain 50 to 60 °C inside vehicles, shipping containers or on docks and, in this case, shelf life and expiry dates may no longer be guaranteed.

Freezing may be detrimental, particularly for solutions, leading to the deterioration or precipitation of active ingredients as well as the breaking of ampoules and vials.

Vaccines, immunoglobulins and antisera are products that are sensitive to heat and light. Even though new techniques produce vaccines that are less sensitive to heat (called "thermostable"), they still have to be stored in the refrigerator between 2 °C and 8 °C, and the cold chain must be strictly respected during transport.

The vaccine vials may have a heat-sensitive monitor (VVM). The square on the monitor changes colour when exposed to heat over a period of time: if the square is lighter than the circle, the vaccine can be used. If the square is the same colour or darker than the circle, the vial must be destroyed. The monitor registers cumulative exposure to heat.

## Controlled temperature chain (CTC)

In certain mass vaccination campaigns only, certain vaccines licensed for use in a CTC can be transported and used out of the cold chain within a specified time limit.

To qualify for use in a CTC the vaccine must be able, once out of the cold chain (2 °C to 8 °C), to tolerate temperatures of up to 40 °C for at least 3 days. The maximum temperature of 40 °C is monitored by a peak threshold indicator in each vaccine carrier used for transport and vaccination in the field.

## Air and humidity

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Drugs should be protected from light, particularly solutions. Parenteral forms should be preserved in their packaging. Coloured glass may give illusory protection against light.

## Deterioration

It is important to be familiar with the normal aspects of each drug (colour, odour, solubility, consistency) in order to detect changes, which may indicate its deterioration. It is important to know that deterioration does not always lead to a detectable external modification.

The principal consequence of deterioration is a **reduction of therapeutic activity**, which leads to more or less grave consequences for the individual and/or community.

For example, the use of expired antibacterials does not cure an infection and also favours the emergence of resistant strains.

It is not recommended to compensate for a possible reduction of activity by a random increase in the usual dose, as there is a real danger of overdose when using toxic drugs.

Over time, certain drugs undergo a deterioration leading to the development of substances much more dangerous, thus an **increase in toxicity**. Tetracycline is the main example: the pale, yellow powder becomes brownish and viscous, its use therefore being dangerous even if before the expiry date.

**An increase in allergen strength** has been observed in certain drugs such as penicillins and cephalosporins.

Suppositories, pessaries, creams and ointments that have been melted under heat should not be used. The active ingredient is no longer distributed in a homogenous manner.

Oral rehydration salts may be used as long as they keep their aspect of white powder. Humidity transforms them into a compact mass, more or less brownish and insoluble. They are therefore unfit for consumption, whatever their expiry date.

## Expiration

Drugs deteriorate progressively and according to various processes, even if stored in adequate conditions. In most countries, regulations impose an obligation on manufacturers to study the stability of their products in standardised conditions and to guarantee a minimum shelf life period. The expiry date indicated by manufacturers designates the date up to and including which the therapeutic effect remains unchanged (at least 90% of the active ingredient should be present and with no substantial

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Expiry dates are to be respected due to legal obligations and considerations of therapeutic responsibility

In cases where the only available drugs have expired, a doctor may be led to take on the responsibility of using these drugs.

It is evident that a drug does not become unfit for consumption the day after its expiry date. If a product has been stored in adequate conditions (protected from humidity and light, packaging intact and at a medium temperature) and if modification of aspects or solubility have not been detected, it is often preferable to use the expired drug than to leave a gravely ill patient without treatment.

Expiry dates for drugs that require very precise dosage should be strictly respected due to a risk of under-dosage. This is the case for cardiotonic and antiepileptic drugs, and for drugs that risk becoming toxic, such as cyclines.

### **Destruction of expired or unusable drugs and material**

It is dangerous to throw out expired or unusable drugs or to bury them without precaution. For more information about destruction of drugs and material see **Interagency Guidelines For Safe Disposal of Unwanted Pharmaceuticals in and after emergencies**, WHO/99.2.

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# Prescription, cost, compliance

SOME SUGGESTIONS FOR

Reducing risks - Reducing costs - Facilitating compliance

It is possible to promote a more rational use of medicines, as much for safety as for cost, by a judicious choice of therapeutic regimens and the resulting lists of medicines.

## Limiting the use of injectable drugs

Numerous patients demand treatment with injectable drugs, which they imagine to be more effective. Certain prescribers also believe that injections and infusions are more technical acts and thus increase their credibility.

Parenteral treatment is always more costly than oral treatment. The price of the drug itself is higher for an equal dose of active ingredient. It requires costly disposable material. It exposes patients to complications due to poorly tolerated products (abscesses, necrosis due to IM quinine injections or antibacterials, etc.) or badly performed injection techniques (symptoms of overdose after a IV injection given too rapidly, sciatic nerve damage, etc.). If disposable injection supplies are re-used, there is a risk of bacterial or viral contamination (tetanus, hepatitis, HIV, etc.).

When both oral and injectable drugs are equally effective, parenteral administration is only justified in case of emergency, digestive intolerance or when a patient is unable to take oral medication. Oral drugs should replace injectable drugs as soon as possible during the course of treatment.

## Limiting the use of syrups and oral suspensions

Taking liquid drugs is often easier, especially for young children and more so if they are sweetened or flavoured. It is, however, recommended to limit their use for numerous reasons:

### Risk of incorrect usage

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Compared to the price of tablets or capsules, the price of syrups and oral suspensions is considerably higher. Even using a powder for subsequent reconstitution, the costs may be 2 to 7 times higher than an equivalent dose due to the cost of the bottle itself and higher transportation costs due to weight and volume.

## **Studying the choice of treatment regimens**

The choice of a treatment regimen often influences compliance and cost. The shortest and least divided (1 to 2 doses per day) treatments are most often recommended. Single dose treatments are ideal, when indicated.

For the treatment of malaria, tuberculosis and HIV infection, fixed-dose combinations (coformulated tablets) should preferably be used in order to improve compliance.

## **Considering non-essential medicines and placebos**

In developing countries as in industrialised countries, patients with psychosomatic complaints are numerous. The problems that motivate their consultations may not necessarily be remedied with a drug prescription. Is it always possible or desirable to send these patients home without a prescription for a symptomatic drugs or placebo? If so, what placebo should be prescribed?

When national drug policy is strict and allows neither the use of placebos nor non-essential symptomatic drugs, other products are often used in an abusive manner, such as chloroquine, aspirin, and even antibacterials.

Conversely, a placebo may take the place of an effective and needed drug. This risk is real, but seems less frequent, which makes the introduction of placebos on a list of essential drugs relevant.

Multivitamins may present a type of harmless and inexpensive placebo. Their composition generally corresponds to preventive treatment of vitamin deficiency and they have no contra-indications.

Numerous non-prescription drug products (tonics, oral liver treatments presented in ampoules) have no therapeutic value and, due to their price, cannot be used as placebos.

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# Antiseptics and disinfectants

## Definitions

Antiseptics are used to kill or eliminate microorganisms and/or inactivate viruses on living tissues (intact or broken skin and mucous membranes).

Disinfectants are used to kill or eliminate microorganisms and/or inactivate viruses on inanimate objects and surfaces (medical devices, instruments, equipment, walls, floors).

Certain products are used both as an antiseptic and as a disinfectant (see specific information for each product).

## Selection

### Recommended products

#### 1) Core list

No single product can meet all needs with respect to cleaning, disinfection and antisepsis. However, use of a limited selection of products allows greater familiarity by users with the products in question and facilitates stock management:

- ordinary soap;
- a detergent and, if available, a detergent-disinfectant for instruments and a detergent-disinfectant for floors and surfaces;
- a disinfectant: chlorine-releasing compound (e.g. NaDCC);
- an antiseptic: 10% povidone iodine or chlorhexidine.

#### 2) Complementary list

Other products can be used, according to the activities carried out, resources, and options for obtaining the product, locally or otherwise:

- **Ethanol and isopropanol**

By virtue of its rapid action (< 30 seconds), alcohol, if available locally, is useful to disinfect:

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Alcohol-based hand rubs (ABH) are used for standard hand antisepsis. Some, but not all, ABH may also be used for surgical hand antisepsis.

Not all ABH preparations are equivalent. For example, for antiseptic hand rub, depending on the product specifications:

- Bactericidal effect may be achieved with a single application of 30 seconds duration, or 2 consecutive applications of 30 seconds each, or a single application of 60 seconds duration.
- The volume of rub required per application may be 3 or 5 ml.

Thus, when purchasing locally, it is important to verify the quality of the product and specific instructions for use (number of applications, duration of application, and volume to be used per application).

For surgical activity, ensure that the product is suitable for use as a surgical hand rub. Follow manufacturer's instructions for use.

All alcohols and alcohol-based products are flammable. Precautions should be taken during storage and use to avoid contact with a heat source (flame, electrocautery, etc.).

- **Povidone iodine (PVI) scrub solution**

7.5% or 4% PVI scrub solution is used for antiseptic cleansing of healthy skin, contaminated wounds and surgical site, as well as antiseptic hand wash and surgical hand wash.

Given the possible interactions between different groups of antiseptics, antiseptic cleansing and antisepsis should only be carried out using products from the same class. For example, for pre-operative skin preparation, PVI scrub solution is used for cleansing, then PVI 10% dermal solution is used for antisepsis.

- **Glutaraldehyde (2% solution)**

Glutaraldehyde is used for high-level disinfection of heat-sensitive items, which cannot withstand heat sterilisation, notably endoscopes/endoscopy equipment.

Instructions for glutaraldehyde use must be followed scrupulously:

1. two preliminary washes of the equipment through immersion in a detergent-disinfectant solution for instruments, followed each time by rinsing;
2. complete immersion of the equipment in a 2% glutaraldehyde solution for 20 minutes;
3. thorough final rinsing, with filtered water (or sterile water for endoscopes introduced into a sterile cavity) to eliminate any residue;
4. thorough drying with a sterile towel;
5. sterile wrapping and use within 24 hours.

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## Non-recommended products

- Hydrogen peroxide (3% or 10 volumes) has limited efficacy as antiseptic agent but can be useful to clean contaminated wounds. In addition, concentrated solutions are dangerous to transport and handle.
- Mercury compounds such as phenylmercuric borate, merbromin (Mercurochrome®), mercurobutol (Mercryl®), thimerosal (Merthiolate®, Timerosal®) have limited efficacy, may cause serious adverse effects (toxic for kidneys, central nervous system and digestive tract; allergies) and pollute the environment. Their use must be abandoned.
- Hexachlorophene is toxic for the central nervous system and its efficacy is limited.
- Ether is often wrongly used as an antiseptic; it removes sticky residues of plaster.
- Eosin is often wrongly used as an antiseptic; it is a colouring agent used for staining as well as a drying agent.

None of these products is included in the WHO list of essential medicines.

## Preparation and use of antiseptic solutions

### Preparation

Aqueous solutions of many antiseptics can be contaminated by pathogens (especially *Pseudomonas aeruginosa*) during handling. To avoid this, the following precautions must be taken:

- Prepare all aqueous antiseptic solutions with clean water that has been boiled for a few minutes and cooled.
- Prepare solutions immediately before use.
- Only prepare small amounts at a time to avoid wastage and the temptation to keep expired and/or contaminated solutions.
- Wash bottles with hot water and leave to dry before each refill.
- Never use a cork stopper (it promotes contamination; cork inactivates certain antiseptics such as chlorhexidine).
- Mark on the bottles:
  - the name of the product,
  - its concentration,
  - the date and time of preparation.

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transmission, however, their use – after thorough cleaning – is not contraindicated. Use 2.6% bleach diluted 1/5 or 1/10, or 70% alcohol, or 10% povidone iodine solution and leave in contact for 5 minutes.

- Disinfection of skin when administrating a vaccine is not recommended; rather, simply clean the injection site with clean water. Certain vaccines (for example, BCG) may be inactivated in the presence of an antiseptic. If an antiseptic is used despite this recommendation, it must be allowed to dry before vaccine injection.

## **Preparation and use of disinfectant solutions**

The effectiveness of disinfection can be impaired by error in preparation (concentration, temperature), failure to follow recommended contact times, or deterioration of the product due to poor storage conditions.

Personnel carrying out disinfection should wear protective clothing when preparing or using disinfectant solutions: gown, rubber apron, gloves with long cuffs, goggles and mask.

### **Preparation**

Solutions should be prepared with clean water (chlorine solutions should be prepared with cold water only, in non-metal containers).

- Solution for disinfecting floors and surfaces: prepare just before use, and discard any unused solution.
- Solution for pre-disinfection of medical devices and instruments: replace daily. The solution may be used for a maximum of 24 hours; if visibly soiled, discard and replace with fresh soaking solution before 24 hours are up.
- Solution for disinfection of medical devices and instruments: prepare just before and discard after use.

Do not add any product (e.g. a detergent, descaling agent) to disinfectant solutions.

### **Disinfection of floors and surfaces**

- Apply detergent-disinfectant intended for floors and surfaces<sup>a</sup>, without rinsing. Follow manufacturer's instructions for dilution and specific preparation procedures.

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The use of detergent-disinfectant products reduces workload (cleaning and disinfection are carried out as a single procedure), but they have the disadvantage of being weak detergents and leaving a film, which causes dirt to build up on the floors. It is thus necessary to alternate their use with that of a detergent alone. Each medical facility should establish a clear policy addressing this issue.

## **Disinfection of linen**

After hand washing, followed by rinsing: soak the clean linen in a solution of 0.1% active chlorine for 15 minutes and rinse thoroughly (3 rinses).

After machine-washing at 60 °C: soak the linen in a 0.1% active chlorine solution for 2 to 3 minutes and rinse thoroughly (3 rinses).

## **Pre-disinfection of reusable medical devices/instruments**

- After use, soak medical devices (disassembled, forceps and scissors opened):
  - In a detergent-disinfectant solution intended for medical devices and instruments <sup>a</sup>. Use a syringe to irrigate the cavities of hollow devices with the same solution.  
For correct dilution and soak times, follow manufacturer's instructions; use a timer.
- Or
  - In 0.1% available chlorine solution for 15 minutes (use a timer). Use a syringe to irrigate the cavities of hollow devices with the solution.  
Comply with recommended soaking times and concentrations (risk of corrosion of metal instruments). Soaking for too long (> 15 minutes) and/or in a solution that is too concentrated will increase the risk of corrosion.
- Rinse with clean water, using a syringe for hollow cavities.
- Dry with a clean, dry, lint-free cloth.

## **Washing-disinfection of reusable medical devices/instruments**

After the pre-disinfection step:

- Immerse the material in a detergent-disinfectant solution intended for medical devices and instruments <sup>a</sup> (for correct dilution and soak times, follow manufacturer's directions). Scrub with a soft, non abrasive brush. Use a bottle brush for hollow devices, or irrigate with a syringe. Rinse with clean water, drain and dry with a clean, dry, lint-free cloth.

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(a) For example a quaternary ammonium detergent-disinfectant.

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