

No	Generic Name	MDC	Category	Indications	Dosage	Status	Remark
1	Ibandronic Acid 150 mg Tablet	M05BA06000T1003XX	A*	Treatment of postmenopausal osteoporosis to reduce the risk of fracture. Review treatment after 2 years and if there is positive response, treatment may be continued up to 5 years and then re-evaluate. Treatment should be stopped if there is no positive response after 5 years. Otherwise, patient needs to be given drug holiday for 1 to 2 years and then continue treatment shall the benefit outweigh the risk.	150 mg once monthly	Standard Orthopaedic	
2	Ibuprofen 200 mg Tablet	M01AE01000T1001XX	B	Pain and inflammation in rheumatic disease	Dosage: ADULT : 200 - 400 mg 3 times daily after food, maximum 3.2 g daily. CHILD : 30-50 mg/kg body weight daily in divided doses, maximum 2.4g daily. Lowest effective dose for the shortest possible duration.	Standard	
3	Idarubicin 10 mg Injection	L01DB06110P4002XX	A*	i) Acute promyelocytic leukaemia ii) Relapse Acute myeloid leukemia (with sibling match) iii) Acute myeloid leukemia, acute lymphoblastic leukemia (salvage therapy)	i) Induction phase: 12 mg/m ² IV slow bolus on Days 3, 5 and 7. Consolidation phase, month 1: 12 mg/m ² IV on Days 1 and 2. Repeat monthly for 3 courses ii) 12 mg/m ² D1-3 iii) 12 mg/m ² D1-3 as part of FLAG-IDA regimen. Children: 10mg/m ² IV daily for 3 days	Standard Medical (Haematology)	
4	Ifosfamide 1 g Injection	L01AA06000P4001XX	A*	i) Solid tumours ii) Leukaemia iii) Lymphoma	i) 1.2 - 2.4 g/m ² /day for 3 - 7 days as a 30 - 120 minutes infusion. Alternatively, can also be given as a single high dose, eg. 5 g/m ² in a 24 hour infusion. Cycles may be repeated every 3 - 4 weeks ii) CHILD: 400 - 3000 mg/m ² /day for 3 - 5 days according to protocol iii) Refer to protocols	Standard	
5	Imatinib Mesylate 100 mg Tablet	L01XE01196T1001XX	A*	i) ADULT and CHILD: Philadelphia positive (Ph+) chronic myeloid leukaemia in chronic phase and in early acceleration after failure of interferon therapy ii) Treatment of patients with unresectable and/or metastatic malignant gastrointestinal stromal tumours (GIST) who are positive for CD117/c-kit	i) ADULT: Chronic phase chronic myeloid leukemia: 400 mg once daily. Accelerated phase or blast crisis chronic myeloid leukemia: 600 mg once daily. CHILD more than 2 years, chronic and advanced phase chronic myeloid leukemia: 340 mg/m ² daily. Max: 800 mg/day ii) ADULT : 400mg/day	Must be registered under MyPAP. Standard Medical (Haematology) & Surgical	

6	Imatinib Mesylate 400 mg Tablet	L01XE01196T1002XX	A*	i) ADULT and CHILD: Philadelphia positive (Ph+) chronic myeloid leukaemia in chronic phase and in early acceleration after failure of interferon therapy ii) Treatment of patients with unresectable and/or metastatic malignant gastrointestinal stromal tumours (GIST) who are positive for CD117/c-kit	i) ADULT: Chronic phase chronic myeloid leukemia: 400 mg once daily. Accelerated phase or blast crisis chronic myeloid leukemia: 600 mg once daily. CHILD more than 2 years, chronic and advanced phase chronic myeloid leukemia: 340 mg/m ² daily. Max: 800 mg/day ii) ADULT : 400mg/day	Must be registered under MyPAP. Standard Medical (Haematology) & Surgical	
7	Imipenem 500 mg and Cilastatin 500 mg Injection	J01DH51961P4002XX	A*	Severe infections caused by susceptible pathogens especially useful in infections involving ESBL organisms. Not to be used for prophylaxis	ADULT: 500mg 6 hourly @ 1 g 8 hourly. High MIC microorganism: 1 g 6 hourly. Maximum: 4 g/day or 50 mg/kg/day. Infusion rate: less than 500 mg dose: over 20 - 30 minutes, more than 500 mg: dose over 40 - 60 minutes. CHILDREN: ≥ 40kg body weight should receive adult doses. CHILDREN AND INFANTS: <40kg body weight should receive 15mg/kg at six hour intervals. The total daily dose should not exceed 2g.	Standard	
8	Imipramine HCl 25 mg Tablet	N06AA02110T1001XX	B	Depression	Initially up to 75 mg daily in divided doses increased gradually to 150 - 200 mg (up to 300 mg in hospital patients); up to 150 mg may be given as a single dose at bedtime. ELDERLY initially 10 mg daily; increased gradually to 30 - 50 mg daily; CHILD is not recommended	UKK (import permit) Psychiatry	Removed from FUKKM No. 1/2020 (use until stock is finished)
9	Imiquimod 5 % w/w Cream	D06BB10000G1001XX	A*	Treatment of external genital and perianal warts or condyloma acuminata in adults	Apply to affected area at bedtime for 3 times a week for up to 16 weeks; leave on skin for 6-10 hours	Case by case	
10	Immunoglobulin Tetanus Human 250 Units/Vial Injection	J06BB02000P3001XX	B	Passive immunization against tetanus	Prophylaxis of tetanus: IM 250 units. Treatment of tetanus: IM 30 - 300 units/kg	Standard	
11	Indacaterol Maleate 150 mcg Inhalation Capsule	R03AC18253C9901XX	A/KK	Maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD). The diagnosis of COPD should be confirmed by spirometry.	Once-daily inhalation of the content of one 150/300 microgram capsule. Maximum dose is 300 microgram once-daily.	Quota Medical (Respiratory)	

12	Indacaterol maleate and glycopyrronium bromide (fixed	R03AL04989C1101XX	A/KK	As a once-daily maintenance bronchodilator treatment to relieve symptoms and reduce exacerbations in adult patients with chronic obstructive pulmonary disease (COPD).	One capsule inhalation daily.	Quota Medical (Respiratory)	
13	Infliximab 100 mg Injection	L04AB02000P4001XX	A*	i) Rheumatoid arthritis (moderate to severe), in combination with methotrexate ii) Ankylosing spondylitis in patients with active disease despite treatment with methotrexate iii) Crohn's Disease in patients who have an inadequate response to conventional therapies. iv) Fistulizing Crohn's Disease in patients who have an inadequate response to conventional therapies v) Ulcerative Colitis in patients who have an inadequate response to conventional therapies	i) Rheumatoid arthritis: ADULT over 18 years old: 3 mg/kg at 0, 2, 6 weeks, then every 8 weeks; May increase to 10 mg/kg or increase dosing frequency to 4 weekly for patients with incomplete response. Discontinue if no response by 12 weeks of initial infusion or after dose adjustment ii) Ankylosing spondylitis: ADULT over 18 years: 5 mg/kg IV over 2 hour given at week 0, 2, and 6 then every 6-8 weeks. Discontinue if no response by 6 weeks of initial infusion. iii), iv) & v) 5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter	Case by case Medical (Rheumatology & Gastrohepatology)	Biosimilar (Remsima)
14	Influenza Vaccine (Inactivated) Injection	J07BB02963P30XXXX	B	i) Prophylaxis of influenza for frontliners (KKM staff and essential services personnel). ii) Prophylaxis of influenza in high risk groups. Refer to current recommendation by WHO for selection of product of inactivated influenza vaccines.	0.25ml to 1.0ml by IM. Dosing is according to product insert and WHO recommendations.	Standard	
15	Insulin Aspart 100 IU/ml Injection	A10AB05000P3001XX	A*	Diabetic Type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin	Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight	Standard Medical (Endocrinology) & Paediatric (Endocrinology)	Novorapid; JKUT 2/2020
16	Insulin Aspart 30% and Protaminated Insulin Aspart 70	A10AD05000P3001XX	A/KK	Diabetic type 1 and 2 in patients that still experienced hypoglycaemia with use of human insulin	Dose to be individualised. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight	Standard Medical & Paediatric (Endocrinology)	JKUT 2/2020

17	Insulin Detemir 100 IU/ml Injection in Prefilled syringe/d	A10AE05000P5001XX	A/KK	i)Type 1 Diabetes patients on basal bolus regimen, whom experience hypoglycemia with conventional insulin, to be used in combination with rapid or short-acting insulin. ii)Type 2 Diabetes patients on oral anti-diabetics and basal insulin regimen or basal bolus insulin regimen whom experience hypoglycemia with conventional basal insulin.	Individualized dose given via SC once or twice daily. Initiate at a dose of 10IU or 0.1-0.2IU/kg. For twice daily dosing, the evening dose can be administered either with the evening meal, at bedtime, or 12 hours after the morning dose.	Quota Medical (Endocrinology) & Paediatric (Endocrinology)	JKUT 2/2020
18	Insulin Glargine 300 IU/ 3 ml Injection (Prefilled Pen)	A10AE04000P5001XX	A/KK	i) Diabetes mellitus type I in adults and child over 6 years ii) Diabetes mellitus type II in adult	ADULT and CHILD over 6 years: individualised dose given by SC, once daily at the same time every day. Adult patients who are insulin naïve may be initiated with 10IU daily.	Standard Medical & Paediatric (Endocrinology)	Basalog ONE; JKUT 2/2020
19	Insulin Glargine 300 IU/ ml injection (Pre-filled Pen).	A10AE04-000-P50-02-XXX	A/KK	Diabetes mellitus type I and II in adults; Prescribing Restriction(s): i) Patients on insulin not reaching treatment goals defined as high fasting plasma glucose (FPG \geq 7 mmol/L) and/or HbA1c \geq 6.5% after 6 months of therapy and/or; ii) patients with a high risk of hypoglycaemia as determined by the following risk factors: Advancing age; Severe cognitive impairment; Poor health knowledge; Increased A1c; Hypoglycaemia unawareness; Low standing insulin therapy; Renal impairment; Neuropathy. Note: The use of this strength can only be prescribed / dispensed to patients in diabetic clinic / registered under DMTAC program	Initiation: Patient with type 1 diabetes: Once daily with mealtime insulin and requires individual dose adjustments; Patient with type 2 diabetes: 0.2units/kg followed by individual dose adjustment. Please refer to the product information leaflet for details of dosage information (switching, etc).	Case by case Medical (Endocrinology)	Tuojeo
20	Insulin Lispro 25% & Insulin Lispro Protamine 75% 100 U/ml Suspension for Injection in Prefilled Syringe/Cartridge	A10AD04000P5001XX	A*	Patients with Type 2 diabetes whom experience hypoglycemia with the use of human premixed insulin.	Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight	Case by case Medical (Endocrinology)	
21	Insulin Lispro 50% & Insulin Lispro Protamine 50% 100U/ml Suspension for Injection in Prefilled Syringe/Cartridge	A10AD04000P5002XX	A*	Patients with Type 2 diabetes whom experience hypoglycemia with the use of human premixed insulin.	Dose to be individualized. The average daily insulin requirement is between 0.5 to 1.0 units/kg body weight.	Quota Medical (Endocrinology)	JKUT 2/2020
22	Insulin Recombinant Neutral Human Short Acting 100 IU/ml Injection in 10ml vial	A10AB01000P3001XX	B	Diabetes mellitus	Dose to be individualised. The average daily insulin requirement is between 0.3-1.0 units/kg body weight/day. Daily insulin requirement may be higher in patients with insulin resistance, and lower in patients with residual, endogenous insulin production.	Standard	

23	Insulin Recombinant Neutral Human Short-acting 100IU/ml Penfill and Refill	A10AB01000P5001XX	B	Diabetes mellitus	Dose to be individualised. The average daily insulin requirement is between 0.3-1.0 units/kg body weight/day. Daily insulin requirement may be higher in patients with insulin resistance, and lower in patients with residual, endogenous insulin production.	Standard	
24	Insulin Recombinant Synthetic Human Intermediate-Acting 100IU/ml in Vial for Injection	A10AC01000P3001XX	B	Diabetes mellitus	Dose to be individualised. The daily insulin requirement is usually between 0.3 and 1.0IU/kg /day	Standard	
25	Insulin Recombinant Synthetic Human Premixed 100IU/ml in Vial for Injection	A10AD01000P3001XX	B	Diabetes mellitus	Dose to be individualised. The average daily insulin requirement is between 0.3-1.0 units/kg body weight/day. Daily insulin requirement may be higher in patients with insulin resistance, and lower in patients with residual, endogenous insulin production.	Standard	
26	Insulin Recombinant Synthetic Human, Intermediate-Acting 100 IU/ml Penfill and Refill	A10AC01000P5001XX	B	Insulin dependent diabetes mellitus, non insulin dependent diabetes unresponsive to treatment to diet or oral hypoglycaemics, hyperkalaemia to assure proper utilisation of glucose and reduce glucosuria in non diabetic patients receiving parenteral nutrition	Dose to be individualised. The daily insulin requirement is usually between 0.3 and 1.0IU/kg /day	Standard	
27	Insulin Recombinant Synthetic Human, Premixed 100 IU/ml Penfill and Refill	A10AD01000P5001XX	B	Insulin dependent diabetes mellitus, non insulin dependent diabetes unresponsive to treatment to diet or oral hypoglycaemics, hyperkalaemia to assure proper utilisation of glucose and reduce glucosuria in non diabetic patients receiving parenteral nutrition	Dose to be individualised. The average daily insulin requirement is between 0.5-1.0 units/kg body weight	Standard	
28	Interferon Beta-1a 22 mcg Injection	L03AB07000P5001XX	A*	Multiple sclerosis of the relapsing remitting type with 2 or more relapses within the last 2 years	22 mcg 3 times weekly	Case by case Medical (Neurology)	Kontrak secara pakej untuk kedua-dua strengths 22mcg & 44mcg
29	Interferon Beta-1a 44 mcg Injection	L03AB07000P5002XX	A*	Multiple sclerosis of the relapsing remitting type with 2 or more relapses within the last 2 years	44 mcg 3 times weekly	Case by case Medical (Neurology)	Kontrak secara pakej untuk kedua-dua strengths 22mcg & 44mcg
30	Iodine and Potassium Iodide Solution	H03CA00200L9901XX	B	i) Pre-operative treatment of thyrotoxicosis ii) Thyrotoxicosis crisis	i) 1 ml daily in divided doses ii) 2 - 3 ml daily	Standard	

31	Iodixanol 320 mg I/ml Injection	V08AB09000P3001XX	A	X-ray contrast medium for cardioangiography, cerebral angiography, peripheral arteriography, abdominal angiography, urography, venography, CT enhancement, lumbar, thoracic and cervical myelography	Depending on type of examination	Standard Radiology	
32	Iohexol Injection	V08AB02000P3001XX	A	X-ray contrast medium for use in adults and children for cardioangiography, arteriography, urography, phlebography and CT-enhancement. Lumbar, thoracic, cervical myelography and computed tomography of the basal cisterns, following subarachnoid injection. Arthrography, endoscopic retrograde pancreatography (ERCP), herniography, hysterosalpingography, sialography and studies of the gastrointestinal tract	Dose depending on the route and procedure	Standard Radiology	
33	Iopamidol Injection	V08AB04000P3001XX	A	i) Neuroradiology: myelographic, cisternography and ventriculography ii) Angiograph: cerebral arteriography, thoracic aortography, abdominal aortography, angiocardiology, selective visceral arteriography, peripheral arteriography, venography, digital subtraction angiography (DSA) iii) Urography iv) Other diagnostic procedures: Contrast enhancement in CT Scanning, arthrography, fistulography	Dose depending on the route and procedure	Standard Radiology	
34	Ipratropium Bromide 0.0125% Nebulising Solution (125	R03BB01320A3001XX	B	Only for treatment of : i) Patients with ischaemic heart disease who develop extrasystole with salbutamol or terbutaline ii) Patients with chronic bronchitis who have airway obstruction and who do not respond to salbutamol or terbutaline. Reversible airways obstruction, particularly in chronic obstructive pulmonary disease	ADULT : 500 mcg up to 4 times daily. CHILD 5 - 12 years : 125 - 250 mcg up to 4 times daily, 12 years : 250 - 500 mcg up to 4 times daily	Standard	

35	Ipratropium Bromide 0.025% Inhalation Solution (250 m	R03BB01320A3002XX	B	Only for treatment of : i) Patients with ischaemic heart disease who may develop extrasystole with salbutamol or terbutaline ii) Patients with chronic bronchitis who have airway obstruction and who do not respond to salbutamol or terbutaline. Reversible airways obstruction, particularly in chronic obstructive pulmonary disease	ADULT : 500 mcg up to 4 times daily. CHILD 5 - 12 years : 125 - 250 mcg up to 4 times daily, 12 years : 250 - 500 mcg up to 4 times daily	Standard	
36	Ipratropium Bromide 0.5 mg and Salbutamol 2.5 mg pe	R03AK04320A3001XX	B	Management of reversible bronchospasm associated with obstructive airway diseases	Acute attacks : 1 unit dose vial. In severe cases not relieved by 1 unit dose vial, 2 unit dose vials may require, patient should consult a doctor immediately. Maintenance : 1 unit dose vial 3 - 4 times daily	Standard	
37	Ipratropium Bromide 20 mcg and Fenoterol 50 mcg/dos	R03AK03986A2101XX	B	Management of symptoms in chronic obstructive airway disorders with reversible bronchospasm such as bronchial asthma and chronic bronchitis with or without emphysema	ADULT & CHILD more than 6 years: Acute asthma 2 puffs. Severe cases: if breathing has not noticeably improved after 5 mins, 2 further puffs may be taken. Intermittent and long-term treatment 1-2 puffs for each administration, up to max 8 puffs/day (average: 1-2 puffs three times daily)	Standard	
38	Irinotecan HCl Trihydrate 20 mg/ml Injection	L01XX19110P3002XX	A*	Metastatic colorectal cancer	In combination therapy (for previously untreated patients): 180 mg/m ² once every 2 weeks as an IV infusion over 90 mins followed by infusion with folinic acid and 5-fluorouracil. In monotherapy (for previously treated patients): 350 mg/m ² administered as an intravenous infusion over 90 minutes period once every 3 weeks	Standard Surgical	

39	Iron (III) hydroxide sucrose complex 20mg/ml solution	B03AC02250P3001XX	B	Treatment of iron deficiency anaemia: a) where there is a clinical need for rapid iron supply b) in patients who cannot tolerate oral iron therapy or who are non-compliant c) in active inflammatory bowel disease where oral iron preparations are ineffective	An initial test dose of 0.5 ml (25mg) should be given over 15min infusion and monitor for allergic reaction within 15-30 minutes before all doses administered. ADULT and ELDERLY: Cumulative dose is to be administered in single doses of 100 - 200 mg of iron 2 - 3 times weekly depending on Hb level. Total cumulative dose: 1000 mg per week (7mg/kg per week= 500mg stat per week). Dose less than 200mg can be given slow bolus but preferable infusion 4- 6 hours. Dilute in 500ml NS.	Standard	
40	Iron Dextran 50 mg Fe/ml Injection	B03AC06000P3001XX	B	Severe iron deficiency anaemia	An initial test dose of 0.5 ml (25mg) should be given over 15min infusion and monitor for allergic reaction within 15-30 minutes before all doses administered. For severe iron deficiency anaemia, 1-2 ml daily given by deep IM @ 100-200mg IV infusion. Dosage is individualized according to total iron deficit. Total cumulative stat Dose for iron deficiency anaemia requires urgent iron supplement: 20mg/kg stat (IBW). dose less than 200mg can be given slow bolus but preferable infusion 4- 6 hours. Dilute in 500ml NS.	Standard	
41	Isoniazid 100 mg Tablet	J04AC01000T1001XX	B	i) Tuberculosis ii)Tuberculous meningitis	i) & ii) ADULT 5-8mg/kg daily (Max 300mg) or 15-20mg/kg biweekly (max 1200mg)	Standard	
42	Isoprenaline HCl 0.2 mg/ml Injection	C01CA02110P3001XX	B	Complete heart block (third-degree atrioventricular block) not responding to atropine, while waiting for cardiac pacing	If given as IM: Initially 0.2 mg (1 ml of 1:5000 solution), followed by 0.02-1 mg depending on clinical response. If given as SC: 0.2 mg (1 ml of 1:5000 solution), followed by 0.15-0.2 mg depending on clinical response. If given as IV : 1-2 mg in 500 ml of dextrose 5%, infused at a rate of 0.5-2 ml/min while the patient's EKG is being monitored. The dose should be titrated to produce the desired clinical response	UKK (import permit) Medical (Cardiology)	

43	Isosorbide Dinitrate 1 mg/ml Injection	C01DA08221P3001XX	A	Treatment for angina pectoris and left ventricular failure	2-10 mg/hour IV infusion after dilution, higher doses up to 20 mg/hour may be required	Standard	
44	Isosorbide Dinitrate 10 mg Tablet	C01DA08221T1001XX	B	Prophylaxis and treatment for: i) Angina ii) Left ventricular failure	i) 30 - 120 mg daily in divided doses ii) 40 - 160 mg, up to 240 mg if required	Standard	
45	Isosorbide Mononitrate 50 mg SR Capsule	C01DA14221C2001XX	A	Prophylaxis and treatment of angina pectoris	50 mg daily	Standard	
46	Isosorbide-5-Mononitrate 30 mg SR Tablet	C01DA14221T5001XX	A	Prophylaxis and treatment of angina pectoris	Initiate at 30 mg for 1st 2-4 days to avoid headache. Usual dose: 60 mg once daily, may be increased to 120 mg once daily	Standard	Removed from FUKKM No. 1/2020 (use until stock is finished)
47	Isosorbide-5-Mononitrate 60 mg SR Tablet	C01DA14221T5002XX	A	Prophylaxis and treatment of angina pectoris	60mg once daily, increase to 120 mg daily	Standard	
48	Isotretinoin 10 mg Capsule	D10BA01000C1001XX	A*	Only for treatment of i) Severe nodulocystic acne ii) Acne conglobata iii) Acne fulminans iv) Severe acne vulgaris failing conventional treatment.	0.5-1 mg/kg of body weight per day (in two divided doses) for 15 to 20 weeks; the maximum recommended dose is 2mg/kg of body weight per day. After about 4 weeks, therefore, dosage for the maintenance treatment should be adjusted within the range of 0.1-1mg/kg daily to meet individual need. Treatment usually lasts a total of 16 weeks. There should be an interval of at least 8 weeks before re-starting treatment.	Standard Dermatology	
49	Itopride HCl 50 mg Tablet	A03FA00110T1001XX	A*	Treatment of gastrointestinal symptoms of functional, non-ulcer dyspepsia (chronic gastritis) i.e sensation of bloating, early satiety, upper abdominal pain or discomfort, anorexia, heartburn, nausea and vomiting	50 mg 3 times daily before meal	Standard	
50	Itraconazole 10 mg/ml Oral Solution	J02AC02000L9901XX	A*	Treatment of: i) oral and/or oesophageal candidiasis ii) fluconazole resistant and/or oesophageal candidiasis	i) 200 mg daily for 1 week. If no response after 1 week, continue treatment for another week ii) 100 - 200 mg twice daily for 2 weeks. If no response after 2 weeks, continue treatment for another 2 weeks. The 400 mg daily dose should not be used for more than 14 days if there are no signs of improvement	Standard Medical & Paediatric	

51	Itraconazole 100 mg Capsule	J02AC02000C1001XX	A/KK	<p>i) Dermatomycosis including pityriasis versicolor ii) Oral candidiasis iii) Palmar tinea manus and plantar tinea pedis iv) Fingernail onychomycosis v) Toenail onychomycosis vi) Vulvovaginal candidiasis</p>	<p>i) 200 mg once daily for 7 days ii) 100 mg daily for 15 days iii) 200 mg twice daily for 7 days iv) 200mg twice daily for 1 week per month for 2 months v) 200 mg twice daily for 1 week per month for 3 months vi) 200 mg morning and evening for 1 day or 200 mg once daily for 3 days</p>	Standard	
52	Ivabradine 5 mg Tablet	C01EB17110T1001XX	A*	<p>i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers ii) Treatment of coronary artery disease. Symptomatic treatment of chronic stable angina pectoris in coronary artery disease patients with normal sinus rhythm. Ivabradine is indicated : - in patients unable to tolerate or with a contraindication to the use of beta-blockers - or in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose and whose heart rate is > 60 bpm. Treatment of chronic heart failure. Ivabradine is indicated in chronic heart failure NYHA II to IV class with sinus rhythm and whose heart rate is ≥ 75bpm, in combination with standard beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated.</p>	<p>Initial dose 5 mg twice daily. May increase dose after 3-4 weeks to 7.5 mg twice daily depending on response. ELDERLY, initial dose 2.5 mg twice daily and titrate to a maximum of 7.5 mg twice daily</p>	Standard Medical (Cardiology)	

52	Ivabradine 7.5 mg Tablet	C01EB17110T1002XX	A*	<p>i) Symptomatic treatment of chronic stable angina pectoris in patients with normal sinus rhythm, who have a contraindication or intolerance to beta blockers ii) Treatment of coronary artery disease. Symptomatic treatment of chronic stable angina pectoris in coronary artery disease patients with normal sinus rhythm. Ivabradine is indicated : - in patients unable to tolerate or with a contraindication to the use of beta-blockers - or in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose and whose heart rate is > 60 bpm. Treatment of chronic heart failure. Ivabradine is indicated in chronic heart failure NYHA II to IV class with sinus rhythm and whose heart rate is ≥ 75 bpm, in combination with standard beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated.</p>	<p>Initial dose 5 mg twice daily. May increase dose after 3-4 weeks to 7.5 mg twice daily depending on response. ELDERLY, initial dose 2.5 mg twice daily and titrate to a maximum of 7.5 mg twice daily</p>	<p>Standard Medical (Cardiology)</p>	
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