

**LIST OF MEDICINES FOR RURAL DRUG VENDOR**

**(LMRDV)**

**Fifth Edition**

**Ethiopia Food and Drug Authority**

***Addis Ababa***

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| --- |
| ABBREVIATIONS and ACRONYMS |
|  | AAU/SOP  | Addis Ababa University/School of Pharmacy |
|  | AMR  | Antimicrobial Resistance |
|  | AMS  | Antimicrobial stewardship |
|  | BP  | Bovine and Porcine |
|  | DHA  | Digital Health Activity |
|  | EFDA  | Ethiopian Food and Drug Authority |
|  | GHSC-PSM  | Global health supply chain - procurement and supply management |
|  | HPB  | Human, porcine, and bovine |
|  | ICD | International classification of disease |
|  | IUCD | Intrauterine contraceptive device |
|  | JSI  | John snow inc. |
|  | MoH | Ministry of health |
|  | ORS  | Oral rehydration salts |
|  | ReSoMal | Rehydration solution for malnutrition |
|  | USAID | United states agency for international development |
|  | WHO  | World health organization |

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This medicine list for Rural Drug Vendor revision wouldn’t be possible without the involvement of the development partners and the Authority recognized WHO, GHSC-PSM, USAID/DHA for their technical support throughout the revision process.

The Authority would like to give special acknowledgements to the following members of the National Technical Working Group for their invaluable contributions in revising and finalizing this list.

Table 1;Listof the members of the National Technical Working Group.

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| --- | --- | --- |
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| 1. 2
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# FOREWARD

Pharmacotherapy has always been an integral part of the healthcare system and will remain so in the future. This relies on the availability of safe, effective, quality and affordable medicines. Besides, this depends on the rational prescribing, dispensing and use of such medicines. According to the Ethiopian drug policy, medicines required for prevention, diagnosis, treatment, mitigation and rehabilitation of diseases affecting the majority of Ethiopian people have to be identified and classified to respective levels of health service delivery.

The List of Medicines for Rural Drug Vender is hereby revised for the fifth time in light of the above principles and the latest developments in fields of medicine and pharmacy. The existence of the list alone does not solve the problems in the distribution, prescribing, dispensing and use unless all the concerned bodies commit themselves to its full implementation. Therefore, all concerned professionals and organizations are requested to use the medicines included in this list at the level of Rural Drug Vender and hence, users of this medicines list are advised to refer to the list whenever they provide the services in the Rural Drug Vender.

It gives me a great pleasure to introduce this edition of the list to all beneficiaries, which is the fruit of the joint effort of the staff of the Authority, the National Technical Working Group, development partners as well as the participants of the review workshops. I hope that the List of Medicine for Rural Drug Vender will serve as a useful guide for the procurement and distribution as well as enforcements.

Finally, I would like to express my gratitude to all those who have directly or indirectly extended their helping hands in the revision of the list. I also call upon health professionals and interested parties to continue their usual support in updating the list by forwarding comments and suggestions to the Ethiopian Food and Drug Authority.

Heran Gerba

Director General, EFDA

# INTRODUCTION

Medicines are key components of healthcare systems. Although there are immense active pharmaceutical entities in the global market, limiting medicines that shall be used in a given health institution considering the level of health care and professional level of expertise are advantageous for proper management of the medicine within a facility. This is done with due regard to factors such as safety, efficacy, quality, cost-benefit ratio and sufficient experience with the medicines.

Pharmacotherapeutic classification system of medicines is utilized to categorize medicines in the List of Medicines for Rural Drug Vendor. The fifth edition of the list is revised in light of the latest development in the fields of medicine and pharmacy, epidemiological conditions of diseases of the country, current needs of the healthcare system, and the safety, quality and efficacy profiles of the medicines. Besides, the Authority included medicine requested to be included during the implementation of the fourth edition.

The purpose of the List of Medicine for Rural Drug Vendor is to create access to up-to-date lists of medicines to the community, improve procurement and promote proper use of medicines. In this list, there are unregistered medicines and pharmacies shall not handle and dispense those medicines. However, the Authority will announce to all stakeholders whenever registered as soon as possible.

The list was first prepared by the Authority using a Technical Working Group composed of different health professionals and then enriched through consultative workshops. Participants involved in the workshops were relevant departments of the Ministry of Health, Regional Health Bureaus, professional associations, specialists and health professionals from various disciplines, representatives of health facilities, representatives of pharmaceutical importers, wholesalers, development partners and other relevant organizations.

In the course of reviewing the previous edition, medicines which are obsolete, less effective, with low benefit to risk ratio and superseded by better ones have been deleted while medicines with better quality, safety and efficacy profile have been included. Since the process of revising List of Medicines for Rural Drug Vendor is a continuous process which takes into account the changes in priorities for public health actions, epidemiological conditions as well as progress in pharmacological and pharmaceutical findings, this list will be subjected to continuous revision. Consequently, all users of this list are strongly invited to send their comments and suggestions to the Ethiopian Food and Drug Authority, P.O.Box: 5681, Tel: 251-115524122, Email: contactefda@efda.gov.et, website: [www.efda.gov.et](http://www.efda.gov.et), Addis Ababa, Ethiopia.

## **RATIONAL DRUG USE**

Based on the WHO, Rational Drug Use can be defined as patients receiving medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and the lowest cost to them and their community. This will be achieved by applying the principles of good prescribing, good dispensing and the legal and ethical requirements of medicine use. Hence, the dispensing pharmacists are required to understand and act accordingly up to requirements of the following principles.

## **Standard Prescription Paper**

Prescription is an instruction from a prescriber to a dispenser. It serves as a means of communication among the prescribers, dispensers and the patients or clients pertaining to treatment or prophylaxis.

Prescriptions shall be written on a blank standard prescription in ink and be clear, not ambiguous, legible, indelible and indicate precisely what should be given. The prescription must be prepared in line with the national and regional laws of the country. A prescription should contain the following main parameters **(refer to form 1)** and should be filled during prescribing by the attending physician or authorized health professional:

* Institution information: name and address
* Patient’s information: Name, sex, age, body weight, Date of the prescription; card number, Address.
* Drug information: Generic name, dosage form and strength, dose, route of administration, frequency and direction for use of the medicines.
* Fill the diagnosis or ICD code for proper communication with the dispenser and choice of the drug among the available generic options.
* Prescribers and dispensers information: name, qualification, registration number, signature and date.

**Form 1: Standard prescription Paper**

Ser.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESCRIPTION PAPER

Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESCRIPTION PAPER Cod/Ser.No. \_\_\_\_\_\_\_\_\_\_\_\_

Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_ Age: \_\_\_ Weight: \_\_\_\_\_\_ Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_Town \_\_\_\_\_\_\_\_ Woreda\_\_\_\_\_\_ Kebele \_\_\_\_\_

House No. \_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_ Inpatient Outpatient Emergency

Diagnosis, if not ICD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Drug Name, Strength, Dosage Form, Dose, Frequency, Duration, Route of Administration & other information | Price (dispensers use only) |
| ℞ |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Price |  |

|  |  |
| --- | --- |
| Prescriber’s Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dispenser’sFull name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**See overleaf**

**Please Note the Following Information**

1. **Prescriptions**

1.1. Are valid only if it has the seal of the health institution

1.2. Filled and blank are legal documents, treat them as fixed assets

1.3. Written and verbal information to the client complement one another

2. **The prescriber**

2.1. Never allow others to use Rx issued under your custody

2.2. Drug treatment is only one of the treatment options

2.3. Write the prescription correctly and legibly

2.4. Diagnosis and other parts of the prescription have to be complete

2.5. Name of the medicine should not be abbreviated.

2.6. Please accept prescription verification call from the dispenser

2.7. If dosage must be repeated by the same Rx describes so and sign

3. **The Dispenser**

3.1. Check legality of the prescription

3.2. Check completeness and accuracies before dispensing

1.1. Check for whom the medicine is being dispensed: actual client or caretaker

3.3. If in doubt about the contents of the prescription; verify with the prescriber

3.4. Containers used for packaging must be appropriate for the product

3.5. Labels of drugs should be clear, legible and indelible

3.6. Drugs should be dispensed with appropriate information and counseling

3.7. Keep filled prescriptions at least for 2 years

4. **Minimum drug label information should include the following:**

4.1. Patient name

4.2. Generic name, strength and dosage form of the medicine,

4.3. Dose, Frequency and Duration of use of the medicines,

4.4. Quantity of medicine dispensed

4.5. How to take Route of administration

4.6. Storage condition

## **Good dispensing practice**

Dispensing refers to the process of preparing medicines and distributing to users with provision of appropriate information, counseling and follow up. It may be based on a prescription or over-the-counter basis. The dispensing process involves the correct interpretation of prescription or oral request, accurate preparation and labeling of medicines with provision of appropriate information and follow up. Dispensing includes all the activities that occur between the times the prescription or oral request to the patient or client is presented and the medicine is issued to them.

The medicine should be dispensed in a safe and hygienic manner, making sure that the patient or client understands and appreciates the value of taking specific medicines for specific indications and on how to use the medication

Good dispensing practice ensures that the correct medicine is delivered to the right patient, in the required dosage and quantities, with clear instructions, and in a package that maintains an acceptable potency and quality of the medicine.

Any error or failure in the dispensing process can kill the user or seriously affect the patient’s health and economy. Therefore, the dispenser plays a crucial role in the therapeutic process. For good dispensing practice and counseling, refer to the current “Medicines Good Dispensing Practices,” manual prepared by the Ethiopian Food and Drug Authority (EFDA), and also medicines dispensing and counseling guides are available.

Consistent application of the six steps of the dispensing process approved nationally can bring dispensing practice to the standard level. The six steps of dispensing are:

Step1. The interpretation and evaluation of a prescription

Step2. The selection and manipulation of the medicine

Step3. Labeling and packaging of the medicine in an appropriate container

Step4. The provision of information and instructions to a patient or client

Step5. Recording the transaction

Step6. Prescription filing

Before medicines are handed over to patients or clients, the dispenser should ensure that the prescription is valid, that the medicine is clinically appropriate for the patient, and that information is provided.

**Labeling of Medicines:** The Main functions of labels on dispensed medicines are uniquely identify the contents of the container and to ensure that patients or clients have clear and concise information about the use of the medicine. The purposes of a label for a medicine are to describe its identity, contribute to optimal therapeutic outcome and avoid medication errors, achieve appropriate handling and storage, and allow the product to be traced if there are problems with the manufacturing, prescribing or dispensing process. In order to assure that this information is conveyed clearly and effectively to the patient’s clients, dispensers should exercise required professional competencies.

Each dispensed medicines must be appropriately labeled to comply with legal and professional requirements. The labels should be unambiguous, clear, legible and indelible.

There is a legal requirement to be added on the label of any prescribed or over the counter (OTC) medicines. Minimum drug label information should include the following:

* Patient name
* Generic name, strength and dosage form of the medicine
* Dose, frequency and duration of use of the medicines
* Quantity of the medicine dispensed
* Medication administration instructions
* Storage conditions
* Other common labeling includes “Keep out of the reach of children”, “For external use only”; “expiry dates”; “shake the bottle”, “do not use after opening” etc.

**Counseling of Patients:** Taking time to explain to patients or clients about the rationale and the potential adverse effects of the treatment improves adherence. Patients who always need counseling include confused ones and their caregivers, those who have impaired sight or hearing, poor literacy, when there is a change in their medications or dosing, new patients or those receiving a medication for the first time, and children and their parents, and other vulnerable groups. Besides, patients with chronic disease require regular counseling’s. For some medicines, there is a special need for counseling (e.g. medications requiring special storage, with complicated or significant side effects, appropriate posture during administration of doxycycline, an unusual method or time of administration or a potential interaction with a common food or domestic remedy). Counseling should be tailored to the age, experience, background, and understanding of the individual patient. The pharmacist should ensure that the patient understands how to take or use the medicine and how to follow the correct dosage schedule. Patients must be warned to keep all medicines out of the reach of children.

Counseling by dispensers creates awareness, decreases health risks and health care costs and should be provided after making sure that the prescription is legal. legible, valid, correct and complete. It is essential that dispensers follow standardized checklists for counseling of patients on the use of medications to make sure that the patient or client understands the regimens correctly and gets maximum benefit from the treatment. The following counseling steps by the pharmacist should be followed: 1) establish relationships, 2) assess the knowledge of the patient, 3) provide information, 4) verify understanding and 5)provide necessary feedback based on the verification gaps. For additional information, refer to the current national good dispensing manual.

## **Antimicrobial medicines dispensing**

The use of antimicrobial medicines has greatly contributed to the decline in morbidity and mortality due to infectious diseases. However, this is being undermined by the rapidly growing problem of antimicrobial resistance (AMR). AMR has serious public health consequences and increases mortality and morbidity from infectious diseases. It also increases treatment costs, illness duration and has many negative economic consequences.

AMR is the result of many factors with biological, behavioral, technical, economic, regulatory, and educational roots. But irrational use of antimicrobials is the greatest driver of resistance. The irrational use of antimicrobials practices which contribute to the development of AMR include, but not limited to the following:

* Unnecessary prescription of antibiotics, such as for viral infections (colds) or for prolonged prophylaxis;
* Using broad-spectrum antibiotics when narrow-spectrum antibiotics are effective
* Prescribing too low doses;
* Not prescribing according to microbiology results/absence of diagnostic facilities;
* Prescribing intravenous therapy when oral therapy is known to be effective and clinically safe;
* Omitting or delaying administration of doses and not taking antibiotics as prescribed by patients;
* dispensing antimicrobials without prescription and irrational self-administration;
* Access to poor quality, sub-standard or falsified antimicrobials;
* Weak regulatory inspection systems and enforcements;
* Poor infection control systems in health facilities,
* Unethical promotion for antimicrobial prescribing and dispensing;
* Early termination of treatments or sharing of medicines with families and friends etc.

Recognizing the public health crisis due to AMR, all stakeholders should take appropriate actions to prevent and contain AMR at national level. Prescribers and dispensers have irreplaceable roles in monitoring and improving medicines used in institutional settings to contain AMR. In addition, complying with the national laws of prescribing and dispensing AMR is crucial.

To reduce antimicrobial resistance, the Access, Watch, Reserve (AWaRe) classification of antibiotics was developed by the World Health Organization (WHO) and adapted by the Ethiopian Essential Medicines List, 2020 – where antibiotics are classified into different groups to emphasize the importance of their appropriate use. This classification is intended to be used as a tool to better support antibiotic monitoring and stewardship activities.

## **AWaRe classification of antibiotics**

**AWaR**e stands for an antibiotic classification to ACCESS, WATCH and RESERVE groups. This list has adapted WHO’s AWaRe classification with modifications based on prevailing healthcare delivery system and expertise opinion.

**ACCESS** group antibiotics have activity against a wide range of commonly encountered susceptible pathogens while showing lower resistance potential than antibiotics in Watch and Reserve groups. They are widely used empiric treatment options as first- or second -choice for specific infectious syndromes like upper respiratory tract infections (if indicated), community acquired pneumonia in the outpatient settings, surgical prophylaxis, progressive apical dental abscess, etc. As a result they should be widely accessible, affordable and quality assured. They are expected to account for ≥ 60 % the institutional antimicrobial consumption.

**WATCH** group antibiotics have higher resistance potential and include most of the highest priority agents among the Critically Important Antimicrobials (CIA) for Human Medicine and/or antibiotics that are at relatively high risk of selection of bacterial resistance. They are widely used empiric treatment options as first- or second -choice for specific serious infectious syndromes. As a result, they should be prioritized as key targets of hospital stewardship programs and monitoring. They are expected to account for less than 40 % of the institutional antimicrobial consumption.

**RESERVE** group antibiotics should be reserved for treatment of confirmed or suspected infections due to multi drug-resistant organisms, and treated as “last-resort” options. However, they should be accessible, but their use should be tailored to highly specific patients and settings, when all alternatives have failed or are not suitable. Reserve group antibiotics must be protected and prioritized as key targets of hospital stewardship programs, involving monitoring and utilization reporting, to preserve their effectiveness. They are recommended to be used for “High Priority” pathogens notably carbapenem resistant Enterobacteriaceae.

This AWaRe classification is aimed to promote rational antibiotic use and provide a tool for antimicrobial stewardship (AMS) activities and monitoring of antimicrobial consumption.

## **Dispensing and code of ethics**

Patients or clients expect standards of ethical behavior and conduct from dispensers. They need the medications along with appropriate ethical treatments. It is essential that all dispensers meet the standards set out in the national laws as failure to do so could result in a complaint of professional misconduct.

The breach (s) of national laws could be held to be professional misconduct or poor professional performance and can result in an administrative measure or crime penalty. Below is the summary of principles of ethics, professional conduct, performance and ethics of the dispensers.

**Principles of ethics**

* Make Patients or clients your first concern.
* Use professional judgments in the interests of patients and clients
* Show respect for patients and clients
* Encourage patients and the public to participate in decisions about their care
* Develop your professional competence
* Be ethical, honest and trustworthy
* Be responsible for your working practices

**Professional conduct**

* Act in the best interests of patients or clients
* Respect the confidentiality and privacy of patients or clients
* Maintain high standards of personal conduct and behavior
* Provide unbiased and trustworthy drug information
* Comply with obligations regarding professional regulation

**Professional performance**

* Address health issues related to your fitness to practice
* Obey laws, regulations and guidelines
* Comply with requirements for the protection of patients or clients
* Act within the limits of your knowledge, skills, competence and experience
* Keep your professional knowledge and skills up-to-date
* Obtain consent from patients or clients before providing services
* Assess service users’ capacity to consent where necessary
* Communicate effectively with patients or clients and others involved in their care
* Act in accordance with the principles of open disclosure
* Assist, advice and support colleagues, recently qualified professionals and students
* Supervise tasks that you delegate to others
* Keep accurate records
* Assess health, safety and welfare risks
* Raise concerns about safety and quality of care including medicines

**Professional ethics**

* Demonstrate ethical awareness
* Respect rights and dignity of patients or clients and others involved in their care
* Avoid conflicts of interest
* Provide services in an ethical manner
* Make sure that any advertising is truthful, accurate, lawful and not misleading

# GI 000 GASTROINTESTINAL MEDICINES

## **GI 100 Antacids**

|  |  |  |
| --- | --- | --- |
| 1.
 | Aluminum Hydroxide | Gel 320mg/5ml |
| Suspension 360 mg/5ml |
| Chewable Tablet 500mg |
|  | Aluminum Hydroxide Gel + Magnesium Hydroxide  | Chewable Tablet 405mg + 100 mg; 400mg + 400mg |
| Suspension;(220mg +195mg)/5ml |
|  | Aluminum Hydroxide + MagnesiumHydroxide + Simethicone  | Suspension (225mg + 200mg + 25mg)/5ml |
| Powder for Suspension 250mg+200mg+40mg/5ml  |
| Chewable Tablet 200mg + 200mg + 25mg |
|  | Aluminum Hydroxide + Magnesium Trisilicate | Chewable Tablet 120mg + 250 mg |
|  | Aluminum Hydroxide + MagnesiumTrisilicate + simethicone | Oral suspension (225mg + 200mg + 50mg)/5ml; (200mg + 200mg + 20mg)/5ml |
|  | Magnesium Hydroxide | Suspension 375mg/5ml; 125mg/5mL |
| chewable Tablet 300mg;311 mg |
| **GI 400 Antispasmodic/Spasmolytic analgesics** |
|  | Hyoscine/Scopolamine Butylbromide | Drops 5mg/5ml |
| Injection 20mg/ml |
| Tablet 10mg |
| Suppository 7.5mg; 10mg |
|  | Propantheline Bromide | Tablet 15mg; 30mg |
|  | Oxybutynin | Patch/Transdermal 3.9 mg |
| Tablet 5mg; 10mg (as hydrochloride) |
| Oral gel 10% (as hydrochloride) |
| Syrup 5mg/5ml (as hydrochloride) |
| GI400 Antiemetic |
|  | Dimenhydrinate  | Tablet 50mg |
|  | Hyoscine/Scopolamine Hydro bromide | Injection0.4mg/ml; 0.6mg/ml  |
| Tablet0.6mg |
|  | Metoclopramide Hydrochloride | Drops 0.2mg/drop |
| Syrup 5mg/5ml |
| Tablet 5mg; 10mg |
| **GI 600 Cathartics and Laxatives** |
|  | Bisacodyl | Suppository 5mg; 10mg |
| Tablet 5mg; 10mg |
|  | Glycerin | Suppository 0.7gm; 0.9gm; 1.2gm; 1gm; 1.4gm; 1.36gm; 2gm; 2.76gm |
|  | Liquid Paraffin  | Liquid 50ml;100ml; 200ml |
|  | Magnesium Sulphate | Oral powder in Sachet |
|  | Methyl Cellulose  | Tablet 500 mg |
|  | Psyllium  | Capsule 400mg |
| Powder 3.5gm/sachet |
| **GI 700 Medicines for Diarrhea Management** |
| 1 | Oral Rehydration Salt | Composition | Reduced Osmolarity ORS (mmol/L)\* | Standard Osmolarity(mmol/L)\*\* |
| Glucose | 75 | 111 |
| Sodium | 75 | 90 |
| Potassium  | 20 | 20 |
| Chloride | 65 | 80 |
| Citrate | 10 | 10 |
|  |  | Total Osmolarity | 245 | 311 |
| \*Dispensed in powder form with the following ingredients(all measured in g/L): sodiumchloride 2.6,trisodium citrate 2.9, potassium chloride 1.5, andglucose 13.5\*\*Dispensed in powder form with the following ingredients(all measured in g/L): sodium chloride 3.5,trisodium citrate 2.9, potassium chloride 1.5, andglucose 20ORS=Oral rehydration solution; WHO=World HealthOrganization |
|  | ReSoMal | Rehydration solution each sachet for 2 liter containsGlucose 125Sodium 45Potassium 40Chloride 70Total Osmolarity294meq/L |
|  | Zinc Sulphate | Tablet (dispersible) 10mg; 20mg; 40mg |
| Oral liquid 10mg/unit |
| **GI 800 Antiflatulents** |
|  | Activated charcoal  | Tablet; 125 mg; 250mg  |
| Suspension 15gm |
| Powder for reconstitution 5gm; 25gm; 30gm |
|  | Simethicone | Chewable Tablet 60mg; 80mg; 95mg |
| Capsule 95mg; 125 mg |
| Oral drop 40mg/ml; 66.6mg/ml |
| RE000 Respiratory Drugs**RE100 Antitussives/Expectorants/Mucolytics** |
|  | Acetaminophen + Pseudoephedrine | Tablet(325mg +15mg +1mg) |
| Hydrochloride +Chlorpheniramine | Syrup (160mg + 1mg + 15mg)/5ml |
|  | Ambroxol | Syrup 15mg/5ml; 30 mg/5ml |
|  | Bromhexine Hydrochloride  | Elixir4mg/5ml |
| Syrup5mg/5ml |
|  | Carbocisteine | Syrup125 mg/ml; 250mg/5ml  |
|  | Dexchlorpheniramine | Tablet2mg; 4mg; 6mg |
|  | Dexchlorpheniramine + Guaifenesin + Pseudoephedrine | Syrup (2mg + 100mg + 20mg)/5ml |
|  | Dextromethorphan Hydrobromide | Drops15mg/ml |
| Syrup5mg; 7.5mg; 15mg/5ml |
| Tablet15mg |
|  | Dextromethorphan | Syrup(0.3gm +7.6gm)/100ml |
|  | Diphenhydramine+ Guaifenesin + Pseudoephedrine | Syrup (12.5mg +60mg +130mg)/5ml |
|  | Guaifenesin  | Capsule200mg |
| Syrup 100mg/5ml |
| Tablet100mg; 200mg |
| **RE200 Anti-asthmatic medicines and medicines for chronic obstructive pulmonary diseases** |
|  | Adrenaline (Epinephrine)  | Injection1mg/ml |
|  | Aminophylline  | Injection250mg/10ml |
| Tablet 100mg; 200mg; 225mg; 350mg |
|  | Budesonide  | Nasal spray 32mcg; 64mcg |
| Suspension 0.25mg/ml; 0.5mg/ml |
|  | Salbutamol (Albuterol) | Oral Inhalation (aerosol) 0.1mg/dose  |
| Nebulizer Solution2.5mg/2.5ml |
| Syrup 2mg/5ml |
| Tablet 2mg; 4mg |
|  | Salbutamol + Bromhexine Hydrochloride + Guaifenesin +Menthol | Syrup (2mg + 4mg + 100mg + 1mg/10ml; 1mg + 2mg + 50mg + 0.5mg)/5ml |
|  | Theophylline (Anhydrous Theophylline) | Elixir 33mg/15ml |
| Tablet100mg; 200mg |
|  | Theophylline+ Guaifenesin | Capsule (150mg + 90mg; 300mg + 180mg |
| Elixir 150mg + 90mg)/15ml |
| Tablet 150mg + 90mg |
| NS000 Central Nervous System Medicines**NS100 Medicines for Pain Management and Palliative care** |
|  | Aceclofenac | Tablet 100 mg |
|  | Acetaminophen/Paracetamol | Drops 100mg/ml |
| Oral liquid 120mg/5ml; 160mg/5m; 250mg/5ml; 500mg/5ml |
| Suppository 75mg; 80mg; 125 mg; 250 mg; 325mg; 500mg; 650mg |
| Tablet 80mg; 100mg; 500mg; 650mg |
|  | Acetaminophen/Paracetamol + Caffeine  | Tablet 500mg+30mg; 500mg+ 50mg; 500mg + 65 mg |
|  | Acetylsalicylic Acid  | Tablet 300mg |
|  | Diclofenac sodium | Injection 25mg/ml; 75mg/ml |
| Suppository 12.5mg; 25 mg; 50mg; 100mg |
| Tablet25mg; 50mg; 75mg; 100mg |
| Capsule 50mg |
| Gel 1%w/w; 3%w/w |
|  | Diclofenac potassium | Tablet 12.5mg; 50mg |
| Capsule 50mg |
| Granule for solution 50 mg/2gm |
| Powder for solution 50mg |
|  | Diclofenac Dimethylamine  | Topical spray 1.16% w/w 100ml |
| Gel 1%; 3% |
|  | Ibuprofen | Oral liquid100mg/5ml |
| Capsule 200mg; 300mg; 400mg |
| Tablet 200mg;300mg; 400mg; 600mg; 800mg |
| Suppository 75 mg; 150mg |
|  | Ibuprofen + Pseudoephedrine HCl + Chlorpheniramine Maleate  | Tablet 200mg+30mg +2mg  |
| **NS200 Antimigraine Medicines** |
|  | Acetylsalicylic Acid  | Tablet300mg;500mg |
|  | Acetaminophen/paracetamol + Acetylsalicylic Acid + Caffeine | Tablet250mg + 250mg + 65mg;400mg + 250mg + 65mg |
|  |  Ibuprofen  | Syrup/suspension 100mg/5ml |
| Capsule 200mg; 300mg; 400mg |
| Tablet 200mg; 300mg; 400mg; 600mg; 800mg |
| Suppository 75 mg;150mg |
|  | Metoclopramide Hydrochloride + Acetaminophen/Paracetamol | Tablet 5mg + 500mg |
|  | Paracetamol/Acetaminophen | Tablet 500mg; 650mg |
|  | Sumatriptan  | Tablet25mg;50mg;100mg |
| **NS500 Anticonvulsants** |
|  | Clonazepam  | Syrup 0.5mg/5ml |
|  |
| AA000 Medicines Used in Anesthesia**AA200 Local Anesthetics** |
|  | Lidocaine Hydrochloride + Adrenaline (Epinephrine) | Injection 1%+1:200; 000 in 20ml vial; 2%+1:200;000 in 20ml vials |
| MS000 Medicines for Musculoskeletal and Joint Disease**MS 100 Antirheumatics** |
|  | Acetaminophen + Acetylsalicylic | Tablet250mg +250mg+65mg; 200mg + 400mg + 65mg |
|  | Acetylsalicylic Acid  | Tablet75mg; 100mg; 300mg; 324mg; 500mg  |
|  | Diclofenac diethyl amine | Gel1%; 30gm |
|  | Diclofenac Sodium | Injection25mg/ml; 75mg/ml |
| Suppository 12.5mg; 25 mg; 50mg; 100mg |
| Tablet25mg; 50mg; 75mg; 100mg |
| Capsule 50mg |
| Gel 1%w/w; 3%w/w |
|  | Etofenamet | Gel 5%; 10% |
| Cream10% |
| Lotion 10% |
| Spray100mg/ml (18mg/dose) |
|  | Ibuprofen  | Syrup/suspension 100mg/5ml |
| Capsule 200mg; 300mg; 400mg |
| Tablet 200mg; 300mg; 400mg; 600mg; 800mg |
| Suppository 75 mg;150mg |
| **MS300 Disease Modifying Antirheumatic Medicines** |
|  | Chloroquine phosphate  | Tablet 150mg |
| AI 000 Anti-infectives**AI100 Antibacterial****AI 101 Penicillin’s** |
|  | Amoxicillin (access) | Capsule 250mg; 500mg; |
| Tablet 500mg; 750mg; 1000mg |
| Tablet (dispersible) 125mg; 250mg  |
| Oral powder for suspension 125mg/5ml;250mg/5ml  |
|  | Ampicillin (access) | Drop 100mg/ml  |
| Capsule 250mg; 500mg  |
| Oral suspension 125mg/5ml; 250mg/5ml |
| Injection (sodium) 250mg; 500mg; 1gm  |
|  | Cloxacillin Sodium (Access) | Capsule 250mg; 500mg  |
| Syrup 125mg/5m; 250mg/5ml |
|  | Penicillin G Benzathine (Access) | Injection 0.6 million IU ; 1.2 million IU; 2.4 million IU  |
|  | Penicillin V( Phenoxy methyl Penicillin) | Oral Liquid 125mg/5ml;250/5ml  |
| Tablet 125mg; 250mg;500mg  |
|  | Penicillin VK (Phenoxy methyl penicillin Potassium) | Suspension195mg/5ml  |
| Tablet 390 mg;500mg |
|  | Procaine Penicillin Fortified  | Powder for injection 4,000,000 IU |
| **AI 103 Macrolides** |
|  | Erythromycin ‘ | Tablet (as stearate) 250mg; 500mg |
|  | Tetracycline Hydrochloride | Capsule 250mg; 500mg  |
| Tablet 250mg; 500mg |
| **AI109 Sulfonamides/Sulphonamides** |
|  | Sulphamethoxazole + Trimethoprim (Access) | Mixture (dispersible) 200mg + 40mg/5ml  |
| Tablet 100mg + 20mg; 400mg + 80 mg; 800 mg + 160mg; |
| **AI400 Antiprotozoals****AI401 Antimalarials** |
|  | Artemether  | Oral suspension 80mg/ml  |
| Suppository 40mg |
|  | Artemether + lumefantrine | Tablet (dispersible) 20mg +120mg.  |
| Dry powder for oral suspension (3mg +18mg)/ml |
|  | Chloroquine Phosphate | Tablet250mg(155mg base); 500mg(300mg base) |
| Syrup80mg/5ml (50mg/5ml base) |
| Injection (as hydrochloride 50mg/ml(40mg /ml base) |
|  | Primaquine Phosphate | Tablet 7.5 mg base; 15mg base |
| **AI402 Medicines for Amoebiasis** |
|  | Metronidazole  | Tablet 250mg; 500mg |
| Capsule 250mg; 500mg |
| Tablet (viginal) 500mg |
| Suspension 125mg/5ml; 200mg/5ml |
|  | Tinidazole | Tablet 250mg; 500mg |
| **AI403 Medicines for Giardiasis** |
|  | Metronidazole  | Suspension 125mg/5ml; 200mg/5ml |
|  | Tinidazole | Tablet 250mg;500mg |
| **AI406 Medicines for Toxoplasmosis** |
|  | Sulphamethoxazole + Trimethoprim  | Tablet (dispersible) 100mg +20mg |
| Suspension (200mg + 40mg )/5ml  |
| Tablet 400mg + 80mg; 800mg + 160mg |
| **AI503 Other Anthelmintics** |
|  | Albendazole  | Oral Suspension 100mg/5ml |
| Tablet (chewable) 200mg;400mg |
|  | Levamisole | Tablet 40mg  |
|  | Mebendazole | Oral suspension100mg/5ml  |
| Tablet 100mg; 500mg |
|  | Niclosamide | Tablet (chewable) 500mg |
|  | Piperazine  | Elixir (citrate) 500mg/5ml; 622.5mg/5ml; 700mg/5ml; 750mg/5ml; 937.5 mg/5ml;1gm/5ml  |
| Tablet (adipate) 300mg; 400mg |
|  | Pyrantel Pamoate | Oral suspension250mg/5ml(as base) |
| Tablet 125mg; 700mg |
|  | Thiabendazole  | Oral Suspension 500mg/5ml  |
| Tablet 500mg |
| ED700 Contraceptives**ED701 Combined Oral Contraceptives** |
|  | Drospirenone +Ethinyl Estradiol | Tablet 3mg +0.02mg; 3mg +0.03mg |
|  | Levonorgestrel+ Ethinylestradiol with/without Iron\* | Tablet0.15mg+0.03mg; 0.25mg+0.05mg;0.5mg + 0.05mg; 0.3mg + 0.03mg; 0.05mg +0.03mg (6tablet); 0.075mg + 0.04mg (5tablet); 0.125mg +0.03mg (10 tablet) |
|  | Norethindrone (Norethisterone) + Ehinylestradiol | Monophasic/biphasic/triphasic/multiphasic tablet 0.5mg+0.035mg;1mg+0.035mg |
|  | Norethindrone (Norethisterone) + Mestranol and Iron\* | Tablet 0.5mg + 0.035mg; 1mg +0.05mg  |
| \*Each iron tablet contains: Ferrous Fumarate-75mg |
| **ED702 Progestogen Only Contraceptives** |
|  | Ethynodiol Diacetate | Tablet0.5mg |
|  | Levonorgestrel  | Tablet0.03mg (minipill); 0.75mg; 1.5mg |
|  |
|  | Lynestrenol | Tablet0.5 mg |
|  | Medroxyprogesterone Acetate | Injection (aqueous suspension)150mg/ml |
|  | Norethindrone (Norethisterone) | Tablet 0.35 mg; 5mg  |
| Injection (Oily as Enanthate) 200mg/ml ampule |
| **ED703 Contraceptive Devicesand Barriers** |
|  | Condom male (latex) | 180mm x 53mm |
|  | Condom female( polyurethane) | -  |
| OG000 Obstetrics and Gynecological Medications |
|  | Clotrimazole | Cream (Vaginal) 1% |
| Tablet (Vaginal) 100mg; 500mg |
|  | ErgometrineMaleate/Ergonovine maleate/ | Injection 0.25mg/ml; 0.5 mg/ml |
| Tablet 0.25mg; 0.5mg |
|  | Methylergometrine Maleate | Injection 0.2mg/ml  |
| Tablet 0.125mg; 0.2mg |
|  | Metronidazol | Capsule 250mg |
| Syrup 4% w/v; 250mg/5ml |
| Tablet 200mg; 250mg; 400mg; 500mg |
| Tablet (vaginal) 500mg |
|  | Methyldopa | Tablet 250mg; 500mg |
|  | Oxytocin | Injection1unit/ml; 5unit/ml; 10unit/ml |
| BL000Blood and Medicines Affecting the Blood**BL300 Homeostatic Agents** |
|  | Phytomenadione (Vitamin K1) | Injection1mg/0.5ml; 10mg/ml  |
| **BL400 Antianemia Agents** |
|  | Ferrous Salt ∞ | Capsule (WHO recommended dose) |
| Tablet (WHO recommended dose) |
| Drop (WHO recommended dose) |
|  | Ferrous Salt∞ + Folic Acid | Capsule (sulphate)150mg + 0.5mg; 60mg +0.4mg  |
| Tablet (sulphate)150mg +0.5mg |
|  | Folic Acid | Tablet 0.2mg; 0.4mg; 0.8mg; 1mg; 2.5mg; 5mg; |
| Oral solution 2.5mg/5ml |
|  | Iron Gluconate +Manganese- Gluconate +Copper Gluconate | Oral solution 5mg+1.33mg+0.77mg |
|  | Ferric ammonium citrate + Folic acid+ cyanocobalamin + cupric sulphate + magnesium sulfate  | Syrup 160mg + 0.5mg + 7.5mg + 30mg+ 0.03mg |
|  | Ferrous fumarate + Folic acid + Zinc sulfate + cyanocobalamin  | Capsule (soft gel) 150mg + 3mg + 16.5mg + 0.03mg |
| FE000 Medicines for Correcting Fluid, Electrolyte and Acid-Base Disturbances**FE100 Oral\*** |

|  |
| --- |
|  |
|  | Oral Rehydration Salt | Powder; each sachet for l litre contains: |
|  |  | Gram/Liter |  | mmol/Liter |
|  | Sodium | 2.6 | Sodium | 75 |
|  | GlucoseAnhydrase | 13.5 | Chloride | 65 |
|  | PotassiumChloride | 1.5 | Glucoseanhydrase | 75 |
|  | TrisodiumCitrateDehydrate | 2.9 | Potassium | 20 |
|  |  |  | Citrate | 10 |
|  |  |  | Total osmolarity | 245 |
|  | ReSoMal | Powder; each sachet for 2 liter contains: |
| Ingredients | mEq/L |
| Glucose | 125 |
| Sodium  | 45 |
| Potassium  | 40 |
| Chloride | 70 |
| Total osmolarity | 294mEq/Liter |
|  | Sodium Chloride + potassium chloride+ Sodium citrate + Anhydrous glucose | Powder for solution-21.8g |
| Co-pack of 21.8g powder for solution (sachet)+ tablet of 20mg zinc sulphate |
|  | Zinc Acetate | Tablet20 mg |
| \*Any salts and therapeutically effective salt /strengthsapproved/authorized by EFDA can be handled. |
| **FE200 Parenteral** |
|  | Lactated Ringer’s (Hartmann’s Solution) | Injectable solution; each 1000ml contains: K+ 5.4mEq + Na+ 130.7mEq + Ca- - 3.6mEq Cl- 111.5mEq + Lactate 28.2mEq in 500ml; 1000ml |
| K+4mEq + Na + 130mEq + Ca+; 3mEq + Cl- 110mEq + Lactate 28mEq in 1000ml |
|  | Ringer's Solution  | Intravenous Infusion; Each contains Na+ 147mEq + K+ 4mEq Cl-155mEq; Ca-5mEq in 500ml; 1000ml |
| Injectable solution; each 1000ml contains: Na+ 147mEq + K+ 4mEq + Ca++ 456mEq Cl- 155mEq in 500ml; 1000ml |
|  | Lactated Ringer’s and dextrose  | K+4mEq + Na + 130mEq + Ca+; 5mEq + Cl- 110mEq + Lactate 28mEq + 5% dextrose in 1000ml |
|  | Sodium Chloride | Injection 0.45%; 0.9% (Normal Saline);3% ;23.4%;30% |
| **FE300 Enteral Nutrition** |
|  | Calcium Caseinate |  |
|  | Soya- based non-milk preparations |  |
|  | Phospholipids from soya-beans (containing phospholipid or 76% (3-sn-phosphatidyl) choline) |   |
|  |
| VT00 VITAMINS**VT100 VitaminsSingle**

|  |  |  |
| --- | --- | --- |
|  | Ascorbic Acid (Vitamin C) | Drops/oral solution100mg/ml; 200mg/ml |
| Tablet100mg; 500mg; 1000mg |
|  | Phytomenadione (Vitamin K1) | Injection1mg/0.5ml;10mg/ml |
| Tablet 0.1mg;5mg;10mg |
|  | Vitamin A | Capsule 75000IU;8000IU;10,000IU;25,000IU; 50000IU; 10000IU  |
| Oral Solution 50;000IU/ml ;150000IU/ml  |
| Tablet 1000IU;15000IU; 50000IU; 100,000IU; 200,000IU |
| **VT 200 VitaminsCombinations** |
|  |  Vitamin A+D | Capsule4000 IU + 400 IU |
| **VT201 Vitamin B Complex Preparations** |
|  | Vitamin B1 + B6 + B12 | Tablet;100mg +200mg+1mg;100mg+100mg+5mg |
|  | Thiamine+Pyridoxine | Tablet100mg+ 200mg |
| **VT202 Multivitamin Preparations** |
|  | Multivitamins | Tablet; |
| syrup |
| **VT 203 Multivitamin with Minerals and/or Extracts\*** |
|  | Multivitamin with Minerals and/or Extracts | Tablet; |
| syrup; |
| drops |
| \*Any combinations proven to be therapeutically effective and approved by EFDA can beacceptable. |
| AL000 Antihistamines and Antiallergics**A100 Medicines for Allergy** |
|  | Cetirizine | Oral solution; 1mg/ml  |
| Tablet5mg; 10mg |
| capsule 10mg Soft gelatin |
|  | Chlorpheniramine Maleate | Syrup 2mg/5ml |
| Tablet 2mg; 4mg;5mg; 6mg; 10mg |
|  | Loratadine | Syrup5mg/5ml |
|  Tablet 5mg;10mg |
|  | Dexchlorpheniramine Maleate | Tablet2mg; 4mg; 6mg  |
| Syrup 2mg/5ml |
|  | Pheniramine | Tablet25mg;50mg; 75mg |
|  | Promethazine Hydrochloride | Elixir5mg/5ml |
| Syrup 6.25mg/5ml |
| Injection 25mg/ml;50mg/ml |
| Suppository25mg; 50mg  |
| Tablet10mg; 25mg |
| **AL200 Medicines for Allergic Emergencies** |
|  | Adrenaline (Epinephrine) | Injection0.1mg/ml(1;10,000):1mg/ml(1;1000) |
|  | Hydrocortisone (Sodium Succinate) | Powder for Injection50mg;100mg;250mg;500mg |
|  | Promethazine Hydrochloride | Injection 25mg/ml;50mg/ml |

 |
| OP 000 Ophthalmic Agents**OP100 Antiglaucoma****OP301Antibacterial** |
| 1.
 | Oxytetracycline  | Eye ointment0.5% |
|  | Hydrochloride |  |
|  | Tetracycline | Eye ointment1%  |
| Eye drops1% |
|  | Ganciclovir | Gel 0.15% |
| **OP600 Ophthalmic Diagnostics and Miscellaneous Agents** |
|  | Artificial tear (Carboxymethyl Cellulose + Hydroxypropyl Methyl Cellulose | Isotonic Ointment |
|  | Amyl-Meta-Cresol + Dichlorobenzyl Alcohol | Isotonic Drops Lozenges 0.6mg + 1.2mg |
|  | Chlorhexidine Gluconate | Oral Solution 0.12% |
|  | Clotrimazole | Troches10mg  |
| Drops100ml  |
| Spray 100ml  |
| Mouth paint 1% |
|  | Dequalinium Chloride | Lozenge 0.25mg |
|  | Gentian Violet | Solution1% |
|  | Hexetidine | Solution 0.1% |
|  | Hexidine | Oral Solution 1mg/ml(1%); 0.2% |
|  | Hydrogen Peroxide | Solution 1.5%; 3% |
|  | Menthol + Eucalyptus Oil + Light Magnesium Carbonate | Inhalation2% +10% 7% |
|  | Saline Spray/solution | Isotonic Solution 0.9% |
| EN 000Ear, Nose and Throat**EN 200 Otic Agents** |
|  | Carbamide peroxide | Ear drop 5%; 6.5%; 10% |
|  | Hydrogen Peroxide | Solution3% |
|  | Oxytetracycline | Ear drop0.5% |
|  |
| DE000 Dermatological agents**DE100 Anti-infective Topical** |
|  | Benzoic Acid+ Salicylic Acid | Ointment 6% +3%; 12% +6% |
|  | Benzyl Benzoate | Lotion 25% |
| Cream 12.50% |
|  | Clotrimazole | Cream 1% |
| Solution 1% |
| Topical Powder 1% |
| Ointment1% |
|  | Gamabenzene Hexachloride | Cream1% |
|  | Gentian Violet | Solution0.5%; 1% |
|  | Ketoconazole | Cream2% |
| Gel 2% |
| Foam 2% |
| Lotion 2% |
| Shampoo 1%;2% |
| Ointment 2% |
|  | Ketoconazol +Zinc Pyrithione | Shampoo2% +1%  |
|  | Malathion | Shampoo1% |
|  | Metronidazole | Cream 0.75%; 1% |
| Gel 1% |
| Vag.gel 0.75%;1.3% |
| Lotion 1%;0.75% |
|  | Nitrofurazone  | Gauze  |
| Ointment 2% |
|  |  | Ointment ;2% |
| Lotion 2% |
| Tincture 2% |
|  | Permethrin | Cream 5% |
| Lotion 1%; 5% |
|  | Selenium Sulphide | Topical Suspension 2.5% |
|  | Sulphur | Ointment 5%; 10% |
|  | Tetracycline | Ointment 3% |
|  | Tolnaftate | Solution 1% |
| Spray 0.068% |
|  | Zinc Undecenoate + Undecenoin | Ointment 20% +5% |
|  |
| **DE200 Anti-inflammatoryTopical** |
|  | Hydrocortisone Acetate | Cream1% |
| Ointment 1% |
| **DE400 Keratolytic /Caustics and Antiacne Agents** |
|  | Camphor | Cream 3.1% |
|  liquid 10% |
| Ointment 10%;11% |
|  | Salicylic Acid | Ointment2%; 5%; 10% |
| Cream2%;6%10%;15%;20% |
|  | Salicylic Acid+ Lactic Acid + Polidocanol | Tincture (2gm+0.5gm+0.2gm)/10gm |
| **DE500 Medicines for Psoriasis and Eczema** |
|  | Calamine  | Lotion 5% |
|  | Calamine + Zinc Oxide | Cream 4%+3% |
| Lotion 15%+5% |
|  | Ichthammol | Ointment 10%; 20% |
|  | Zinc Oxide | Lotion 15% |
| Ointment 15% |
| Cream 15% |
| Paste 15%;20% |
| Paste 20% |
|  | Zinc Oxide +Talc | Paste 15% +25% |
| **DE1000 Skin Disinfecting Agents** |
|  | Alcohol based hand rub | Solution containing ethanol 80% |
| Solution containing isopropyl alcohol 75% |
|  | Chlorhexidine Gluconate + | Solution1.5%+15%; 0.3%+3% |
|  | Ethyl Alcohol | Solution 70% |
|  | Hydrogen Peroxide | Solution3%; 6% |
|  | Iodine | Solution 2%  |
|  | Potassium Permanganate | Tablet (for solution)50mg; 120mg; |
|  | Povidone Iodine | Solution4%; 7.5%; 10% |
| **DE1100 Dermatological, Others** |
|  | Menthol | Gel 4% |
|  | Methylsalicylate\* |   |
|  | Methylsalicylate + Menthol | Cream 25%+5% |
|  | Paraffin Gauze Dressing |   |
|  | Talc Dusting Powder |   |
| \* Any rubefacient proven to be therapeutically effective can be used. |
| IM000 Immunological preparations |
|  | Snake Venom Antiserum Polyvalent | Injection10ml |
|  | Tetanus Antitoxin, Equine | Injection 1,500Units; 3000Units; 20,000Units |
| AD000 Antidotes and Other Substances used in Poisoning |
|  | Activated Charcoal | Powder for reconstitution 5gm/120ml;15gm/120ml;30gm |
| Tablet 125mg; 250mg |
| Suspension15gm |
| Capsule 260mg |
| Gel 300ml |
|  | Ipecac | Syrup 7% Powdered |
|  | Universal Antidote Powder (Charcoal + Tannic Acid + Magnesium Oxide) | Powder(2 parts +1 part +1 part)/sachet |
|  |
| MI000 MISCELLANEOUS |
|  | Aluminum Sulphate +Calcium Hypochlorite + SodiumCarbonate | Water treatment powder in the ratio of 23:1:1 by weight |
|  | Aquatabs | Tablet 8.68mg;8.5mg; 1.67mg For water purification |
|  | Calcium Hypochlorite + Iron Sulphate | Sachet Water treatment powder (0.546%) Available chlorine should be 65-75% |
|  | Calcium Hypochlorite + Iron Sulphate + Bentonite+Potassium Permanganate Polyacrylamide + Sodium Carbonate | Water treatment powder |
|  | Chlorohexidine | Gel 7.1%Mouth Wash0.2% |
|  | Chlorohexidine + Benzocaine  | Mouth wash 5mg +2mgAntiseptic + Analgesics |
|  | Formaldehyde | Solution 3%; 8% (w/w or v/v) |
|  | Halazone | Tablet 4mg |
|  | Hydroxyethyl Cellulose(KY Jelly) |   |
|  | Iodized Salt |   |
|  | Saccharin | Tablet |
|  | Sodium Chloride Free Salt |   |
|  | Sodium Dichloroisocyanurate | Tablet 67mg; 75mg |
|  | Sorbitol | Solution5%  |
|  | Water for Injection  | In 2ml ;5ml; 10ml  |