

HOSP SG BULOH FORMULARY & ANTIBIOTIC RESTRICTION

The formulary restriction is one of the pillars of the AMS Program. The restrictions are based on department ownership (according to JKUT) as well as the level of prescriber (according to MOH blue book categorisation). This formulary and antibiotic restriction will be reviewed on regular basis.

The list of antibiotics in our facility is separated into three categories:

- 1. Green:**
Antibiotics that do not require pre-approval (Can be prescribed by all doctors)
- 2. Yellow:**
Restricted antibiotics (Prescribed & authorised by ward specialist) and is subject to AMS team review
- 3. Red:**
Reserved antibiotics (Prescribed after referral and approval by designated disciplines)

This restriction is to help control the usage of broad-spectrum antibiotics to prevent misuse and raise awareness among prescribers so each case is carefully reviewed before referring to the specialists for authorisation of broad-spectrum antibiotics.

The table below outlines the three categories of antibiotics and the list of antibiotics in each category.

I. ANTIBIOTICS IN GREEN CATEGORY (DO NOT REQUIRE PRE-APPROVAL)			
NO.	DRUGS	PRESCRIBER CATEGORY	DEPARTMENT (If no department listed = all department can prescribe)
1	Amoxicillin Cap/Syrup	B	
2	Amoxicillin + Clavulanic Acid Inj/Tab/Syrup	A (Inj) A/KK (Tab/Syr)	
3	Ampicilin + Sulbactam Inj/Tab/Syrup	A (Inj/Syr) A/KK (Tab)	
4	Ampicillin Inj/Syrup	B	
5	Azithromycin Inj/Tab/Syrup	A* A/KK (Tab/Syr)	
6	Cefazolin Sodium Inj	A	
7	Cephalexin Monohydrate Cap	B	
8	Cloxacillin Sod Inj/Cap/Syrup	B	
9	Doxycycline Cap	B	
10	Erythromycin Ethylsuccinate Tab/Syrup	B	
11	Erythromycin Lactobionate Inj	A*	
12	Metronidazole Inj/Tab/Syrup	A (Inj) B (Tab/Syr)	
13	Nitrofurantoin Tab	B	
14	Nystatin Suspension	B	
15	Penicillin G Benzathine Inj	B	
16	Penicillin G Procaine Inj	B	
17	Penicillin G Sodium Inj (Benzylpenicillin/C-Pen)	B	
18	Penicillin VK (Phenoxymethylpenicillin) Tab/Syrup	C	
19	Primaquine Tab	B	
20	Trimethoprim + Sulphamethoxazole Inj/Tab/Syrup	A (Inj) B (Tab/Syr)	
21	Tetracycline HCl Cap	B	

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II. ANTIBIOTICS IN YELLOW CATEGORY (SUBJECT TO AMS)

NO.	DRUGS	PRESCRIBER CATEGORY	DEPARTMENT (If no department listed = all department can prescribe)
1	Amikacin Inj	A	
2	Amphotericin B Deoxycholate (Conventional) Inj	A	
3	Cefepime Inj	A*	
4	Cefoperazone Sod Inj	A	
5	Cefoperazone + Sulbactam Inj	A	
6	Cefotaxime Inj	A	
7	Ceftazidime Inj	A	
8	Ceftriaxone Inj	A	
9	Cefuroxime Inj/Tab/Syrup	A (Inj/Syrup) A/KK (tab)	
10	Ciprofloxacin Inj/Tab	A	
11	Clarithromycin Tab	A*	
12	Clindamycin Inj/Cap	A*	
13	Ertapenem Inj	A*	ID
14	Fluconazole Inj/Cap	A	
15	Fusidic Acid Tab	A*	
16	Gentamicin Sulphate Inj	B	
17	Imipenem + Cilastatin Inj	A*	
18	Itraconazole Cap	A/KK	
19	Meropenem Inj	A*	
20	Oseltamivir Cap/Solution	A/KK	
21	Piperacillin + Tazobactam Inj	A*	
22	Streptomycin Inj	B	
23	Vancomycin HCl Inj	A*	

These antibiotics are categorised as **restricted** as their usage is actively monitored by KKM

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III. ANTIBIOTICS IN RED CATEGORY (RESERVED)

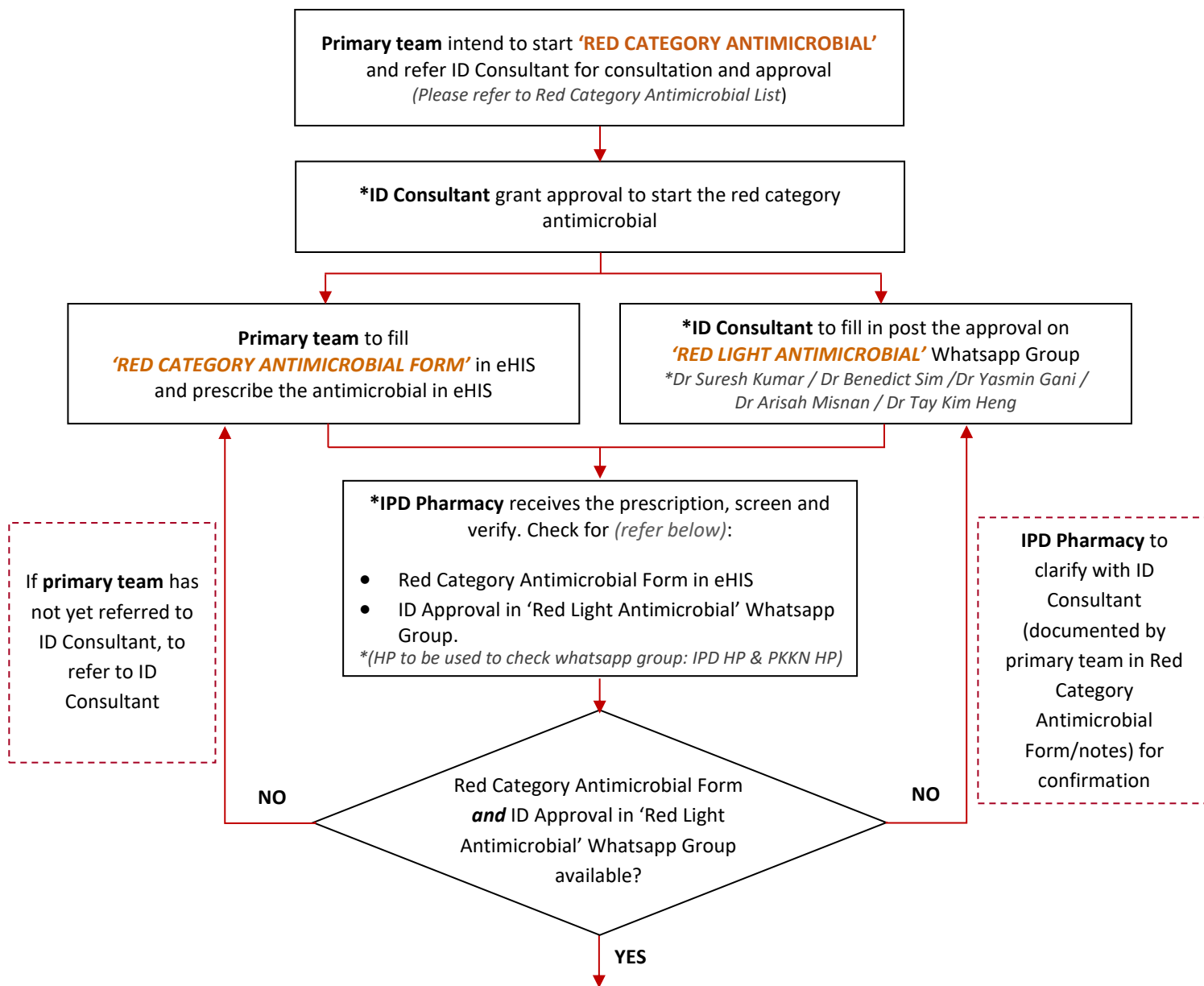
NO.	DRUGS	PRESCRIBER CATEGORY	DEPARTMENT (If no department listed = all department can prescribe)
1	Amphotericin B (Lipid Complex)	UKK	ID
2	Amphotericin B (Liposomal)	UKK	ID
3	Anidulafungin Inj	A*	ID
4	Aztreonam Inj	UKK	ID
5	Ceftaroline Fosamil Inj	A*	ID
6	Ceftazidime + Avibactam Inj	A*	ID
7	Ceftolozane + Tazobactam Inj	A*	ID
8	Colistimethate Sodium (Colistin E) Inj	A*	ID/ANAES
9	Flucytosine Tab	UKK	ID
10	Fosfomycin Sachet (Granules)	A*	ID
11	Ganciclovir Inj	A*	ID
12	Isoniazid Inj	UKK	ID
14	Ivermectin Tab	UKK	ID
15	Levofloxacin Inj/Tab	A*	ID
16	Linezolid Inj	A*	ID/ANAES
17	Linezolid Tab	A*	ID
18	Linezolid Syrup	A*	PAED
19	Micafungin Inj	A*	ID/ANAES
20	Minocycline Cap	A*	ID/DERM
21	Minocycline Inj	UKK	ID
22	Moxifloxacin Inj/Tab	A*/UKK	ID
23	Nirmatrelvir/Ritonavir Tab	UKK	ID
24	Paromomycin Sulphate Cap	UKK	ID
25	Pentamidine Isethionate Inj	A*/UKK	ID
26	Polymyxin B Inj	A*/UKK	ID/ANAES
27	Praziquantel Tab	UKK	ID
28	Rifabutin Cap	UKK	ID
29	Rifampicin Inj	UKK	ID
30	Tigecycline Inj	UKK	ID
31	Trimethoprim Tab	UKK	PAED
32	Valganciclovir Tab	A*/UKK	ID
33	Voriconazole Inj/Tab	A*	ID

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HSgB RED CATEGORY ANTIMICROBIAL APPROVAL PROCESS

(Prescribed after referral and approval by designated disciplines)



IPD Pharmacy:

- Record ID approval in drug remarks during verification stage.
- Ensure prescription matches with the plan by ID Consultant in the 'Red Light Antimicrobial' Whatsapp Group & supply accordingly.

**During After Office Hour (AOH), without Red Category Antimicrobial Form in eHIS or ID Approval in 'Red Light Antimicrobial' Whatsapp Group, only STAT dose (or up to 24H) supply is allowed. Change the duration to STAT/1 day & write remark 'To get ID approval and red category antimicrobial note before processing the next supply'. To supply for STAT dose or 1 day supply only.*

***EXCEPTIONS =**

For antimicrobials with **CO-OWNERSHIP**, ID approval is **NOT** required if the primary team's department is a co-owner. E.g: **Colistin, Polymyxin B & Micafungin Inj** (co-owned by ANAESTH & ID), ICU team do **NOT** require ID approval to start.