

# Pharmacy Bulletin

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## JKTU MEETING RESULTS 3/2011 BY IZYAN DIYANA

No	New Drugs Approved	Category Prescriber	Indication/Policies (Effective this year)
1	<b>Capecitabine 500mg Tab</b> (XELODA <sup>®</sup> )	A*: Oncologist only	<b>Indication :</b> 1) Colorectal Cancer 2) Gastric cancer <b>Maximum usage :</b> RM60,000.00/ year or 10 patients only.
2.	<b>Ciclesonide 50mcg/spray, nasal spray 120 doses</b> (OMNARIS <sup>®</sup> )	A*: ENT specialists only	<b>Indication :</b> Treatment of nasal symptoms associated with seasonal and perennial allergic rhinitis in adults and adolescents > 12 years. <b>Maximum usage :</b> Increase to RM450,000.00. To share allocation with Nasonex & Avamys. To start in 2012 as it has reached the maximum usage limit.
3.	<b>Dronedarone 400mg Tab</b> (MULTAQ <sup>®</sup> )	A*: Cardiologists only	<b>Indication :</b> Indicated in adult clinically stable patients with a history of , or current non-permanent atrial fibrillation to prevent recurrence of AF or to lower ventricular rate. <b>Maximum usage :</b> To share allocation with Amiodarone dan Flecainide. Maximum usage is RM60,000.00/year
4.	<b>Methylphenidate Extended Release 18mg, 27mg, 36mg Tab</b> (CONCERTA <sup>®</sup> )	A* : Child Psychiatrists, Family Medicine Specialists & Child Development Specialists	<b>Indication :</b> Treatment of attention deficit hyperactive disorder (ADHD) <b>Maximum usage :</b> Existing and new patients have to pay a flat rate of RM100/ month supply at Kedai Farmasi. Maximum usage is RM160,000.00/year for FOC patients.. Patients with financial constraint can be referred to Social Welfare to get drugs for free. 100 free coupons (for Strattera/Concerta/Ritalin) will be shared by the Specialists in the 3 disciplines (but will be distributed by Child Psychiatrists. Start 2012.
5.	<b>Rotigotine Transdermal Patch 2mg, 4mg, 6mg, 8mg</b> (NEUPRO <sup>®</sup> )	A*: Neurologists only	<b>Indication :</b> To treat signs and symptoms of idiopathic Parkinson's disease, either with or without concomitant L-dopa therapy <b>Had penggunaan:</b> 20 patients or RM80,000.00/year.
6.	<b>Cisatracurium Besylate 2mg/5mL Inj</b> (NIMBEX <sup>®</sup> )	A*: Anesthetists only	<b>Indication :</b> Adjunct to general anesthesia or sedation in the ICU to relax skeletal muscle, facilitate tracheal intubation and mechanical ventilation. ( For renal and hepatic impaired patients) <b>Maximum usage :</b> To share allocation with Inj Atracurium, Vecuronium and Rocuronium. Maximum usage limit to RM450,000.00.
7.	<b>Raltegravir 400mg tablet</b> (ISENTRESS <sup>®</sup> )	A* Infectious Unit (Medical Dept)	<b>Indication :</b> For treatment of HIV – 1 infection in combination with other antiretroviral agents who does not respond to 1st line standard HAART regimen <b>Maximum usage :</b> 5 patients . Scheme 8 + (4 FOC from Company) Usage for HIV drugs are limited to RM130,000.00/year.
8.	<b>Phentermine 15mg &amp; 30mg capsule</b> (DUROMINE <sup>®</sup> )	A*: Pakar Endokrinologi sahaja	<b>Indication :</b> An anorectic agent for management of obesity as a short term adjunct to diet and exercise and behaviour modification in obese patients with BMI > 30 kg/m <sup>2</sup> . Can be initiated in patients with BMI 25 – 29.9 kg/m <sup>2</sup> with increased risk of morbidity from a number of disorders Will be placed at Kedai Farmasi. Patients with prescriptions from Endocrine Clinic are given 50% discount.

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9.	<b>Gemcitabine 200mg &amp; 1 G inj</b> ( GEMZAR ®)	A*: Hematologists only	<b>Indication :</b> Relapsed refractory Non Hodgkin Lymphoma and Hodgkin Lymphoma <b>Maximum usage :</b> 8 patients/ year
<b>ADDED INDICATION/PRESCRIBER/STRENGTH</b>			
1.	<b>Paliperidone 3mg, 6mg, &amp; 9mg Extended Release Tablet (INVEGA®)</b>	A*: Psychiatrists	Add on 40 new patients on top of 50 existing patients (allocation increase from RM194,326.00 to RM388,652.00 for 2011. To use Risperdal's allocation. Start this year.
2.	<b>Levodopa 200mg + Carbidopa 50mg + Entacapone 200mg Tab (Stalevo®)</b>	A*: Neurologists only	Add on Stalevo strength. <b>Indication :</b> Idiopathic Parkinson's disease: 1. As substitute (with equivalent strengths of each of the 3 components) for <i>immediate release levodopa/carbidopa and entacapone</i> 2. To replace existing therapy of immediate release levodopa/carbidopa therapy (without entacapone) in patients who are experiencing end-of dose wearing-off (only for patients taking a <i>total daily dose of levodopa of 600mg or less and not experiencing dyskinesias</i> ). To share allocation with Entacapone tab. (Comtan) up to RM250,000.00 To use existing allocation. Start this year.
3.	<b>Oxycodone Prolonged Release (OXYCONTIN®)</b> <b>Oxycodone Immediate Release (OXYNORM®)</b>	A*: Orthopedic surgeons & O&G specialists	Add on prescriber. <b>Indication :</b> For post-op pain (In-Patient). Supply for 5 days only. Can be used in OT & ward. To use existing allocation ie RM150,000.00/year. Start this year.
4.	<b>Nilotinib 200mg Capsule (TASIGNA®)</b>	A*: Pakar Perunding Hematologi	<b>Indication :</b> Treatment of chronic phase and accelerated phase Philadelphia chromosome positive (Ph +ve) chronic myelogenous leukaemia (CML) in adult <i>patients resistant to or intolerant to at least one prior therapy including imatinib</i> . Scheme (6 + 6 FOC from Novartis]) Start 2012.
<b>MISCELLANEOUS</b>			
1.	<b>Inj. Daptomycin 500mg (CUBICIN)</b>	Tambahan pengguna : Penggunaan Inj Daptomycin 500mg dibuka kepada Ketua Unit Kardiologi bagi indikasi "Persistent MRSA bacteremia after 7 days of Vancomycin including those with right side Infective Endocarditis (MRSA) not responding to Vancomycin"	
2.	<b>Inj. Fondaparinux 7.5mg/0.6ml (ARIXTRA)</b>	Tambahan pengguna : Penggunaan Inj Fondaparinux 7.5mg/0.6ml dibuka kepada Pakar Perubatan Hematologi bagi indikasi "Treatment of DVT and Pulmonary Emboli for Inpatient use". FOR MUSLIM PATIENTS ONLY.	
3.	Additional indication/ dosage form/ prescriber/quota	Starting 2012, all departments (EXCEPT Medical Dept& Surgery Dept; 1 submission each UNIT) are allowed for 1 (ONE) NEW submission and 1 (ONE) ADD ON indication/dosage form/strength/ prescriber/quota at each JKTU meeting. Maximum number of new drugs and additional strength/ prescriber at each meeting is 10 for NEW drugs & 10 for additional indication/prescriber.	

Please note that the effective date is **1st November 2011** unless stated otherwise.

### Updates From Pharmacy : DIFFERENT STRENGTH OF HUMAN GLOBULIN INJ

Please note that currently our **HUMAN NORMAL GLOBULIN INJECTION** supply comes in **3G/50ml** INJECTION (previously it was **2.5G/50ml**). The differences are as follows :

Brand Name	IV Globulin S injection (2.5 G in 50ml)	Intrapure [3g in 50ml]
Manufacturer	Green Cross Corp.	CSL Behring
Resulting infusion rate	Warm solution to room temperature first <b>Initial rate:</b> 0.01-0.02/kg/min for first 30 minutes If well tolerated, may be ↑ to 0.06ml/kg/min (max rate)	May be infused undiluted or diluted with up to 2 parts of 0.9% N/S or D5%. <b>Rate of infusion:</b> 1ml/min for 15 minutes then gradually increased to a maximum of 3-4ml/min over further 15 minutes. Reduce rate in elderly pt & pt with renal disease. Too rapid rate of infusion may cause flushing and changes in heart rate and blood pressure.
Expiry	<b>Unopened vial:</b> 2 yrs from manufacturing date.  <b>Opened vial:</b> Single use only. Discard unused solution.	Store at 2-8 °C (Refrigerate. Do not freeze). Protect from light. <b>Unopened vial:</b> 2 yrs from manufacturing date. <b>Opened vial:</b> Single use only. Discard unused solution