





PPUKM PHARMACY BULLETIN

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RESULTS OF JKTU MEETING 2/2014

JKTU meeting 2/2014 was held recently on 21st March 2014. The results of the meeting will be implemented on **1st May 2014**.

NEW DRUGS	INDICATION & DOSE	PRESCRIBER & POLICY
1. KETOPROFEN GEL 2.5%, 30G (FASTUM GEL®) 	Indication: For local treatment of painful, phlogistic or traumatic affections of the joints, tendons, ligaments and muscles. Phlebitis, lymphangitis, superficial lymphadenitis. Erythema and cutaneous phlogistic processes. Dose: 3-5cm of gel onto affected site daily or twice daily.	A*: Orthopedic Specialists only Usage : 2 tubes/month Maximum usage : RM100,000 per year for both Diclofenac and Ketoprofen gel
2. BELIMUMAB 120MG INJ. (BENLYSTA®) 	Indication: For reducing disease activity in adult patients with active autoantibody positive systemic lupus erythematosus (SLE) who are receiving standard therapy (after failed conventional therapy). Normally NOT for first presentation/ in critical illness or sepsis. Dose: 10mg/kg on Day 0, 14, 28, and at 4 weeks intervals (monthly dose) thereafter.	A*: Rheumatologists & Nephrologists only 6 patients per year. Maximum usage of Rituximab by Nephrologists reduced from 5 patients (30 vials) to 3 patients (18 vials) only.
3. VILDAGLIPTIN 50MG/METFORMIN 1000MG TAB (GALVUSMET®) 	Indication: As dual oral therapy in combination with Metformin, Sulphonylurea, Thiazolidinediones and Insulin. Dose: 1 tablet twice daily.	A* : Endocrinologists only Share budget with Kombiglyze XR, Rosiglitazone and Januvia/Janumet (RM500,000.00/year).
4. SAXAGLIPTIN 2.5MG/METFORMIN 1000MG XR TAB (KOMBIGLYZE XR) 	Indication: As dual oral therapy in combination with Metformin, Sulphonylurea, Thiazolidinediones and Insulin. Dose: 1-2 tablets once daily.	A* : Endocrinologists only Share budget with Galvusmet, Rosiglitazone and Januvia/Janumet (RM500,000.00/year).

A publication of :

**DRUG INFORMATION
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NEWLY ADDED INDICATION /STRENGTH/ PRESCRIBER



DRUG	INDICATION & DOSE	POLICY
1. RIVAROXABAN 15MG, 20MG TAB. (XARELTO®) 	<p>Indication: Treatment of pulmonary embolism, prevention of recurrent and pulmonary embolism following an acute PE in adults.</p> <p>New Strength: 15mg and 20mg</p> <p>• Suggest to restrict to:</p> <ul style="list-style-type: none"> a) patients on multiple drugs with potential interaction with vitamin K agonists b) patients who has difficulty to maintain within INR target range c) elderly <p>Dose: 15mg twice daily for 21 days followed by 20mg daily</p>	<p>A*: Respiratory Physician only (20 patients/year)</p>
2. QUETIAPINE 50MG ER, 200MG ER, 300MG ER TAB. (SEROQUEL XR®) Seroquel XR 50mg 	<p>Add On Indication: Treatment of recurrent Major Depressive Disorder (MDD) in patients who are intolerant or who have an inadequate response to alternative therapies.</p> <p>Add On User : Additional 50 “flat rate” coupons (RM100/month)</p> <p>Existing Indication: For schizophrenia</p>	<p>A*: Psychiatrists only</p> <p>Note : Available at Kedai Farmasi. Taking coupon allocation from Tab Olanzapine.</p>
4. SOMATROPIN 10MG/1.5ML INJ. (NORDITROPIN NORDILET®) 	<p>Add on strength : 10mg/1.5 mL</p> <p>Dose: 0.025mg/kg/day - 0.06mg/kg/day once daily Injection</p>	<p>A* : Endocrinologists & paediatricians only.</p> <p>Note : Inj Genotropin 12mg is taken out from formulary</p> <p>Existing strength: 5mg/1.5 mL</p>
5. MOXIFLOXACIN 400MG TAB. (AVELOX®) 	<p>Add On Indication : Acute bacterial sinusitis for outpatients.</p> <p>100 patients/RM8,120.00 a year for Outpatient use.</p> <p>Dose: 400mg once daily</p> <p>Note: Existing indication:</p> <p>INPATIENT USE ONLY (Respiratory Physician & Otorhinolaryngologists in Medical & ENT wards only)</p> <ul style="list-style-type: none"> • Acute exacerbation of chronic bronchitis, community acquired pneumonia. • 2nd line treatment for acute sinusitis. 	<p>A* : Otorhinolaryngologists only.</p>