

Pharmacy Bulletin

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PPUKM DRUG FORMULARY REVIEW 2011

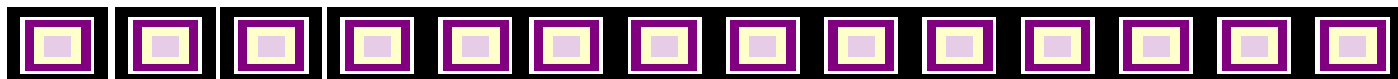
The PPUKM Drug Formulary Review Workshop was first held on 13-15th April 2008 at AnCasa Suite, Port Dickson with the main objective to review the hospital formulary & drug policies. These measures were taken with the hope that the drug budget allocation would suffice until the end of the year. After a thorough discussion & debate, 58 drugs were removed from the formulary list, and 30 status of other drugs were changed from formulary to non-formulary. This workshop was a fruitful event as we managed to save RM7,793,860.78 of the drug budget.

From then on wards, the PPUKM Drug Review Workshop has been conducted yearly with different objective and theme depending on the outstanding issues for the year. This year, the Drug Formulary was held at The Legend Water Chalets, Port Dickson from 17-19th June 2011 with the theme **"Review of PPUKM Antibiotic Guideline 2011"**. The objectives were to review and update information on the antibiotic of choice for infectious disease in accordance to hospital protocol & current resistance patterns, as well as to update first and second line antibiotic choices in accordance to newly added drugs in the formulary and according to hospital policy.

There were 52 participants comprising of the Drug and Therapeutics Committee members, Head of Departments, Head of Units & Pharmacists. Presenters were advised to do the ground work and discussion prior to the workshop, and to present the final recommendations during the workshop. The presentations were divided to few categories ie **Medical Infections, Surgical Infections, Surgical Prophylaxis**, and **"Other Infections"**.

On the last day of the workshop, there were discussions among the Specialists on the need of having an Antibiotic Stewardship Programme. The stewardship programme is a multidisciplinary approach that involve interventions designed to ensure that hospitalized patients receive the right antibiotic, at the right dose, at the right time, and for the right duration. It is hope that improving antibiotic use through stewardship interventions and programs will improve patient outcomes, reduces antimicrobial resistance, and save money. We thank all the participants for being so dedicated in preparing the ground work and being actively involved in all sessions. The updated Antibiotic Guideline PPUKM 2011 is expected to be published by end of year 2011.





DRUGS THAT HAS REACHED THE MAXIMUM USAGE

For the drugs listed below, it will be given FREE for EXISTING patients only. For new patients in year 2011, patients have to purchase from Kedai Farmasi until end of 2011 and the drug will be given free in 2012.

No	Drug Name	Maximum Usage (RM)
1	Tab. Losartan/Plus	250,000
		Nephro & Cardio only
2	Cap Imatinib (Glivec®)	20 patients (CML)
3	Tab. Sirolimus 1mg (Rapamune®)	RM170,000/10 patients
4	Tab. Leflunomide (Arava®)	250,000
5	Mycophenolate Cap/Tab (Non-Transplant®)	5 patients for Ophthalmology
6	Tab. Lamotrigine (Lamictal®)	150,000
7	Tab. Topiramate (Topamax®)	300,000
8	Tab. Levetiracetam (Keppra®)	350,000
9	Tab. Mirtazapine (Remeron®)	150,000
10	Tab Escitalopram (Lexapro®)	250,000
11	Tab Escitalopram (Tasik Selatan)	(30,000.00)
12	Memantine Tab (Ebixa®) (Neurologi)	10 patients
13	Tab Donepezil (Aricept®)	150,000
14	Deferasirox Tab (Exjade®)	11 patients
15	Deferiprone 500mg Cap (Kelfer®)	30 patients

For the drugs listed below, they are given FREE for EXISTING patients only. NEW patients after **15th July 2011** will have to purchase the drugs till the end of the year and will be given the drugs FREE in 2012.

No	Drug Name	Maximum Usage (RM)
1	Tab Pregabalin (Lyrica)	100000
2	Fluticasone N/S (Avamys)	400000
3	Mometasone Furoate N/S 50ug/dose	

How much do you know about SCABIES? (Ref: CDC 2011)

An infected person is asymptomatic during the first 2-6 weeks. However they are already infectious. Treat all household persons in close contact.

Scabicide (kills mites, not eggs) lotion should be applied to all areas of the body from the neck down to the feet and toes. For children, start from entire head.

Bedding, clothing, and towels three days before treatment should be decontaminated by washing in hot water and drying in the sun. Scabies mites generally do not survive more than 2 to 3 days away from human skin.

Permethrin 5% (ASCABS) is drug of choice and is safe for persons at least 2 months of age. Two (or more) applications, each about a week apart, may be necessary to eliminate all mites. Crothamiton lotion 10% is also a scabicide with anti-itch properties. However, frequent treatment failure has been reported. Lindane Lotion 1% is reserved as 2nd line. Use with caution in infants, elderly, those with sores, and < 50kg due to risk of neurotoxicity.