

PHARMACY BULLETIN

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RESULTS OF JKTU 3/2015 MEETING by PRP Syntia Ng

The Drug & Therapeutics Committee 3/2015 meeting was recently held on 21st August 2015. Results of the meeting will be implemented starting **1st October 2015** for both new drugs and add-on indication/prescriber.

NEW DRUG APPROVED

No	Drug	Dose & Indication	PPUKM Policy
1	PARACETAMOL SOLUTION FOR INFUSION 10mg/mL, 100mL 	Indication: Intra-operative analgesia for use in General OT only in patients who have moderate pain, opioid sparing and contraindicated to COX-inhibitor injection. Dose: 1g stat dose. Reserved for morbidly obese patient, elderly, renal impaired patients, patients with ulcers, asthmatics, hypertensives and patients with ischaemic heart disease where COX-2 inhibitors must be used with caution.	Prescriber : A* : Anesthesiologists only. Will be kept at DDA Cabinet in General OT. ICU to obtain supply from GOT. Maximum usage : RM26,000.00 per year.

NEWLY ADDED INDICATION/STRENGTH/PRESCRIBER

No	Drug	Dose & Indication	PPUKM Policy
1	CAFFEINE CITRATE 20mg/mL SOLUTION FOR INFUSION AND FOR ORAL SOLUTION (PEYONA®) 	Indication: Apnoea of prematurity. Dose: Loading dose: Caffeine base 10mg/kg (equivalent to caffeine citrate 20mg/kg) Maintenance dose: Caffeine base 2.5-5mg/kg (equivalent to caffeine citrate 5-10mg/kg) Peyona can be given both as intravenous infusion and as oral solution.	Prescriber : A* : Neonatologists only Add On : Budget Additional RM5,000 for <i>Caffeine Oral Solution and Injection</i> , making a total allocation of RM55,000.00 per year.
2	PARACETAMOL SOLUTION FOR INFUSION 10mg/mL, 100mL 	Add on: Indications a) analgesia for pediatric patients under intensive/critical care b) patent ductus arteriosus (PDA) among premature babies in NICU	Rejected. Formal request has to be done via http://e-jktu.ppukm.ukm.edu.my

Announcement from Pharmacy Department

New Item in Kedai Farmasi : **NOVA T Cu 200 Ag IUD** by PRP Syntea & Izyan



Recently there was a nationwide shortage of Multiload Cu 250 IUD as the company discontinued the product. As alternative, **NOVA-T Cu 200 Ag IUD** has been brought into our Kedai Farmasi. Below are the **KEY FEATURES** of the NOVA-T IUD:

Description

- ◆ It is a **non-hormonal intrauterine** device made of polyethylene. The vertical arm of the T-frame is wound with a pure copper wire with silver core to prevent breaking of the wire.
- ◆ The surface area of the **copper** is 200 mm².
- ◆ It is a T-shaped device that is inserted into the womb to prevent pregnancy up to **5 years**.
- ◆ Unlike Multiload IUD that has 2 strengths (250 & 375 IUD), Nova T 200 has 1 strength only.
- ◆ Price in Kedai Farmasi PPUKM is **RM60.70** (after GST).

Mechanism of Action (MoA) & Effectiveness

- ◆ Copper on the Nova-T prevents fertilization by **destroying spermatozooids** in the uterus. This is based on the inhibition of sperm & egg transport & the capacity of sperm to fertilize eggs. This happens through cytotoxic & phagocytic effects before the egg reaches the uterine cavity. Copper also **modifies the endometrium** making it impossible for a fertilized egg to attach itself, if it ever happened.
- ◆ Minute amounts of copper are released into the womb. However, there is no risk for the women from this as the average daily intake of copper from a normal diet is far greater than that received from the device.
- ◆ Nova T 200 is **NOT** the first choice for **young women** who have NOT given birth (nulligravid women). In this group, the pregnancy rates & removal rates for expulsion, bleeding or pain, and infection have been reported higher than in other users.
- ◆ Protection rate of **98.6%**. The pregnancy rate/failure rate with Nova T 200 is 1.26 per 100 woman-years.
- ◆ Does NOT interfere with breastfeeding.

Insertion

- ◆ **As a planned IUD** : Insertion is recommended **during or shortly after menstruation**. To minimize the risk of an undetected pregnancy, the best time for insertion is within **7 days** from the onset of menstrual bleeding. It can also be inserted immediately after abortion provided there are no genital infections. It should not be inserted earlier than 6 weeks after delivery and until uterus is fully involuted.
- ◆ **As an emergency IUD** : Can be inserted within 7 days following unprotected sexual intercourse.

Side-effects

- ◆ Increased menstrual bleeding (extend 1-2 days), spotting, dysmenorrhea, lower abdominal or back pain, anemia, pelvic inflammatory disease and ectopic pregnancy.

Removal

- ◆ The IUD is removed during menstruation as the threads are more visible during menstruation, making it easier for physician to remove it by forceps. After removal, fertility is promptly restored.