








PPUKM PHARMACY BULLETIN

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RESULTS OF JKTU MEETING 3/2013(22nd NOV 2013) BY PRP MIN NAH

NEWLY ADDED DRUGS

DRUG	POLICY	APPROVAL STATUS
BUPRENORPHINE 5MCG/HR, 10MCG/HR TRANSDERMAL SYSTEM (SOVENOR®)	<p>A*: Specialists only</p> <p>Indication: For treatment of non-malignant of moderate intensity when an opio is necessary for obtaining adequate analgesia</p> <p>Dose: 5 - 10mcg weekly Maximum duration of treatment: 3 months Maximum supply at any one time: 2 months (or 8 patches only)</p>	<p>To put in Kedai Farmasi. Starting year 2014</p> 
LOW MOLECULAR WEIGHT IV IRON DEXTRAN 100MG/2ML (COSMOFER®)	<p>Category: B</p> <p>Indication: Indicated for treatment of iron-deficiency in hemodialysis and CAPD patients. When oral iron preparations cannot be used, eg due to intolerance, lack of efficacy where there is clinical need to deliver iron rapidly to iron stored.</p> <p>Dose: 100 - 200mg, 2 - 3 times per week. Rapid delivery of iron, (Total dose infusion): 20mg iron/kg body weight</p>	<p>Approved. Can be used by all departments. Sharing budget with Venofer. Starting year 2014.</p> 
IMMUNE GLOBULIN SUBCUTANEOUS 20% (HIZENTRA®) 1G/5ML VIAL	<p>A*: Paediatric Immunologists only</p> <p>Indication: Indicated as replacement therapy in adult and children: Congenital agammaglobulinemia and hypogammaglobulinemia.</p> <p>Dose: weekly or biweekly injection.</p>	<p>Approved. 4 patients at any one time. Starting year 2014.</p> 
TRASTUZUMAB POWDER IN 440MG MULTIDOSE VIAL, SOLUTION FOR INFUSION (HERCEPTIN®)	<p>A*: Oncologists only</p> <p>Indication: Early Breast Cancer (EBC). Herceptin is indicated for the treatment of patients with HER2 positive early breast cancer</p> <ul style="list-style-type: none"> Following surgery, chemotherapy (adjuvant) and radiotherapy (if applicable). Node positive patients <p>Dose: Weekly Schedule: Loading Dose 4mg/kg, subsequent dose 2mg/kg Alternative 3-weekly schedule: Loading dose 8mg/kg, then 6mg/kg 3 weeks later then 6 mg/kg repeated at 3 weekly intervals</p>	<p>Approved. 100 vials per year. Starting year 2014.</p> 
BECLOMETHASONE DIPROPIONATE 100MCG / FORMOTEROL FUMARATE 6MCG MDI, 120 DOSES (FOSTER®)	<p>A*: Respiratory specialists only</p> <p>Indication: Regular treatment of asthma where use of combination product is appropriate (inhaled corticosteroid and long acting beta 2 agonist):</p> <ul style="list-style-type: none"> in patients inadequately controlled with inhaled corticosteroid and 'as needed' inhaled short acting beta 2 agonist. Patients already adequately controlled on both.. <p>Dose: 1-2 inhalations twice daily. Max: 4 inhalations daily.</p>	<p>Approved. Maximum usage: RM 40,000 per year. Starting year 2014.</p> 

NEWLY ADDED DRUGS

MOMETASONE FU-ROATE / FORMOTEROL FUMARATE 100/5 MCG & 200/5MCG, 120 DOSES (ZENHALE®)	<p>A*: Respiratory specialists only</p> <p>Indication: Indicated for treatment of asthma, in patients 12 years of age and older with reversible obstructive airway disease.</p> <p>Dose: 2 inhalations twice daily.</p>	 <p>Approved. Maximum usage: RM 40,000 per year. Starting year 2014.</p>
TENOFOVIR DISOPROXIL FUMARATE TAB 300MG (TENVIR®) 	<p>A*: Gastroenterologists only</p> <p>Indication: Chronic Hepatitis B in adults. The following patients should be considered when initiating therapy for Tenofovir in the treatment of HBV infection.</p> <p>① This indication is based on data from treatment of subjects who were nucleoside treatment naïve and a smaller number of subjects who had previously received lamivudine or adefovir. Subjects are adults with HbeAg-positive and HbeAg-negative chronic hepatitis B and decompensated liver disease.</p> <p>② Tenvir was evaluated in a limited number of subjects with chronic hepatitis B and decompensated liver disease.</p> <p>③ The number of subjects in clinical trials who had lamivudine or adefovir associated substitutions at baseline were too small to reach the conclusion of efficacy.</p> <p>Dose: 300mg daily.</p>	<p>Approved.</p> <p>Maximum usage for Hepatitis B drugs (oral) (Tenofovir, Entecavir, Telbivudine increased to RM 600,000.00)</p> <p>To replace 100 mg Tab Lamivudine. Lamivudine to be taken out from PPUKM Formulary due to resistance issues.</p>
PALIPERIDONE PALMITATE 50MG, 75MG, 100MG, 150MG (INVEGA SUSTENNA®) 	<p>A*: Psychiatrists only</p> <p>Indication: Indicated for acute and maintenance of schizophrenia in adults</p> <p>Dose: 150mg day 1, then 100mg on day 8, then monthly depot dose of 75mg (maintenance dose can be 25-150mg daily). Pharmacy will dispense only ONE ampoule a month for safety reasons.</p>	<p>To put in Kedai Farmasi. To use coupon system. Patients to pay flat rate RM100/month. Risperdal consta to be taken out from Kedai Farmasi. Starting year 2014.</p>

DRUG	ADDITIONS & APPROVAL STATUS
ENTECAVIR 0.5MG TAB (BARACLUDE®)	<p>Approved for increase usage from 70 patients to 230 patients. Maximum usage for Hepatitis B drugs (oral) (Tenofovir, Entecavir, Telbivudine increased to RM 600,000.00). Starting year 2014.</p>
SEVELAMER CARBONATE 800MG TAB (REVELA®)	<p>Approved to change policy from 'quota 30 patients' to 'value of RM200,000.00 per year'. Starting year 2014.</p>
CLOSTRIDIUM BOTULINUM 300IU INJ (DYSPO®)	<p>Additional Strength: 300IU Injection Additional indication: Palmoplantar and axillary hyperhidrosis Additional budget: RM 16,000 Prescribers: a) ENT specialists & Dermatologists Starting year 2014.</p>
EFAVIREN 600 MG TAB (STOCRIN®)	<p>Approved to increase usage from 80 patients to 180 patients.</p>
CALCIPOTRIOL 50MCG / BETAMETHASONE DIPROPIONATE 0.5MG, 30G BOTTLE (XAMIOL®)	<p>Approved for additional strength: 30 gram bottle Indication: For scalp and body plaque psoriasis Dose: 4 weeks for scalp area once daily, 8 weeks for non scalp area 15gram/day or 100 gram/wk.</p>
AGOMELATINE 25MG TAB (VALDOXAN®)	<p>Approved for change of policy: 50 free patients to change to coupon system usage: 150 patients (every patient to pay RM50 per month).</p>

A publication of:

DRUG INFORMATION CENTRE

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