

# PHARMACY BULLETIN

## RESULTS FROM DRUGS & THERAPEUTICS COMMITTEE (JKTU) MEETING 2/2025

### Formulary Drugs

Date of implementation: 13 October 2025

#### **Addition of Prescriber**

##### **Tab. Bisoprolol 5 mg**

**A\*: Family Medicine Specialists in Klinik Primer**

To continue treatment of congestive heart failure initiated by Cardiologist.

Dose: 1.25 mg OD to 10 mg OD.



### Special Formulary (SF) Drugs

Date of implementation: 13 October 2025

#### **Addition of Prescriber**

##### **Tab. Bisoprolol 2.5 mg (Concor®)**

**A\*: Family Medicine Specialists in Klinik Primer**

To continue treatment of congestive heart failure initiated by Cardiologist.

Dose: 1.25 mg OD to 10 mg OD.



##### **Tab. Empagliflozin 10 mg (Jardiance®)**

**A\*: Nephrologists**

To initiate and prescribe for cardiorenal protection in adult with CKD, with or without Type II Diabetes Mellitus.

Dose: 10 mg OD.



### **Ferric Derisomaltose 100mg/mL, 5mL Solution for Injection/ Infusion (Monofer®)**

Date of implementation: 1st January 2026

**A\*: Anesthesiologists in ERAS Clinic**

To treat iron deficiency anemia preoperatively in Enhanced Recovery After Surgery (ERAS) Program.

Dose: Calculated based on Ganzoni formula. Estimated 1,000mg – 1,500mg for a 60kg patient with target hemoglobin of 12 g/dL.



# Newly Approved Special Formulary Drugs

## Tab. Pomalidomide 4 mg (Pomarza)

### Approval:

A\*: Hematologists only. Named-patient basis

(For JPA & staff claim)

Indication: Multiple Myeloma



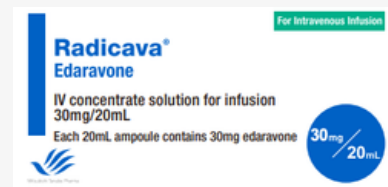
## Inj. Edaravone 30 mg/ 20 mL (Radicava® IV)

### Approval:

A\*: Neurologists only. Named-patient basis

(For JPA & staff claim)

Indication: To slow the loss of function in patients with Amyotrophic Lateral Sclerosis (ALS)



## Acarizax 12 SQ-HDM Oral Lyophilisate Tablet (Acarizax®)

### Approval:

A\*: ENT Specialists only.

(Prof. Dr. Salina Husain, Prof. Madya Dr. Azeena Khairiyah Wan Hamizan, Prof. Madya Dr. Farah Dayana Zahedi dan Prof. Madya Dr. Hardip Singh Gendeh)

Indication: Treatment for persistent moderate to severe house dust mite allergic rhinitis and/or allergic asthma not well controlled by other symptoms relieving medications.

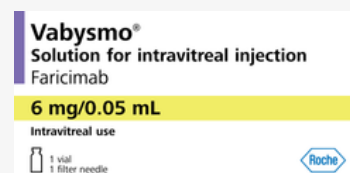


## Faricimab 6mg/0.05 mL Intravitreal Inj. (Vabysmo®)

### Approval:

A\*: Ophthalmologists only.

Indication: Neovascular (wet) age-related macular degeneration (nAMD), Diabetic macular edema (DME), Macular edema secondary to retinal vein occlusion (RVO)



## Drugs removed from HCTM Formulary

slow moving items

- Cephalexin 125mg/5mL, 60mL suspension
- Digoxin 0.05mg/mL, 60mL syrup
- Zidovudine 50mg/5mL, 200mL syrup
- Oxymetazoline 0.025% nasal spray
- Conjugated Oestrogen 0.3mg tablet
- Cimetidine 400mg tablet
- Atorvastatin 40mg & 80mg (while stocks last) - to bring in tab. Rosuvastatin (generics)

## Drugs removed from Special Formulary (SF) Pharmacy

- Lenalidomide 10 mg tablet (Revlimid®/generic)  
- to bring in tab. Pomalidomide
- Oraltek Sublingual Immunotherapy Spray  
- to bring in tab. Acarizax
- Brolucizumab 120mg/mL solution for injection (Pagenax®)  
- to bring in Inj. Faricimab
- Bisoprolol 10 mg tablet
- Rosuvastatin 10mg & 20mg tablet (Crestor®)

HCTM Formulary App is on...



Written by:  
Lim Jia Hui

Editor:  
Nur Hafiza Saripin  
Michelle Tan Hwee Pheng

A publication from Drug Information Centre  
druginfo@hctm.ukm.edu.my