UNIT FARMASI KLINIKAL DAN MAKLUMAT DRUG
JABATAN FARMASI
Hospital USM

DRUG newsletter

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Formulary Update

New drugs included and excluded in HUSM Formulary after P & T Meeting

As decided in 4 P&T Meetings

P&T 101

New drug included

Addaven®

P&T 102

New drug included

Budesonide Nebulised Formulation

P&T 103

New drug included

Peritoneal Dialysis (PD) Solution

P&T 104

New drug included

Ivabradine Tablet

** No drug was excluded in P&T 101-104*

What's interesting?

HIGHLIGHTS

Disabling And Potentially Permanent Side Effect Of Fluoroquinolone

The use of fluroquinolones should be avoided in patients who have experienced serious adverse reactions in the past when using fluoroquinolones containing products. Treatment of these patients with them should only be initiated in the absence of alternative treatment options and after careful benefit/risk assessment. Therefore, changes in indications of them have been made when relevant as below:

Deleted indications:

DELETED

- Acute bronchitis
- Laryngitis
- Pharyngitis-tonsillitis
- Prophylaxis of infectious gastroenteritis/ traveller's diarhoea
- Decontamination of gastrointestinal tract in selective patients with compromised immune system
- Vaginal infections

Restricted indications:

RESTRICTED

- Acute bacterial rhinosinusitis
- Acute exacerbation of chronic obstructive pulmonary disease including chronic bronchitis
- Nosocomial pneumonia/Hospital-acquired pneumonia
- Acute otitis media
- External otitis
- Endocarditis
- Infection of cerebrospinal fluid
- Meningitis
- Septicaemia
- Uncomplicated acute cystitis/uncomplicated cystitis
- Prevention of exacerbations in women with recurring urinary tract infections
- Prevention of infection in surgical procedures in the urogenital system
- Pre-operative preparations for chronic cholesteatomatous otitis and chronic otitis spreading to bone

  - They should be only use when Pseudomonas is considered AND the patient anti-pseudomonal allergic to penicillins/cephalosporins.
  - For resistant organisms with no other alternative antibiotics available.
  - should not be used >24 hours post operation

Prolonged, disabling and potentially irreversible serious adverse drug reactions

Very rare cases of prolonged (continuing months or years), disabling and potentially irreversible serious adverse drug reactions affecting different, sometimes multiple body systems (musculoskeletal, nervous, psychiatric and senses) have been reported in patients receiving them irrespective of their age and pre-existing risk factors. They should be discontinued immediately at the first signs or symptoms of any serious adverse reaction and patients should be advised to contact their prescriber for advice.

Tendinitis and tendon rupture

Tendinitis and tendon rupture (especially but not limited to Achilles tendon), sometimes bilateral, may occur as early as within 48 hours of starting treatment with fluoroquinolones and have been reported to occur even up to several months after discontinuation of treatment. The risk of tendinitis and tendon rupture is increased in older patients (above 60 years of age), with renal impairment patients with solid organ transplants, and those treated concurrently with corticosteroids". Therefore, concomitant use of corticosteroids should be avoided at the first sign of tendinitis (e.g. painful swelling, inflammation) the treatment with them should be discontinued and alternative treatment should be considered The affected limb(s) should be appropriately treated (e.g. immobilisation) Corticosteroids should not be used if signs of tendinopathy occur.

Peripheral neuropathy

Cases of sensory or sensorimotor polyneuropathy resulting in paraesthesia, hypaesthesia, dysesthesia, or weakness have been reported in patients receiving quinolones and fluoroquinolones. Patients under treatment with them should be advised to inform their doctor and pharmacist prior to continuing treatment if symptoms of neuropathy such as pain, burning tingling, numbness, or weakness develop in order to prevent the development of potentially irreversible condition

References:

1) **Arahan Bilangan 12 Tahun 2019, Bahagian Regulasi Farmasi Negara (NPRA)**

Warnings and Precautions

Non-melanoma skin cancer

An increased risk of non-melanoma skin cancer (NMSC) basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)] with increasing cumulative dose of hydrochlorothiazide (HCTZ) exposure has been observed in two epidemiological studies based on the Danish National Cancer Registry. Photosensitizing actions of HCTZ could act as a possible mechanism for NMSC.

Patients taking HCTZ should be informed of the risk of NMSC and advised to regularly check their skin for any new lesions and promptly report any suspicious skin lesions. Possible preventive measures such as limited exposure to sunlight and UV rays and, in case of exposure, adequate protection should be advised to the patients in order to minimize the risk of skin cancer. Suspicious skin lesions should be promptly examined potentially including histological examinations of biopsies. The use of HCTZ may also Previous NMSC need to be reconsidered in patients who have experienced

New Warnings /Precautions and Adverse Drug Reaction for Patient on Hydrochlorothiazide (HCTZ) or Drug Containing HCTZ

Adverse Effects/Undesirable Effects:

Neoplasms benign malignant and unspecified (incl cysts and polyps)

Frequency not known: Non-melanoma skin cancer (Basal cell carcinoma and Squamous cell carcinoma

Description of selected adverse reactions

Non-melanoma skin cancer: Based on available data from epidemiological studies, cumulative dose-dependent association between HCTZ and NMSC has been observed

References:

1) **Arahan Bilangan 11 Tahun 2019, Bahagian Regulasi Farmasi Negara (NPRA)**

Q&A WORTH SHARING

Q2: How to counsel patient regarding colchicine administration during gout flare?

The recommended dose is 2 Colchicine Tablets to start followed by 1 Colchicine Tablet after 1 hour. No further tablets should then be taken for 12 hours. If necessary, treatment with Colchicine Tablets can then resume with a maximum dose of 1 tablet three times daily until symptoms are relieved. The course of treatment should end when symptoms are relieved or when a total of 12 Colchicine Tablets have been taken. You should not take more than 12 Colchicine Tablets as a course of treatment. After completion of a course of Colchicine Tablets, you should not start another course for at least three days

Reference:

Colchicine product information leaflet: https://www.medicines.org.uk/emc/files/pil.6415.pdf (Accessed on December 3, 2019)

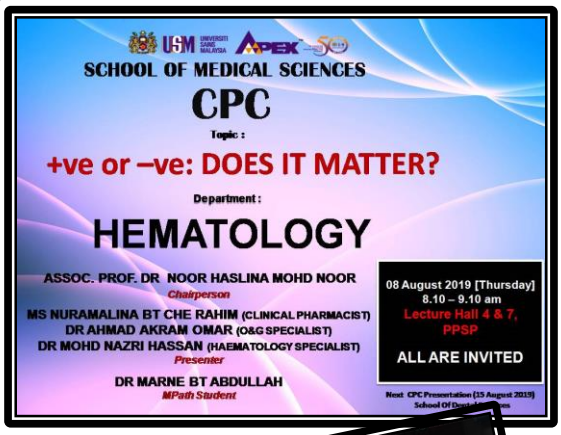
Q1: What is the antihistamine of choice in pregnant lady?

If antihistamines have to be prescribed then first generation agents should be preferred and among them chlorpheniramine, should be the first choice of agents. The patient should also be advised to drink plenty of water when taking antihistamines during pregnancy to overcome the anticholinergic side effects. They should also be advised to take immediate gynecological consultation if they find any change in the frequency of baby's movement or increased contractions after taking the drugs.

Reference:

Kar S, Krishnan A, Preetha K, Mohankar A. A review of antihistamines used during pregnancy. J Pharmacol Pharmacother. 2012;3(2):105–108. doi:10.4103/0976-500X.95503

HALL OF FAME



Anti-D immunoglobulin

- Anti-D Immunoglobulin is sterile preparation of human immunoglobulin.
- It is IgG class with antibody specificity directed against the RhD antigen. (Brinc D, et al,2009)
- prepared from pools of RhD negative human plasma, where the donors who have been immunized with RhD positive RBCs .

Indications

1. Prevention RhD immunisation in RhD negative pregnant women (RhD suppression)
   - Antenatal prophylaxis
   - Postnatal prophylaxis :
   - Obstetric complications : e.g Ectopic pregnancy, amniocentesis etc
2. Prevention RhD immunisation in RhD Incompatible Transfusion
3. Immune thrombocytopenic purpura (ITP)

Current Preparation in Hosp. USM

Rhesonativ ®250 mcg/2ml =1250 iu

References:

1. **Human Rho(D) immune globulin Drugbank**
2. **atlasofscience.org/using-rh-immune-globulin-in-pregnancy-to-prevent-rh-disease/**

Suggestion and comments.
Let us know what you think by reaching us at:

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We are on the web at
http://h.usm.my/pharmacy/

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