

HOSPITAL SERI MANJUNG



BULETIN FARMASI BIL. 2/2021



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IRON (III) ISOMALTOSIDE (MONOFER®) VS IRON SUCROSE (VENOFER®) IN IRON-DEFICIENCY ANEMIA

According to The Global Burden of Disease project, Iron deficiency anemia (IDA) has been recognized as one of the important public health concerns which affects 1.24 billion people and is one of the five leading causes of years lived with disability in humans and mostly affected women.¹

DEFINITION OF IRON-DEFICIENCY ANEMIA

Iron-deficiency anemia is defined as hemoglobin concentration < 12.0 g/dL for non-pregnant women and < 13.0 g/dL for men, serum ferritin concentration < 30 ng/ml (or < 100 ng/ml in inflammatory conditions); or serum ferritin level of 100 to 300 ng/ml with transferrin saturation below 20%.²

CAUSES³

DECREASED DIETARY INTAKE

A review of published studies that evaluated vegetarians and non-vegetarians found that those who consumed a vegetarian diet were more likely to be iron deficient.

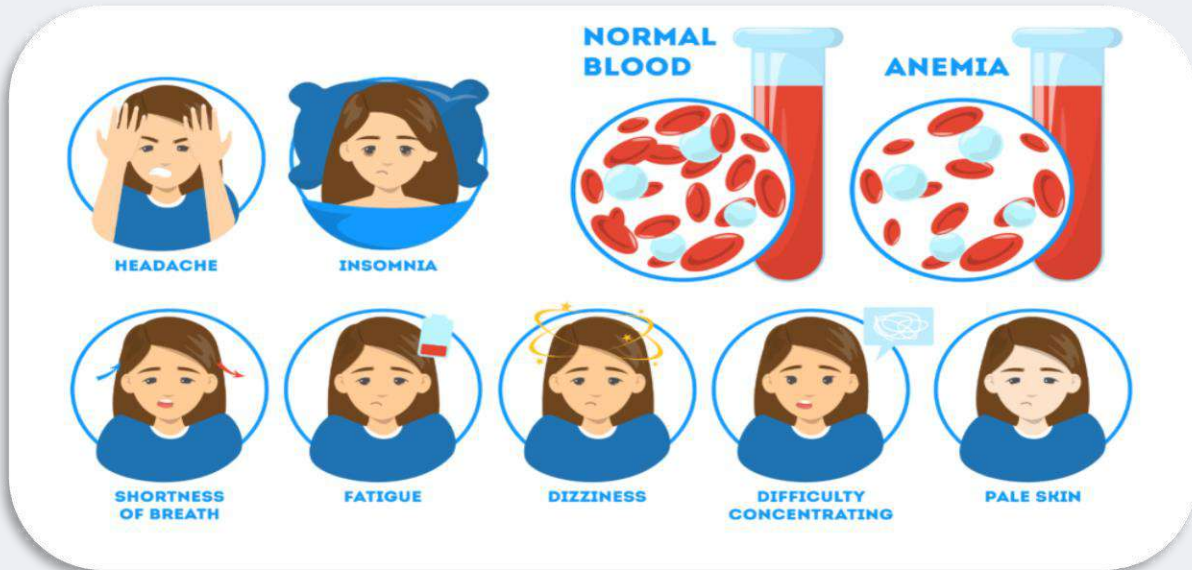
REDUCED IRON ABSORPTION

Duodenum is the site of maximal absorption. Celiac disease, atrophic gastritis, Helicobacter pylori infection, and bariatric surgery can interfere with iron absorption.

BLOOD LOSS

It can be caused by traumatic hemorrhage, hemoptysis, melena, heavy menstrual bleeding, pregnancy, hematuria and gastrointestinal bleeding.

SYMPTOMS³



RATIONALE OF IRON-DEFICIENCY ANEMIA TREATMENT⁴

All patients with iron deficiency anemia and most with iron deficiency without anemia should be treated to avoid the risk for further organ damage/ischemia and progression of anemia.

IRON REPLACEMENT PRODUCT

1. ORAL IRON REPLACEMENT PRODUCT
2. PARENTERAL IRON REPLACEMENT PRODUCT



MONOFER®
VENOFER®

1 mL contain 100mg of elemental iron	Concentration of elemental iron ^{5,6}	1 mL contain 20mg of elemental iron
No dosage adjustments provided in the manufacturer's labeling	Dosing in renal impairment ^{7,8}	Refer to dosing part
<p>IV Infusion: Doses up to 1,000 mg over ≥20 minutes ;>1,000 mg over at least 30 minutes. Cumulative doses up to 20 mg iron/kg may be administered as a single infusion (not to exceed 1,500 mg); cumulative doses >20 mg iron/kg must be divided into 2 doses and administered ≥1 week apart.</p> <p>Slow IV injection: Single doses up to 500 mg at a maximum rate of 250 mg/minute.</p>	Minimum infusion rate ^{7,8}	<p>IV Infusion: Infuse diluted doses ≤200 mg over at least 15 minutes; 300 mg over 1.5 hours; 400 mg over 2.5 hours; 500 mg over 3.5 to 4 hours</p> <p>Slow IV Injection: ≤200 mg undiluted by slow IV injection over 2 to 5 minutes.</p>
Not required	Test dose ⁴	Not required, but recommended if the patient has a history of multiple drug allergies
A few days	Onset of action ^{7,8}	3-10 days
0.57 to 1.53 hours	Time to peak ^{7,8}	Peak reticulocytosis occurs in 5 to 10 days, and hemoglobin values increase within 2 to 4 weeks
1 to 4 days	Half life ^{7,8}	6 hours
Urine and feces	Excretion ^{7,8}	Urine (5%)
NOT Available	Available in HSM	Available

DOSING ^{7,8}

MONOFER®

Hemodialysis-dependent chronic kidney disease: IV: 100 mg administered during consecutive dialysis sessions (Total cumulative dose: 1000mg (10 doses))

Peritoneal dialysis-dependent chronic kidney disease: IV: Two infusions of 300 mg administered 14 days apart, followed by a single 400 mg infusion 14 days later (Total cumulative dose of 1,000 mg in 3 divided doses)

Non-dialysis-dependent chronic kidney disease: IV: 200 mg administered on 5 different occasions within a 14-day period (total cumulative dose: 1,000 mg in 14-day period)

Without chronic kidney disease: IV: 100 to 300 mg per dose, repeated until hematologic parameters or total iron requirements are met

VENOFER®

US labeling:

<50 kg: 20 mg/kg as a single dose; ≥50 kg: 1,000 mg as a single dose

Canadian labeling:

1. Ganzoni formula (for CKD patient):

Iron need (mg) = weight (kg) x (target Hgb – actual Hgb) x 2.4 + depot iron (mg)

**For patients >35 kg, the iron stores are 500 mg or above. Some guidelines suggest using 10 to 15 mg iron/kg body weight and others 1,000 mg iron as stores.

2. Simplified Table (for iron-deficiency anemia due to other various causes):

Hgb (g/dL)	Weight <70 kg	Weight ≥70 kg
≥10	1,000 mg	1,500 mg
<10	1,500 mg	2,000 mg

MECHANISM OF ACTION 7,8

VENOFER®

Iron sucrose is dissociated by the reticuloendothelial system into iron and sucrose. The released iron increases serum iron concentrations and is incorporated into hemoglobin.

MONOFER®

Ferric derisomaltose contains iron and a carbohydrate moiety where the iron is tightly bound in a matrix structure (iron [III] atoms and derisomaltose). The particle is metabolized through the reticuloendothelial system in the liver and spleen which divide the complex into iron and derisomaltose. Iron is immediately bound and stored as ferritin, and derisomaltose moiety is either metabolized or excreted.

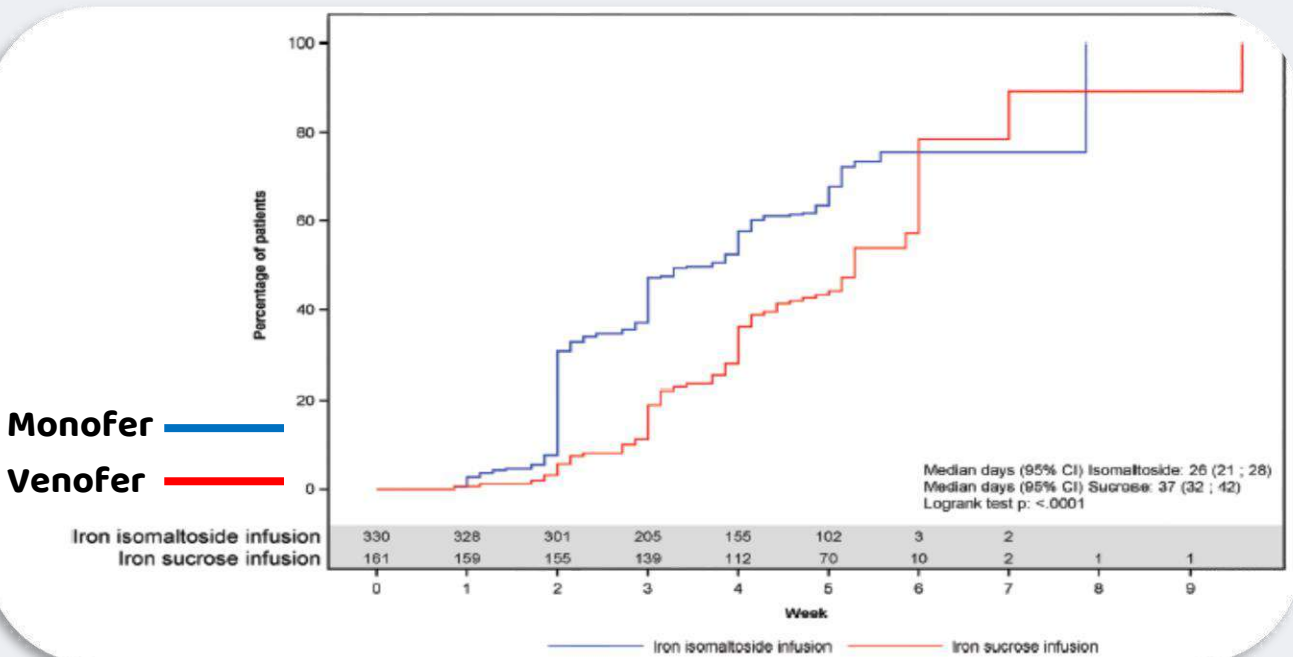
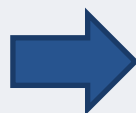


FIGURE 1 Kaplan-Meier plot of time to increase in hemoglobin of 2 g/dL, full analysis set. ⁹

Which is MORE EFFECTIVE



MONOFER®

- ❖ **Shorter treatment period** was needed to reach clinically required iron dose⁹
- ❖ **Higher doses can be given** within a shorter period of time⁹
- ❖ **Less serious** adverse reaction⁹
- ❖ **Fewer administration** was needed to reach clinically required iron dose⁹

REFERENCES

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- 2) Division MD, OF M. INTRAVENOUS IRON FOR IRON DEFICIENCY ANEMIA. 2019
- 3) Michael Auerbach, MD F. Causes and diagnosis of iron deficiency and iron deficiency anemia in adults. 2021; Available from: [https://www.uptodate.com/contents/causes-and-diagnosis-of-iron-deficiency-and-iron-deficiency-anemia-in-adults?search=iron deficiency anemia&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=](https://www.uptodate.com/contents/causes-and-diagnosis-of-iron-deficiency-and-iron-deficiency-anemia-in-adults?search=iron%20deficiency%20anemia&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=)
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ABILIFY MAINTENA® (ARIPIRAZOLE) VS INVEGA SUSTENNA® (PALIPERIDONE) IN TREATMENT OF SCHIZOPHRENIA

Understanding SCHIZOPHRENIA

Schizophrenia is a psychiatric disorder involving chronic or recurrent psychosis. It is among the most disabling and economically catastrophic medical disorders, ranked by the World Health Organization as one of the top ten illnesses contributing to the global burden of disease. According to National Mental Registry (NMHR) reported that the age of schizophrenia onset among patients in MALAYSIA ranges between 26 – 29 years.

CAUSES

BRAIN CHEMISTRY

Problem with neurotransmitter such as dopamine which make people more susceptible to schizophrenia 

ENVIRONMENT

- Malnutrition during 2nd and 3rd trimester

- Stress 

GENETIC



10% risk of developing schizophrenia for those who have 1st relative living with this disorder 

SUBSTANCES ABUSE

Using illicit substances such as LDS and Marijuana 

SYMPTOMS

POSITIVE

- ❖ Hallucination 
- ❖ Delusions 
- ❖ Disorganised speech and thoughts 



NEGATIVE

- ❖ Flattened affect 
- ❖ Reduced speech 
- ❖ Lack of initiative 

COGNITIVE

- ❖ Memory issue 
- ❖ Inability process social cues 
- ❖ Impaired sensory function

TREATMENT

PSYCHOTHERAPY

- ❖ Cognitive Behavioral Therapy (CBT)
- ❖ Psychoeducation
- ❖ Electroconvulsive therapy (ECT)

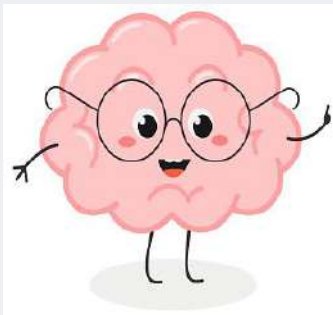
MEDICATION

Medication **ALWAYS** works best when it is combined with psychological treatment.

Medication compliance is often one of the largest challenges of long-term treatment for schizophrenia.

However, in many studies have shown favourable outcome with respect to the used of **LAI antipsychotics** in schizophrenia. With the use of depot injection significantly increase long term adherence to treatment and reduce the risk of relapse or rehospitalization compared with **oral medication**

DO YOU KNOW?



'SCHIZO' means SPLIT

'PHRENIA' means MIND

ABILIFY MAINTENA® (ARIPIRAZOLE) VS INVEGA SUSTENNA® (PALIPERIDONE)







































ABILIFY MAINTENA®

INVEGA SUSTENNA®

<p>Studies shows statically Superior improvement in health related quality of life (QoL) and functioning and statistically improvement in clinical symptoms</p>	<p>Efficacy</p>	<p>Inferior</p>
<p>Partial D2 and 5HT1A Agonist 5HT2A antagonist Exact action still UNKNOWN</p>	<p>Mechanism of Action</p>	<p>D2 and 5HT2A antagonist Exact action still UNKNOWN</p>
<p>Second Generation Antipsychotic</p>	<p>Drug Class</p>	<p>Second Generation Antipsychotic</p>
<p>Long acting injectable antipsychotic</p>	<p>Dosage form</p>	<p>Long acting injectable antipsychotic</p>
<p>400mg</p>	<p>Available Dose</p>	<p>50 mg, 75mg, 100mg, 150mg</p>

ABILIFY MAINTENA®

INVEGA SUSTENNA®

<p>Low Extrapyramidal side effect but more contribute to metabolic side effect Lower risk of Weight gain (5%) Akathisia (< 5%) Insomnia Injection site pain</p>	<p>Adverse effect</p>	<p>Low Extrapyramidal side effect but more contribute to metabolic side effect Higher risk of Weight gain Akathisia (<5%) Insomnia Injection site pain</p>																																				
<p>Gluteus or Deltoid</p> <p>Needle size depends on on body types</p> <table border="1" data-bbox="159 1086 603 1332"> <thead> <tr> <th>Body Type</th> <th>Injection Site</th> <th>Needle Size</th> <th></th> </tr> </thead> <tbody> <tr> <td rowspan="2"> Non-obese</td> <td>Deltoid</td> <td>1 inch (23g)</td> <td></td> </tr> <tr> <td>Gluteus</td> <td>1.5 inch (22g)</td> <td></td> </tr> <tr> <td rowspan="2"> Obese</td> <td>Deltoid</td> <td>1.5 inch (22g)</td> <td></td> </tr> <tr> <td>Gluteus</td> <td>2 inch (21g)</td> <td></td> </tr> </tbody> </table>	Body Type	Injection Site	Needle Size		 Non-obese	Deltoid	1 inch (23g)		Gluteus	1.5 inch (22g)		 Obese	Deltoid	1.5 inch (22g)		Gluteus	2 inch (21g)		<p>Site of injection & Needle size</p>	<p>First 2 injection: Deltoid Subsequent injection: Either</p> <p>Needle size depends on body weight (Deltoid only)</p> <table border="1" data-bbox="970 1124 1433 1388"> <thead> <tr> <th>Body Weight</th> <th>Injection Site</th> <th>Needle Size</th> <th></th> </tr> </thead> <tbody> <tr> <td rowspan="2">< 90 kg (< 200 lb)</td> <td rowspan="2">Deltoid</td> <td>1 inch (23g)</td> <td></td> </tr> <tr> <td>1.5 inch (22g)</td> <td></td> </tr> <tr> <td>≥ 90 kg (≥ 200 lb)</td> <td></td> <td>1.5 inch (22g)</td> <td></td> </tr> <tr> <td>All body weight</td> <td>Gluteus</td> <td>1.5 inch (22g)</td> <td></td> </tr> </tbody> </table>	Body Weight	Injection Site	Needle Size		< 90 kg (< 200 lb)	Deltoid	1 inch (23g)		1.5 inch (22g)		≥ 90 kg (≥ 200 lb)		1.5 inch (22g)		All body weight	Gluteus	1.5 inch (22g)	
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<p>NOT AVAILABLE</p>	<p>Available in HSM</p>	<p>Available with the dose of 100mg & 150mg</p>																																				
<p>400mg → RM</p>	<p>Cost</p>	<p>50mg → RM 753.80 75mg → RM 753.80 100mg → RM 865.91 150mg → RM 908.30</p>																																				

Dosage

ABILIFY MAINTENA®



MUST tolerate with oral aripiprazole prior to initiating ABILIFY MAINTENA

Recommended:

Initiation dose: 400 mg

PLUS

10 mg to 20 mg oral aripiprazole continued for 14 consecutive days

Maintenance dose: 400 mg

Administered once monthly as a single injection (no sooner than 26 days after the previous injection)

INVEGA SUSTENNA®



NOT NECESSARY but recommended to tolerate with oral paliperidone prior to initiating INVEGA SUSTENNA

Recommended:

Initiation dose: Day-1 150 mg and 100 mg one week later (first 2 dose must inject in **deltoid**)

Maintenance dose: 75 mg

Administered once monthly as a single injection, can be administered **either deltoid or gluteal muscle**

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- 1) Chee KY, Jesjeet SG, Nik RNJ, Ofer A. Understanding disease pathology and drug selection to maximise outcomes in schizophrenia treatment [Internet]. MIMS News. 2021 [cited 2 May 2021]. Available from: <https://specialty.mims.com/topic/understanding-disease-pathology-and-drug-selection-to-maximise-outcomes-in-schizophrenia-treatment>
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Guidelines on Safe Use of High Alert Medications (HAMs)

High alert medications (HAMs) - medications that bear a heightened risk of causing significant patient harm when these medications are used in error.

HAM, warrant special safeguards during the process of health care to reduce the risk of unnecessary patient harm associated with adverse medication events such as the preventable medication errors.

These medications require special safeguards to reduce the risk of errors and ensure patient safety. All healthcare professionals involved in their use will treat them with special attention and follow the established requirement.

Purpose

- i. To assist healthcare professionals in identifying HAM.**
- ii. To establish safeguards to reduce avoidable harm and the risk of errors with HAM in healthcare facilities.**
- iii. To accelerate the implementation of safe preventive strategies in all stages of the medication use process.**
- iv. To increase awareness of healthcare of counterchecking in safe handling of HAM**

Safe Handling Of High Alert Medication & Management Of High Alert Medications (HAM)

- ❖ HIGH ALERT MEDICATION labels should be placed on storage shelves, containers, product packages OR loose vials/ampoules.**
- ❖ Use HAM sticker/label or HAM envelope.**
- ❖ HAM must be counterchecked before they are prepared, dispensed and administered to the patients.**
- ❖ All equipment or devices used in the preparation and/or administration of medications shall be calibrated and maintained according to Standard Operating Procedure (SOP).**
- ❖ Identify and keep apart look alike sound alike HAM.**
- ❖ Monitor and report adverse drug reaction and medication error related.**
- ❖ Kindly refer to High Alert Medication HSM Policy for more details.**

High Alert Medications in Hospital Seri Manjung

HIGH ALERT MEDICATIONS HOSPITAL SERI MANJUNG	
CLASS / CATEGORY	LIST OF MEDICATIONS
ADRENERGIC AGONISTS, IV	<ul style="list-style-type: none"> • Adrenaline Acid Tartrate 1mg/ml Injection • Ephedrine HCl 30 mg/ml Injection • Noradrenaline Acid Tartrate 4 mg/4 ml Injection • Salbutamol 0.5mg/ml Injection* • Terbutaline Sulphate 0.5mg/ml Injection*
ADRENERGIC ANTAGONISTS, IV	<ul style="list-style-type: none"> • Labetalol HCl 25 mg/5 ml Injection
ANAESTHETIC AGENTS, (GENERAL, INHALED & IV)	<ul style="list-style-type: none"> • Bupivacaine 0.5% (Plain) Injection • Bupivacaine 0.5% Heavy Inj • Bupivacaine 0.5%+Adrenaline 1:200,000 Inj • Desflurane Liquid • Ethyl Chloride Spray* • Isoflurane Liquid • Levobupivacaine 5mg/ml Injection • Lignocaine (Lidocaine) 10 % w/w Spray • Ketamine 50 mg/ml Injection • Nalbuphine HCl 10mg/ml Inj* • Propofol 1% Injection • Ropivacaine HCl 7.5 mg/ml Injection • Sevoflurane Liquid

HIGH ALERT MEDICATIONS HOSPITAL SERI MANJUNG

CLASS / CATEGORY	LIST OF MEDICATIONS
ANTIARRYTHMIAS	<ul style="list-style-type: none"> • Adenosine 6mg/2ml Injection (3mg/ml) • Amiodarone 150mg/3ml Injection • Atropine Sulphate 1mg/ml Injection • Digoxin 500 mcg/2ml Injection • Lignocaine HCl 100 mg/5 ml Injection (2%) IV/IM • Lignocaine HCl 2% Injection for local anaesthetic • Verapamil HCl 5mg/2ml Injection*
ANTIFIBRINOLYTICS, HEMOSTATIC AGENTS	<ul style="list-style-type: none"> • Vitamin K1 1 mg/ml Injection • Vitamin K1 10 mg/ml Injection • Tranexamic Acid 250 mg Capsule • Tranexamic Acid 100 mg/ml Injection
ANTITHROMBOTICS (ANTICOAGULANT)	<ul style="list-style-type: none"> • Alteplase 50mg/50ml Powder for Injection* • Dabigatran Etexilate 110 , 150 mg Capsule* • Enoxaparin Sodium 40 , 60 mg Injection • Fondaparinux 2.5 mg/0.5ml Injection • Heparin Sodium 1000, 5000 IU/ml Injection • Heparin Sodium 50 IU/5ml in Sodium Chloride Injection

HIGH ALERT MEDICATIONS HOSPITAL SERI MANJUNG

CLASS / CATEGORY	LIST OF MEDICATIONS
ANTITHROMBOTICS (ANTICOAGULANT)	<ul style="list-style-type: none"> • Rivaroxaban 15 mg, 20 mg Tablet* • Streptokinase 1,500,000 IU Injection • Tenecteplase 10,000 unit (50 mg) Injection • Urokinase 60,000 IU/10ml Injection • Warfarin Sodium 1 , 2 , 5 mg Tablet
DEXTROSE, (20% ≥ GREATER)	<ul style="list-style-type: none"> • Dextrose 50% 10mL Inj • Dextrose 50% IV soln 500ml
IMMUNOSUPPRESSANT AGENTS*	<ul style="list-style-type: none"> • Azathioprine 50 mg Tablet • Ciclosporin 25 mg, 100 mg Capsule Microemulsion • Ciclosporin 100mg/ml Drink Solution • Ciclosporin 50 mg/ml Injection • Leflunomide 20 mg Tablet • Dexamethasone Sodium Phosphate 8 mg/2 ml Injection • Methylprednisolone Sodium Succinate 0.5 g Injection • Mycophenolate Mofetil 250 mg, 500 mg Capsule • Prednisolone 5 mg Tablet • Prednisolone 3mg / 5ml Syrup • Tacrolimus 1mg capsule • Thalidomide 50 mg Capsule

HIGH ALERT MEDICATIONS HOSPITAL SERI MANJUNG

CLASS / CATEGORY	LIST OF MEDICATIONS
INOTROPIC MEDICATIONS, IV	<ul style="list-style-type: none"> • Dobutamine 12.5mg/ml in 20ml Injection • Dopamine 40 mg / ml in 5 ml Injection • Isoprenaline HCl 0.2mg/ml & 1mg/5 ml Inj*
MAGNESIUM SULPHATE, IV	<ul style="list-style-type: none"> • Magnesium Sulphate 50% Injection (49.3%/5mL)
MODERATE AND MINIMAL SEDATION AGENTS, (IV, ORAL, & FOR CHILDREN)	<ul style="list-style-type: none"> • Chloral Hydrate 200 mg/5 ml Mixture* • All types of Dangerous Drugs (DD)
NEUROMUSCULAR BLOCKING AGENTS	<ul style="list-style-type: none"> • Atracurium Besylate 25mg/2.5ml Injection • Cisatracurium Besylate 2 mg/ml Injection • Rocuronium Bromide 10mg/ml Inj • Suxamethonium Chloride 50 mg/ml Inj
OXYTOCIN, IV*	<ul style="list-style-type: none"> • Oxytocin 10 units/ml Injection • Oxytocin 5U + Ergometrine 0.5mg/ml Inj
POTASSIUM SALT INJECTIONS	<ul style="list-style-type: none"> • Potassium Chloride 1g/10ml Injection • Potassium Dihydrogen Phosphate Injection
SODIUM CHLORIDE FOR INJECTION, (>0.9% CONCENTRATION)	<ul style="list-style-type: none"> • Sodium Chloride 3% 500mL IV soln

HIGH ALERT MEDICATIONS HOSPITAL SERI MANJUNG	
CLASS / CATEGORY	LIST OF MEDICATIONS
ANTIVENOM	All Types
CHEMOTHERAPEUTIC AGENTS, PARENTERAL AND ORAL	
INSULIN, SUBCUTANEOUS AND IV	
OPIOIDS (IV, ORAL & TRANSDERMAL)	
PARENTERAL NUTRITION PREPARATIONS	

* *New classes/categories of medications that have been added into the list.*

REFERENCE

Guideline on Safe Use of High Alert Medications (HAMs) 2nd Edition, 2020. Bahagian Perkhidmatan Farmasi, Kementerian Kesihatan Malaysia.

PROGRAM VAKSINASI KEBANGSAAN MALAYSIA – HOSPITAL SERI MANJUNG





PELAPORAN & PENGENDALIAN KES AEFI MELIBATKAN VAKSIN COVID-19

AEFI

AEFI stands for *Adverse Events Following Immunisation* and is also known as 'Kesan Advers Susulan Imunisasi'.

AEFI is any side effects which occurs after vaccine injection. However, not all AEFIs are related to the vaccine taken or due to the vaccine injection.

Examples of AEFI would be :-

- ❖ Fever
- ❖ Pain at the site of injection
- ❖ Headache
- ❖ Fatigue



WHAT SHOULD BE DONE IF THERE IS AEFI?

If you experience minor side effects:-

- ❖ Report AEFI through MySejahtera application
- ❖ Report AEFI through *Consumer Side Effect Reporting Form (ConSERF)* at National Pharmacy Regulatory Agency (www.npra.gov.my)



HOWEVER!

If you experience adverse effect that is not listed in the Mysejahtera application such as


- ❖ swollen lymph nodes
- ❖ itchiness throughout the whole body
- ❖ difficulty in breathing

Get **IMMEDIATE** treatment!!!



DO YOU KNOW ???

AEFI monitoring is always done by National Pharmacy Regulatory Agency, Ministry of Health.

In health facilities, health personnel will help you to make AEFI reporting in hospital or clinic. Each reporting which is submitted will help AEFI monitoring in the country. 

Name
Test User 179

19-Feb Registered

19-Feb Eligible for vaccine?

19-Feb 1st Dose appointment

19-Feb **1st Dose completed**

Vaccination Date:
19-Feb-2021 03:29 PM

Vaccine Number:
7973909995141

Batch Number:
MySJ-B0X001

Expiry Date:
21-Aug-2020

[Click here to report symptoms after vaccination](#)

2nd Dose appointment

2nd Dose completed

Digital certificate issued

Penerima vaksin boleh melaporkan sebarang simptom pada bila-bila masa selepas dos pertama sehingga sebelum tarikh temu janji dos ke-2. Simptom selepas dos ke-2 juga boleh dilaporkan dengan cara yang sama

Klik di sini

Questions

1. Adakah anda sedang mengalami simptom selepas vaksinasi?
*Are you experiencing any symptoms after your vaccination?**

Ya/Yes **Pilih "Ya"**

Tidak/No

1.1 Sila tandakan simptom yang anda alami.
*Please tick the symptoms you are experiencing.** **Pilih simptom**

Kesakitan di tempat suntikan/Injection site pain

Bengkak di tempat suntikan/Injection site swelling

Demam/Fever

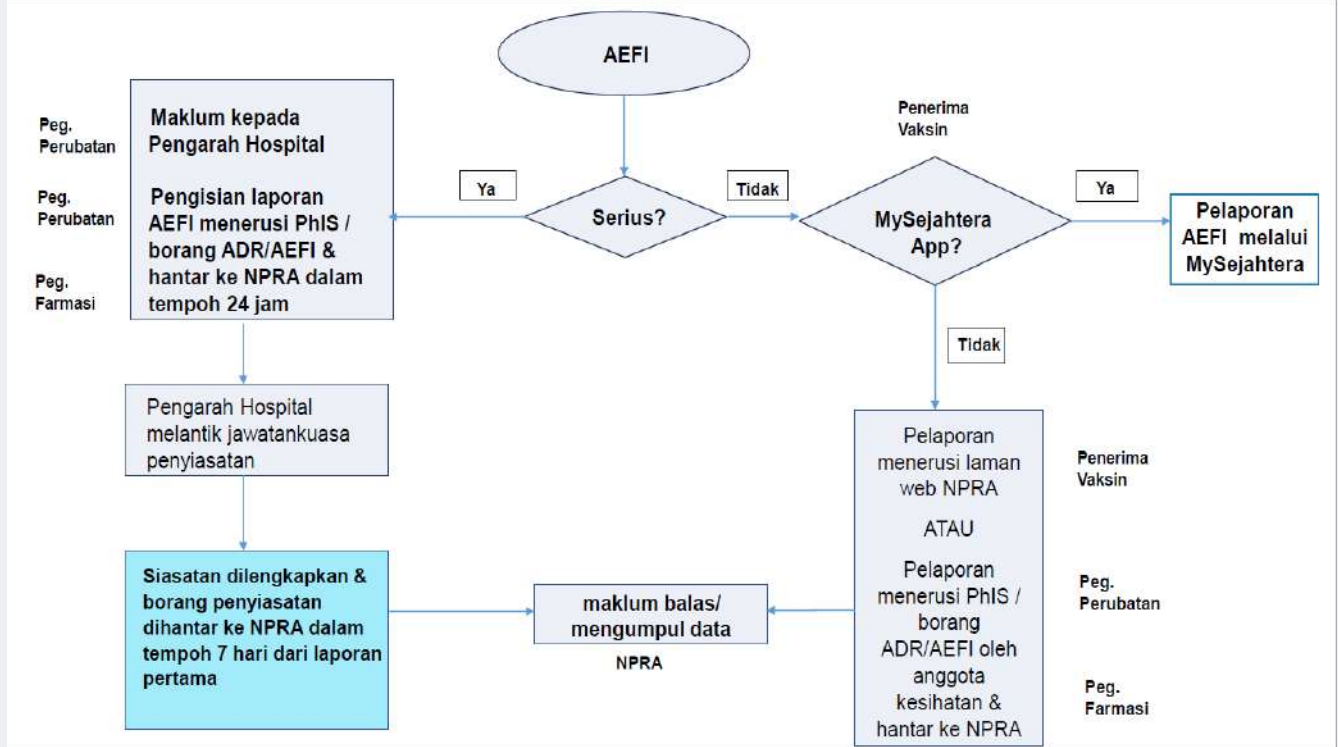
Loya/muntah/Nausea/vomiting

Kesejukan/Chills

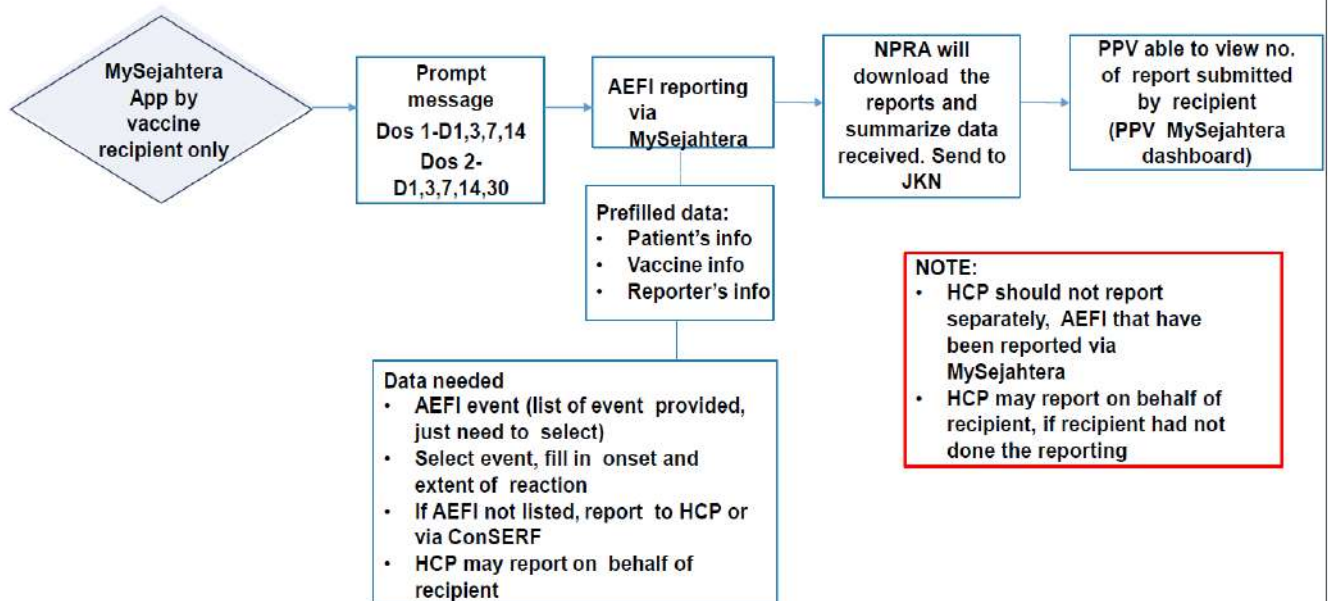
Hantar



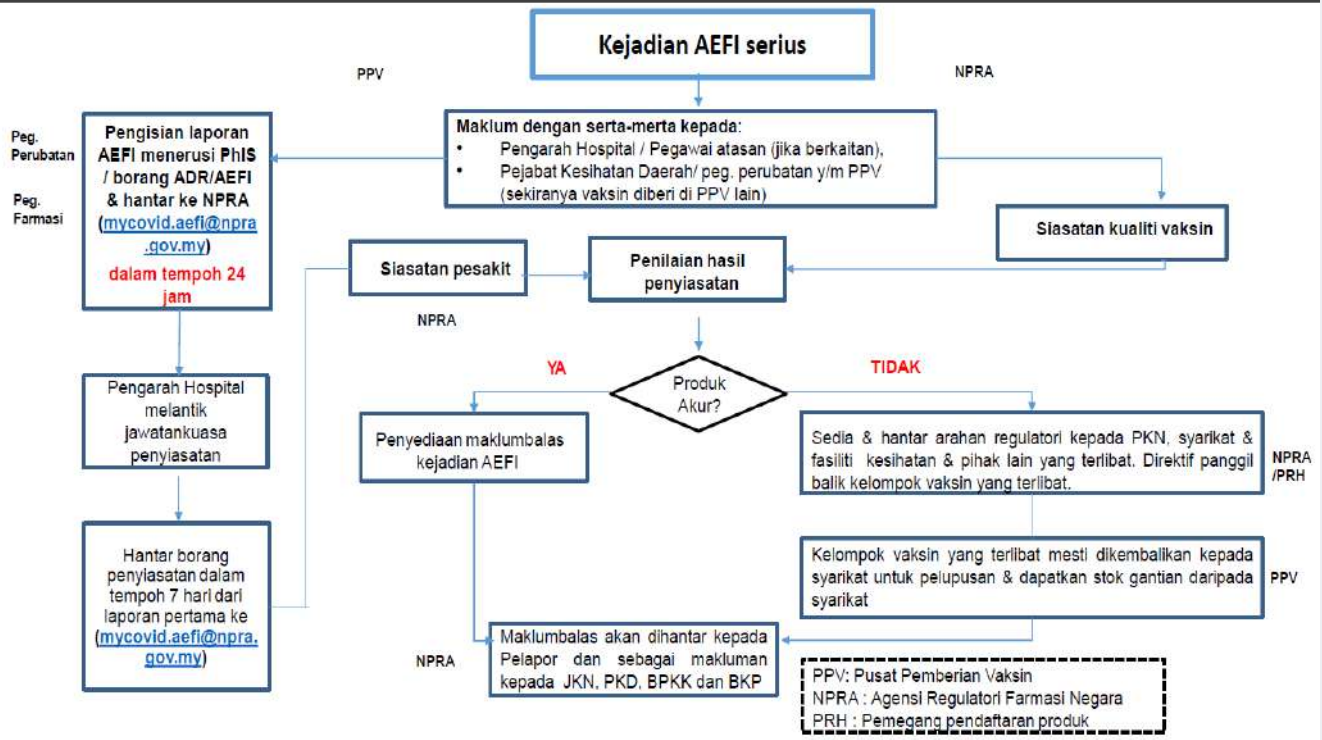
PELAPORAN AEFI (OVERVIEW)



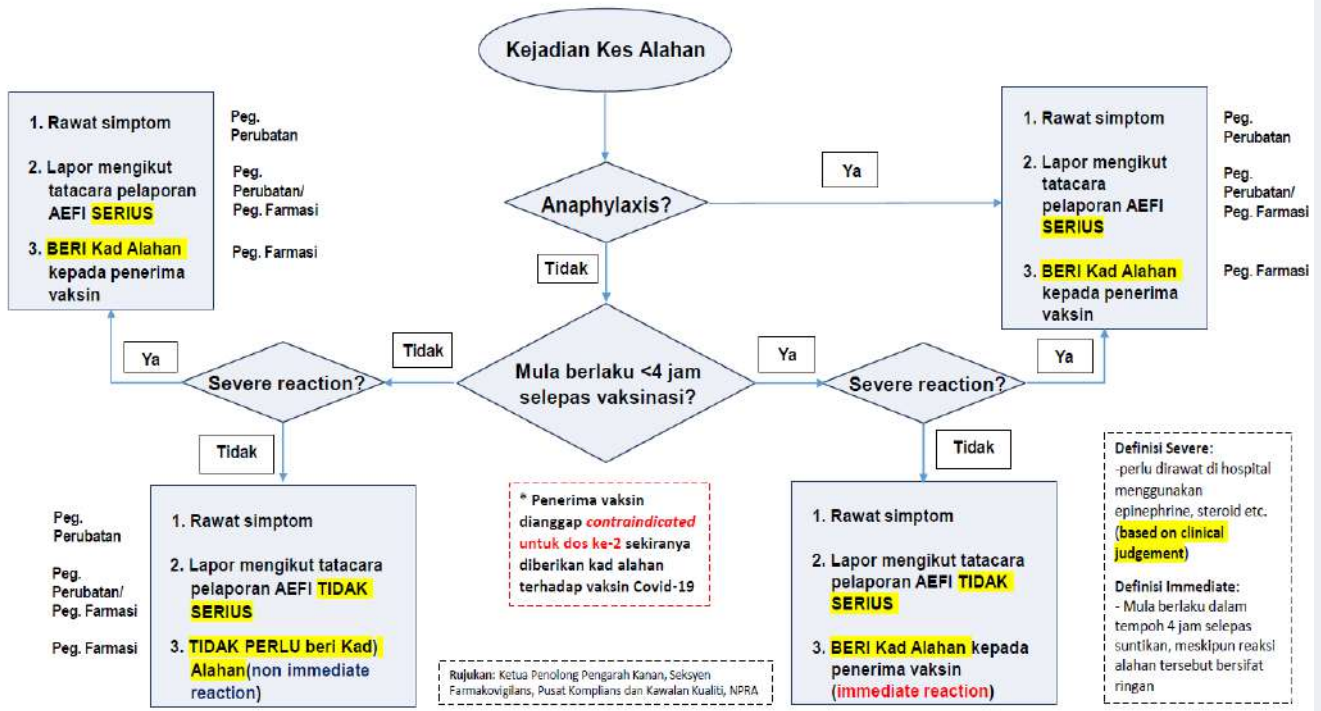
PELAPORAN AEFI RINGAN (MYSEJAHTERA)



CARTA ALIR PENYIASATAN AEFI SERIUS



CARTA ALIR PENGENDALIAN KES ALAHAN TERHADAP VAKSIN COVID-19



PHARMACY STAFF MOVEMENT

February 2021 – June 2021

NEW STAFF

1	Anis Afiful Huda Binti Abu Yazid	PF UF41 (PRP)
2	Dina Novella A/P Laser	PF UF41 (PRP)
3	Tan Ein Qian	PF UF41 (PRP)
4	Adilah Nur Binti Ariffin	PF UF41 (PRP)
5	Michelle Foo Chia Yee	PF UF41 (PRP)
6	Mohamad Irshad Bin Sathiq Noor	PF UF41 (PRP)

TRANSFERRED IN

1	Siti Norazera Binti Mohamed	PPF U29
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TRANSFERRED OUT

1	Puvanitha a/p Kalimuthoo	PPF U29
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RETIRED

1	Rohani bt Isahak	PT N22
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INTERNAL EXCHANGE

1	Noorsidah bt. Md Yusoff	PF U52
2	Hor Cheah Yen	PF U48