



# PHARMACY DEPARTMENT, HOSPITAL SERI MANJUNG

## PHARMACY BULLETIN

### DRUG AND POISON INFORMATION SERVICE

1ST EDITION 2018

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## LOOK-ALIKE SOUND-ALIKE DRUGS

Medications with drug names that **look** similar in print or **sound** similar to other drugs when their names are spoken.

Such agents carry a significant risk of being administered improperly, especially when exchanged for one another.

**CAUTION!  
LOOK ALIKE  
SOUND ALIKE DRUGS**



# LOOK ALIKE SOUND ALIKE



**TABLET PRAMIPEXOLE 0.375 MG**  
**VS**  
**TABLET PRAMIPEXOLE 1.5 MG**



**TABLET LOSARTAN 50 MG**  
**VS**  
**TABLET LOSARTAN 100 MG**



**TABLET OLANZAPINE 5 MG**  
**VS**  
**TABLET OLANZAPINE 10 MG**



**TABLET FLUVOXAMINE 50 MG**  
**VS**  
**TABLET FLUVOXAMINE 100 MG**



**TABLET RISPERIDONE 2 MG**  
**VS**  
**TABLET RISPERIDONE 1 MG**



**TABLET CALCIUM CARBONATE 500 MG**  
**VS**  
**TABLET LITHIUM CARBONATE 300 MG**



**TABLET CONJUGATED ESTROGEN 0.625 MG**

**VS**

**TABLET CONJUGATED ESTROGEN 0.3 MG**

**TABLET BISOPROLOL FUMARATE 2.5 MG**

**VS**

**TABLET BISOPROLOL FUMARATE 5 MG**



**INJECTION VITAMIN A, D, E, K (VITALIPID N ADULT) 10 ML**

**VS**

**INJECTION VITAMIN A, D, E, K (VITALIPID N INFANT) 10 ML**

**INJECTION TRACE ELEMENT—ADULT 10 ML**

**VS**

**INJECTION TRACE ELEMENT—INFANT 10 ML**



**INJECTION HYDROCORTISONE SODIUM SUCCINATE 100 MG**

**VS**

**INJECTION STREPTOMYCIN SULPHATE 1 G**

**INJECTION CEFUROXIME 750 MG**

**VS**

**INJECTION CEFOPERAZONE 1 G**

# LIST OF SOUND-ALIKE MEDICATIONS

SOUND-ALIKE DRUG NAMES	
Alprazolam	Lorazepam
Amlodipine	Felodipine
Aripiprazole	Rabeprazole
Captopril	Carvedilol
Carboplatin	Cisplatin
Cefazolin	Ceftazidime / Ceftriaxone
Cetirizine	Sertraline / Stavudine
Chlorpromazine	Carbamazepine / Chlorpropamide
Clobazam	Clonazepam
Clomiphene	Clomipramine
Clonazepam	Clozapine / Lorazepam
Cotrimoxazole	Clotrimazole / Carbimazole
Cycloserine	Cyclosporine
Dobutamine	Dopamine
Docetaxel	Paclitaxel
Duloxetine	Fluoxetine
Enalapril	Perindopril
Ephedrine	Epinephrine
Fluphenazine	Fluvoxamine
Folic Acid	Folinic Acid
Gliclazide	Glibenclamide
Simvastatin / Atorvastatin / Pravastatin / Rosuvastatin	Nystatin
Hydralazine	Hydroxyzine
Imipenem	Meropenem
Isotretinoin	Tretinoin
Lamotrigine	Lamivudine / Levetiracetam / Levothyroxine
Levetiracetam	Levofloxacin
Lorazepam	Alprazolam / Clonazepam
Losartan	Valsartan
Lovastatin	Loratadine / Simvastatin
Madopar	Methyldopa
Metformin	Metronidazole
Olanzapine	Quetiapine

\*adapted from *Guide on Handling Look Alike, Sound Alike Medications*

## **REFERENCES:**

1. FDA and ISMP lists of look-alike drug names with recommended tall man letters. Institute for Safe Medication Practices (ISMP); 2011.
2. ISMP's list of confused drug names. Institute for Safe Medication Practices (ISMP); 2015.
3. A'tia H, Lijah O, NorAziah A, Oiyammaal MC, Subasyini S, Asniza J, NurulSuhaida B, Gillian PSY. Guide on handling look alike, sound alike medications. 1<sup>st</sup> ed. Malaysia: Pharmaceutical Services Division, MOH Malaysia; 2012.

# LIST OF LOOK-ALIKE MEDICATIONS

INJECTIONS		
1	ADRENALINE 1MG/ML	HYOSCINE 20MG/ML
		FLUPHENAZINE 25MG/ML
		ATROPINE 1MG/ML
2	CEFUROXIME 750MG/VIAL	CEFOPERAZONE 1G/VIAL
3	MIDAZOLAM 5MG/ML	MIDAZOLAM 15MG/3ML
4	MORPHINE 10MG/ML	PETHIDINE 50MG/ML
		PETHIDINE 100MG/2ML
5	NORADRENALINE 4MG/4ML	DOPAMINE 40MG/ML
6	TRACE ELEMENT – PAEDIATRIC (PEDITRACE™)	TRACE ELEMENT – ADULT (ADDAMEL™ N)
7	PHYTOMENADIONE 10MG/ML	PHYTOMENADIONE 1MG/ML
8	RANITIDINE 50MG/2ML	FRUSEMIDE 20MG/2ML
9	TRAMADOL 50MG/ML	HALOPERIDOL 5MG/ML
10	VITALIPID™ N ADULT	VITALIPID™ N INFANT
TABLETS		
11	BISOPROLOL 2.5MG	BISOPROLOL 5MG
12	CARDIPRIN 100MG	METFORMIN 500MG
13	CONJUGATED ESTROGENS 0.625MG (PREMARIN)	CONJUGATED ESTROGENS 0.625MG & MEDROXYPROGESTERONE ACETATE 2.5MG (PREMELLE 2.5)
14	DOMPERIDONE 10MG	TRIMETAZIDINE 20MG
		MEDROXYPROGESTERONE 10MG
15	DYDROGESTERONE 10MG (DUPHASTON)	ESTRADIOL 1MG & ESTRADIOL 1MG WITH DYDROGESTERONE 10MG (FEMOSTON® 1/10MG)
		ESTRADIOL 1MG WITH DYDROGESTERONE 5MG (FEMOSTON® CONTI 1/5MG)
16	METHYLDOPA 250MG	LABETALOL 100MG
		ATENOLOL 100MG
17	METOPROLOL 100MG	CARBIMAZOLE 5MG
		LOVASTATIN 20MG
18	TELMISARTAN 40MG (MICARDIS)	TELMISARTAN 80MG (MICARDIS)
19	TELMISARTAN 80MG / AMLODIPINE 10MG (TWINSTA)	TELMISARTAN 80MG / HCTZ 12.5MG (MICARDIS PLUS)
20	TENOFOVIR 300MG (TENVIR)	TENOFOVIR 300MG & EMTRICITABINE 200MG (TENVIR-EM)
SYRUPS		
21	AMOXICILLIN 125MG/5ML	PHENOXYMETHYLPENICILLIN 125MG/5ML
OPHTHALMIC PREPARATIONS		
22	CYCLOPENTOLATE HCl 1% (CYCLOGYL) OPHTHALMIC PREPARATION	HOMATROPINE HYDROBROMIDE 2% (ISOPTO™ HOMATROPINE) OPHTHALMIC PREPARATION
		TROPICAMIDE 1% (MYDRIACYL) OPHTHALMIC PREPARATION
		PHENYLEPHRINE HCl 2.5% (MYDFRIN) OPHTHALMIC PREPARATION
		CYCLOPENTOLATE HCl & PHENYLEPHRINE HCl (CYCLOMYDRIL) OPHTHALMIC PREPARATION
23	DEXAMETHASONE & NEOMYCIN & POLYMYXIN B (MAXITROL) OPHTHALMIC OINTMENT	DEXAMETHASONE & NEOMYCIN & POLYMYXIN B (MAXITROL) OPHTHALMIC PREPARATION
		DEXAMETHASONE SODIUM PHOSPHATE 0.1% (MAXIDEX) OPHTHALMIC PREPARATION

## LIST OF TALL MAN LETTERING

NO	DRUG NAMES	NO	DRUG NAMES	NO	DRUG NAMES
1	ALFUzosin	40	DOBUtamine	79	LORazepam
2	ALPRAZolam	41	DOCEtaxel	80	LOsartan
3	amLODIPine	42	DOPamine	81	LOVAstatin
4	AMOXIcillin	43	DOXAzosin	82	MADopar
5	ARIPiprazole	44	DOXOrubicin	83	MEROpenam
6	ATORvastatin	45	DULOxetine	84	MEROpenem
7	ATRAcurium	46	ENALApril	85	metFORMIN
8	AZIthromycin	47	ePHEDrine	86	METHYLdopa
9	BISOprolol	48	EPINEPhrine	87	METOprolol
10	BUPIvacaine	49	ERTApenam	88	metroNIDAZOLE
11	capTOPril	50	ERYthromycin	89	NEostigmine
12	CARBAmazepine	51	ESOMEprazole	90	NeuroBION
13	CARBIazole	52	ETORIcoxib	91	niFEDipine
14	CARBOplatin	53	FELOdipine	92	nitroGLYCERINE
15	carVEDilol	54	FLUconazole	93	NYstatin
16	ceFAZolin	55	FLUoxetine	94	OFLOxacin
17	CEFOperazone	56	fluPHENAZine	95	OLANZapine
18	cefOTAXime	57	fluvoxaMINE	96	OMEprazole
19	cefTAZidime	58	foLIC acid	97	PACLitaxel
20	cefTRIAxone	59	foLINIC acid	98	PANTOprazole
21	cefUROXime	60	GENTAmycin	99	PAREcoxib
22	CELEcoxib	61	gliBENclamide	100	PERINDOpril
23	CETIRIzine	62	gliCLAzide	101	PRAvastatin
24	chlorproMAZINE	63	hydrALAZINE	102	PRAzosin
25	chlorproPAMIDE	64	hydrOXYzine	103	QUETiapine
26	CIPROfloxacin	65	IMIpenam	104	RABEprazole
27	CISplatin	66	IMIpenem	105	ROcuronium
28	CLARIthromycin	67	IRBEsartan	106	ROPIvacaine
29	CLINDAmycin	68	ISOtretinoin	107	ROSUvastatin
30	clomiPHENE	69	ITRAconazole	108	SERTRAline
31	clomiPRAMINE	70	KETOconazole	109	SIMvastatin
32	clonazePAM	71	lamiVUDine	110	STAVUDine
33	CLOTRIazole	72	lamoTRIGine	111	SULperazone
34	CLOXAcillin	73	LANSOprazole	112	TELMIsartan
35	cloZAPine	74	levETIRAcetam	113	TERAZosin
36	COTRImoxazole	75	levOFLOXacin	114	VALsartan
37	cycloSERINE	76	levoTHYROxine	115	VANCOmycin
38	cycloSPORINE	77	LIGNOcaine	116	vinCRIStine
39	DAUNOrubicin	78	LORAtdine		

### REFERENCES:

1. FDA and ISMP lists of look-alike drug names with recommended tall man letters. Institute for Safe Medication Practices (ISMP); 2011.
2. ISMP's list of confused drug names. Institute for Safe Medication Practices (ISMP); 2015.
3. A'tia H, Lijah O, NorAziah A, Oiyammaal MC, Subasyini S, Asniza J, NurulSuhaida B, Gillian PSY. Guide on handling look alike, sound alike medications. 1<sup>st</sup> ed. Malaysia: Pharmaceutical Services Division, Ministry of Health Malaysia; 2012.

# Obesity

## Background

- \* The global burden of overweight (Body Mass Index (BMI)  $\geq 25.0$  kg/m<sup>2</sup>) and obesity (BMI  $\geq 30.0$  kg/m<sup>2</sup>) is estimated at more than 1.1 billion.
- \* The risk of obesity related diseases among Asian rises from a lower BMI of 23 kg/m<sup>2</sup>.
- \* In Malaysia, the National Health and Morbidity Survey 1996 reported that in adult males, 15.1% were overweight and 2.9% obese while in adult females, 17.9% were overweight and 5.7% obese.
- \* It was also reported that there was little difference between rural and urban populations and that there were more obese Malays and Indians as compared to Chinese.

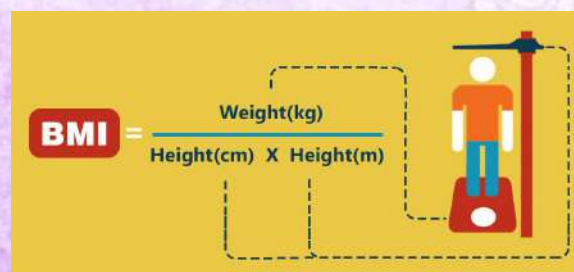
## Definition of Obesity

- ⇒ Obesity is a complex, multifactorial condition characterized by excess body fat.
- ⇒ Obesity is associated with many other diseases, and it warrants recognition by health-care providers.
- ⇒ Generally, men with  $>25\%$  body fat and women with  $>35\%$  body fat are considered obese.



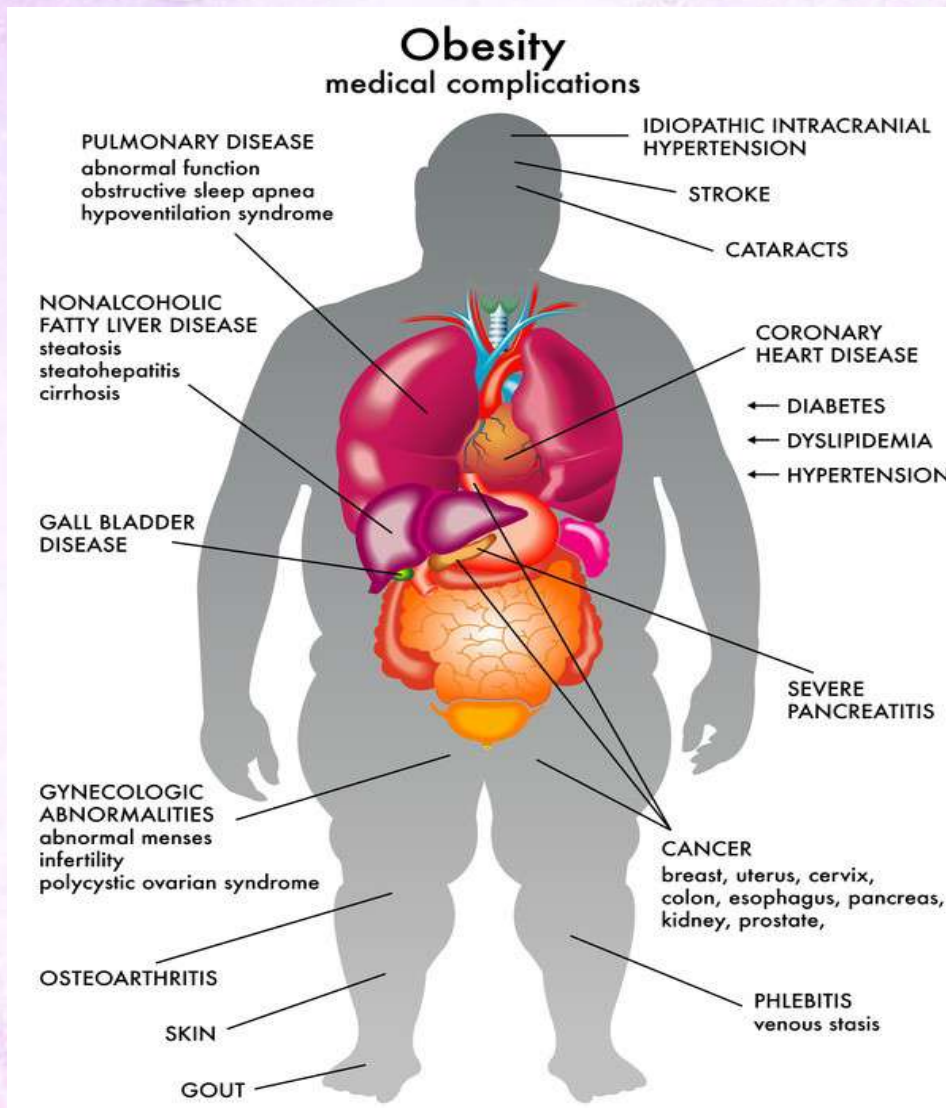
## Body Mass Index (BMI)

Weight Categories	BMI (kg/m <sup>2</sup> )
Underweight	$< 18.5$
Healthy Weight	18.5-24.9
Overweight	25-29.9
Obese	30-34.9
Severely Obese	35-39.9
Morbidly Obese	$\geq 40$



**Obesity complications** are numerous – and some of them can shorten your life span & reduce a person's quality of life  
 Many of the complications described here can be reduced or eliminated with weight loss.

Diagram below shown example of obesity complications:



## Therapy of obesity

### Therapy: Lifestyle Advice

- ◆ Dietary Therapy
- ◆ Physical Activity
- ◆ Behaviour Therapy



# Pharmacological Therapy

Drug	MOA	Dose	Side Effects
Orlistat	Peripherally acting pancreatic lipase inhibitor, decreases fat absorption	120 mg 3 times/day with each main meal containing fat (during or up to 1 hour after the meal); omit dose if meal is missed or contains no fat	- Loose stools - Malabsorption of fat-soluble vitamins
Sibutramine	Centrally acting via serotonergic and noradrenergic pathways, not recommended for those with severe hepatic disease	Initial: 10 mg once daily; after 4 weeks may titrate up to 15 mg once daily as needed and tolerated	- Increase in blood pressure and heart rate - Nausea - Insomnia - Dry mouth - Rhinitis - Constipation
Phentermine	Centrally acting via noradrenergic pathways	8 mg 3 times/day 30 minutes before meals or food or 15-30 mg/day before breakfast or 10-14 hours before retiring to bed	- Increase in blood pressure - Insomnia - Nervousness
Metformin	This may be useful in managing obesity in the Type 2 diabetic patient, although efficacy is not proved or licensed for obesity	500 – 1000mg 2-3 times/day with meals	- Nausea - Fatulence - Bloating - Diarrhoea - Lactic acidosis (rare)
Fluoxetine	Anti-depressant, appetite suppressant and a selective serotonin re-uptake inhibitor. Not specifically approved for weight loss	20 mg/day in the morning; may increase after several weeks by 20 mg/day increments; maximum: 60mg/day	- Anxiety - Drowsiness - Insomnia - Nervousness

# Surgical Therapy

The aim of surgery is to modify the gastrointestinal tract to reduce net food intake.

Type of Surgery available in Malaysia:

- ◆ Gastric partitioning (vertical gastric banding)
- ◆ Gastric bypass (roux-en-y).
- ◆ Biliopancreatic bypass procedure
- ◆ Laparoscopic gastric banding

## References

1. Clinical Practice Guidelines. Management of Obesity. Malaysia: Ministry of Health. 2004

# Management of Tuberculosis and MDR-Tuberculosis

Tuberculosis is an infectious disease caused by bacteria *Mycobacterium Tuberculosis*. It generally affects the lungs, but also can affect other organs such as brain and bone and can cause death if not treated properly.

## Symptoms:

- ⇒ Prolong cough >2/52
- ⇒ Hemoptysis/ Phlegm with blood
- ⇒ Fever, night chills
- ⇒ Night sweats
- ⇒ Weight loss & loss of appetite
- ⇒ Fatigue



## TB-HIV Co-Infection

- ◆ Antituberculosis (antiTB) regimen offered to HIV-positive adults should be the same as for HIV-negative adults.
- ◆ Daily treatment should be offered in the maintenance phase.
- ◆ Co-administration of rifampicin and protease inhibitors (PI) should not be used in HIVTB co-infection.



## New patients with pulmonary tuberculosis should receive daily 2 months EHRZ and followed by daily 4 months HR.

Drug*	Recommended dose			
	Daily		3 times per week	
	Dose (range) in mg/kg body weight	Maximum in mg	Dose (range) mg/kg body weight	Daily maximum in mg
Isoniazid (H)	5 (4 - 6)	300	10 (8 - 12)	900
Rifampicin (R)	10 (8 - 12)	600	10 (8 - 12)	600
Pyrazinamide (Z)	25 (20 - 30)	2000	35 (30 - 40)*	3000*
Ethambutol (E)	15 (15 - 20)	1600	30 (25 - 35)*	2400*
Streptomycin (S)	15 (12 - 18)	1000	15 (12 - 18)*	1500*

Pyridoxine 10 - 50 mg daily needs to be added if isoniazid is prescribed.  
\* Daily treatment is the preferred regimen.

### MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB)

- ◆ MDR-TB is defined as Mycobacterium tuberculosis infection resistant to both isoniazid and rifampicin with or without resistance to other drugs.
- ◆ For patients who have not previously received MDR-TB treatment, the intensive phase of therapy should last a minimum of 8 months (including the parenteral aminoglycoside), with a total treatment duration of at least 20 months.
- ◆ Once MDR-TB is confirmed (by either type of laboratory method), patients can be treated with:
  - ⇒ a standard MDR-TB regimen (standardised approach) or
  - ⇒ an individually tailored regimen, based on drug sensitivity test of additional drugs

The standard MDR-TB regimen should include at least :

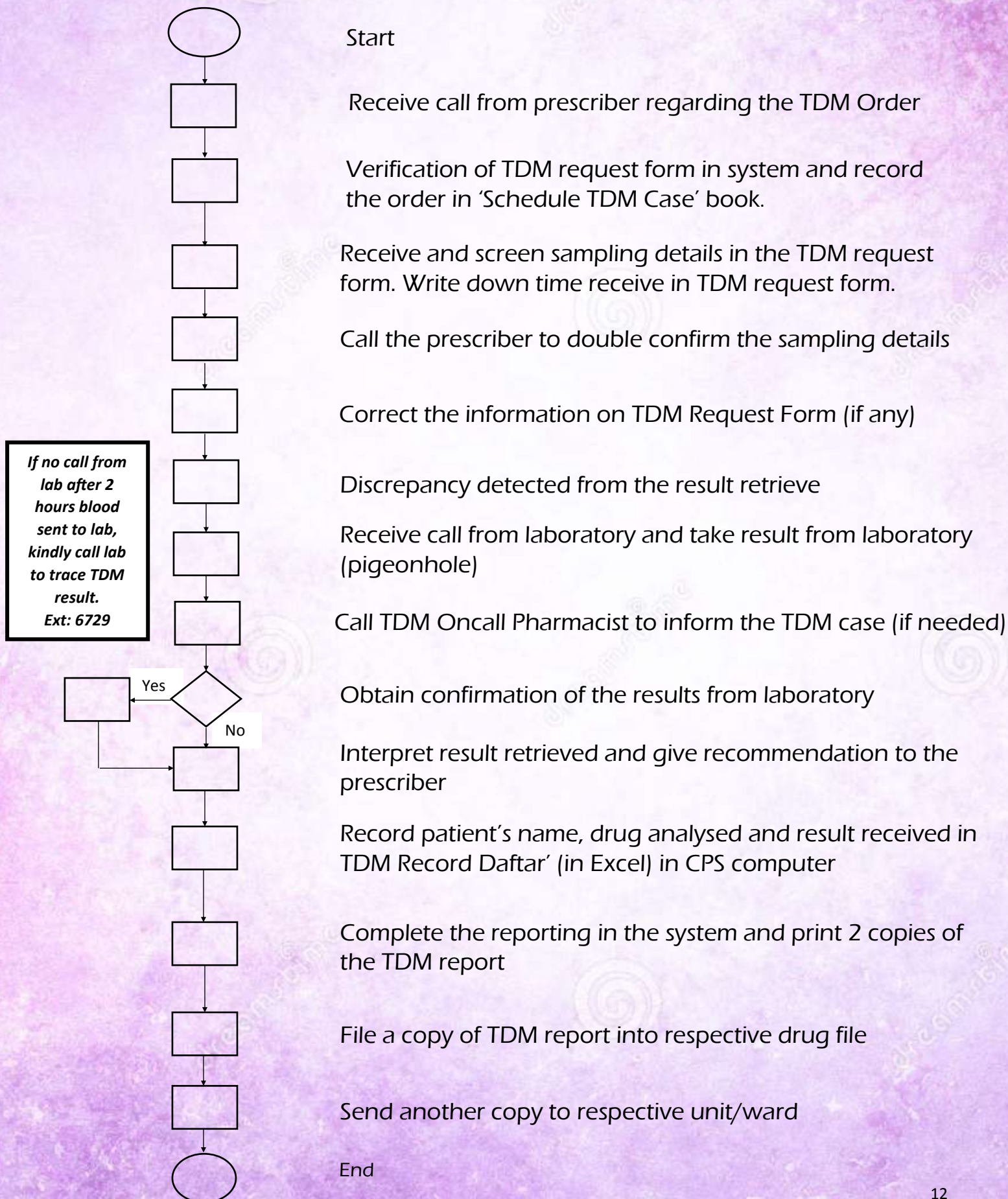
- \* pyrazinamide,
- \* fluoroquinolone,
- \* parenteral agent (typically amikacin or kanamycin),
- \* ethionamide
- \* cycloserine or para-aminosalicylic acid (if cycloserine cannot be used)

#### References

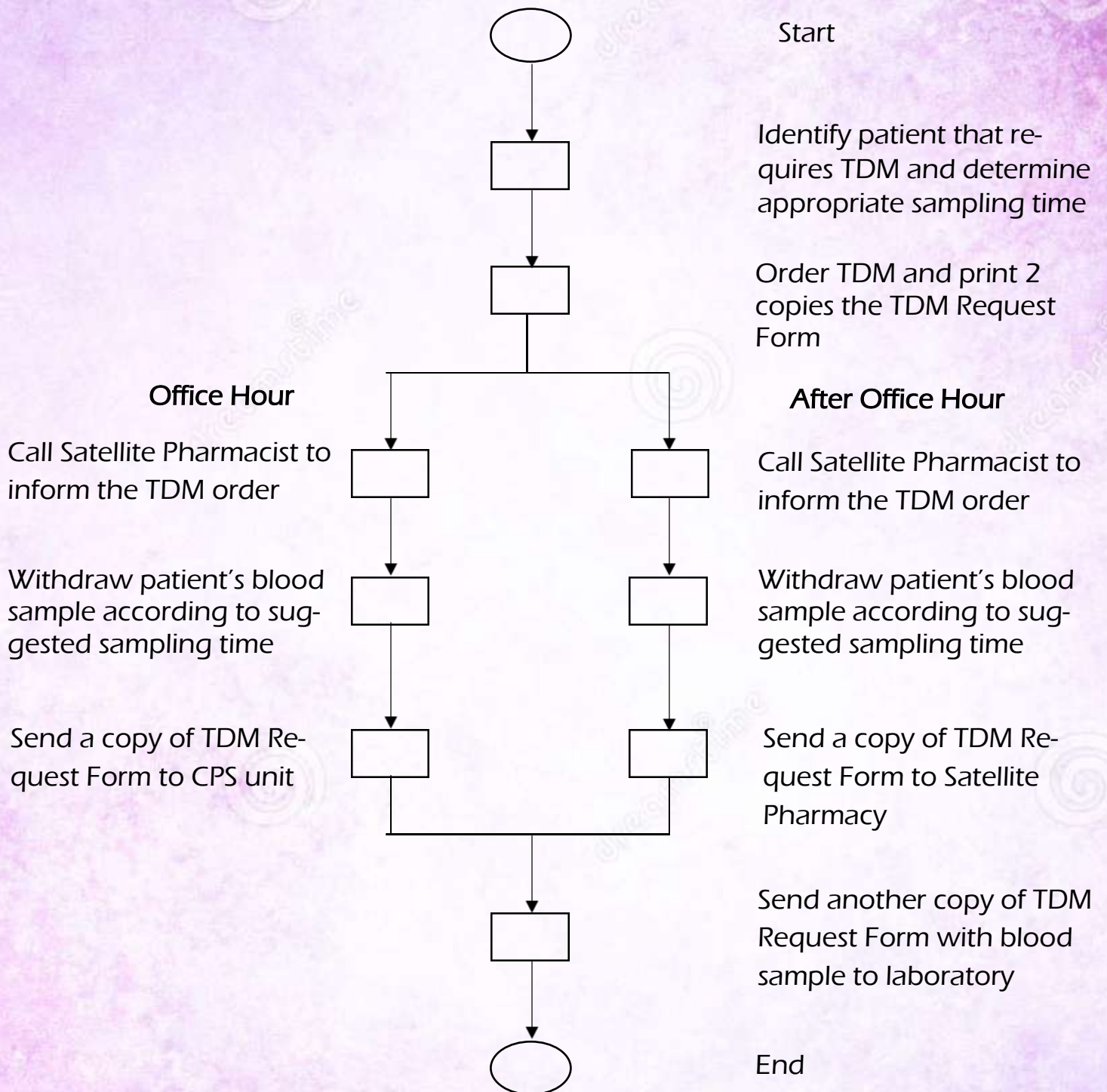
1. Clinical Practice Guidelines. Management of Tuberculosis. 3rd Edition. Malaysia: Ministry of Health. November 2012
2. Clinical Practice Guidelines. Management of Drug Resistant Tuberculosis. 1st Edition. Malaysia: Ministry of Health. December 2016
3. HSM Tuberculosis Counselling Checklist. 2017

# TDM (Lab Based) Workflow

## Therapeutic Drug Monitoring (TDM) Workflow for Pharmacist



# Therapeutic Drug Monitoring (TDM) Workflow for Wards



# Updates on MOH Formulary (FUKKM) 3/2017

## Drugs Newly Approved for Inclusion in MOH Formulary

Generic Name	Prescriber Category	Approved Indication
Calfactant 35mg/ml intratracheal suspension.	A*	<p><b><u>Approved Indication:</u></b></p> <p>For the prevention of Respiratory Distress Syndrome (RDS) in premature infants at high risk for RDS and for the treatment (“rescue”) of premature infants who develop RDS.</p> <p><b><u>Prophylaxis:</u></b> Indicated for premature infants &lt;29 weeks of gestational age at significant risk for RDS. Should be administered as soon as possible, preferably within 30 minutes after birth.</p> <p><b><u>Treatment:</u></b> Indicated for infants ≤72 hours of age with RDS (confirmed by clinical and radiologic findings) and requiring endotracheal intubation.</p> <p><b><u>Dose:</u></b></p> <p>3mL/kg body weight at birth to be administered every 12 hours for total up to 3 doses. Should only be administered intratracheally through an endotracheal tube. The dose is drawn into a syringe from the single-use vial using a 20-gauge or larger needle with care taken to avoid excessive foaming. Administration is made by instillation of the calfactant suspension into the endotracheal tube.</p>
Umeclidinium 62.5 mcg and vilanterol 25mcg, inhalation	A*	<p><b><u>Approved Indication:</u></b></p> <p>Indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).</p> <p><b><u>Dose:</u></b></p> <p>One inhalation daily</p>
Factor IX, Factor II & Factor X in combination 500IU/vial injection	A*	<p><b><u>Approved Indication:</u></b></p> <ol style="list-style-type: none"> <li>1. Treatment and perioperative prophylaxis of bleeding in acquired deficiency of prothrombin complex factors, such as deficiency caused by treatment with vitamin K antagonists, or in case of overdose of vitamin K antagonists, when rapid correction of the deficiency is required.</li> <li>2. Treatment and prophylaxis of bleeding in patients with single or multiple congenital deficiencies of factor IX, II or X when purified specific coagulation factor product is not available.</li> </ol> <p><b><u>Dose:</u></b></p> <p>25 – 50 IU/kg, depending on the INR</p>

<p>Secukinumab 150mg injection (pre-filled syringe/pen)</p>	<p>A*</p>	<p><b><u>Approved Indication:</u></b></p> <p><b>Psoriatic Arthritis:</b> Secukinumab, alone or in combination with methotrexate (MTX), is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients when the response to previous disease-modifying antirheumatic drug (DMARD) therapy has been inadequate</p> <p><b>Ankylosing spondylitis:</b> Secukinumab is indicated for the treatment of active ankylosing spondylitis (AS) in adults who have responded inadequately to conventional therapy</p> <p><b><u>Restriction:</u></b></p> <p>2nd or 3rd line, after failure of conventional DMARDs or TNF-inhibitors</p> <p><b><u>Dose:</u></b></p> <p><b>Psoriatic arthritis (PsA):</b></p> <p>Recommended dose: 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4</p> <p><b>For patients who are anti-TNF inadequate responders (IR) or patients with concomitant moderate to severe plaque psoriasis:</b></p> <p>Recommended dose: 300 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4. Each 300 mg dose is given as two subcutaneous injections of 150 mg.</p> <p><b>Ankylosing Spondylitis (AS):</b></p> <p>Recommended dose: 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at Week 4.</p>
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### Amendments of Prescriber Category Approved in MOH Formulary

Generic Name	Previous Category	Amended Category
<p>Adapalene 0.1% gel</p> <p><b><u>Approved indication(s):</u></b></p> <p>Acne vulgaris where comedones, papules and pustules predominate in those sensitive to benzoyl peroxide or topical tretinoin</p>	<p>A*</p>	<p>A/KK</p>

## Amendments of Indication Approved for Inclusion in MOH Formulary

Generic Name	Amendment	Details
Beclomethasone dipropionate 100mcg & formoterol fumarate dihydrate 6mcg inhalation.	<b><u>Approved to add indication(s):</u></b> Symptomatic treatment of patients with severe COPD (FEV1 < 50% predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.	<b><u>Prescribing Restriction:</u></b> A* - To be initiated by Consultant/ Specialists from disciplines related to the listed indication only.  <b><u>Dose:</u></b> 2 puffs bd
Aflibercept 40mg/ml injection	<b><u>Approved to add indication(s):</u></b> Visual impairment due to diabetic macular edema (DME)	<b><u>Prescribing Restriction:</u></b> 1. Treatment naïve Patients with vision equal or poorer than 20/50. 2. Patients with poor response to ranibizumab treatment.  <b><u>Dose:</u></b> 2 mg aflibercept (equivalent to 50 microliters) administered by intravitreal injection monthly for the first 5 consecutive doses, followed by one injection every 2 months. There is no requirement for monitoring between injections.

## Addition of Strength Approved for Inclusion in MOH Formulary

Added Strength	Existing Strength	Existing Strength Availability in HSM
Bimatoprost 0.01% Ophthalmic Solution	Bimatoprost 0.03% Ophthalmic Solution	Yes

# Staff Information



## New Staff

- |  |                                  |
|--|----------------------------------|
| 1. Miss Chew Ee Wei                      | Pegawai Farmasi Provisional UF41 |
| 2. Miss Elinaz Jasmine bt Haji Jamaludin | Pegawai Farmasi Provisional UF41 |
| 3. Miss Lee Hui Ling                     | Pegawai Farmasi Provisional UF41 |
| 4. Mr Mohamad Ruzaini b Abdul Aziz       | Pegawai Farmasi Provisional UF41 |
| 5. Mr Muhamad Farhan b Baharuddin        | Pegawai Farmasi Provisional UF41 |
| 6. Mr Muhamad Haiqal b Mohamad Khair     | Pegawai Farmasi Provisional UF41 |
| 7. Miss Teoh Huimin                      | Pegawai Farmasi Provisional UF41 |

## Transferred In

- |                                       |                      |
|---------------------------------------|----------------------|
| 1. Madam Siti Naimah bt Mohd Nor      | Pegawai Farmasi UF41 |
| 2. Miss Nithiyalaksmi A/P Viswanathan | Pegawai Farmasi UF44 |



## Transferred Out

- |                                   |                      |
|-----------------------------------|----------------------|
| 1. Madam Mastura bt Md Tahir      | Pegawai Farmasi UF54 |
| 2. Madam Cheryl Chen Keok Ling    | Pegawai Farmasi UF48 |
| 3. Madam Kavitha Sree A/P Kanayya | Pegawai Farmasi UF41 |