



Hospital Seri Manjung



Pharmacy Bulletin 3rd Ed. 2021

Advisor:

- Tn. Hj. Zulhairi bin Mohamed Daud

Chief Editors:

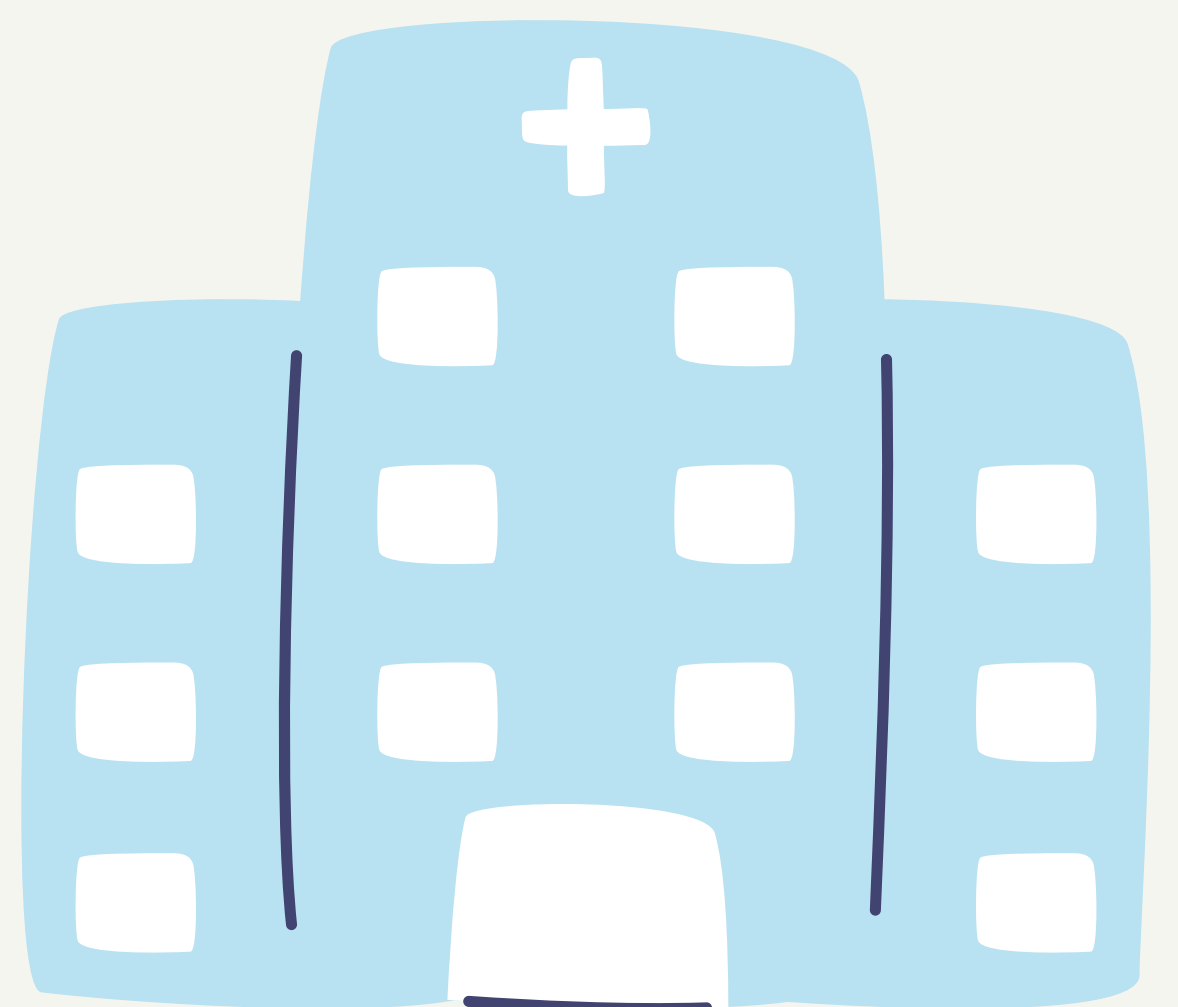
- Pn. Rabiatal Adawiah bt Nazri
- Pn. Hor Cheah Yen
- En. Muhammad Muniir bin Ahmad

Editors:

- Cik Tan Ein Qian
- Cik Anis Afiful Huda binti Abu Yazid
- Cik Adilah Nur binti Ariffin
- Cik Koay Hui Ying
- Cik Noor Azrina bt. Sanik

Topics:

- PICK Programme.....2-4
- Types of COVID-19 Vaccines in Malaysia.....5
- New Medications in HSM Formulary.....6-8
- MyUbat Application.....9-11
- Medication Error.....12-13
- Staff Movement.....14





WHAT IS

PICK

PROGRAMME?

by: Cik Tan Ein Qian

Programme Imunisasi COVID-19 Kebangsaan (PICK)

is a National Coronavirus Disease 2019 (COVID-19) Immunisation Programme that is currently being implemented by the Malaysian government since 24th February 2021.

It is an approach in **curbing the spread of COVID-19** in order to end the COVID-19 pandemic in Malaysia by successfully achieving herd immunity among its citizens and non-citizens that are residing in Malaysia⁽¹⁾.

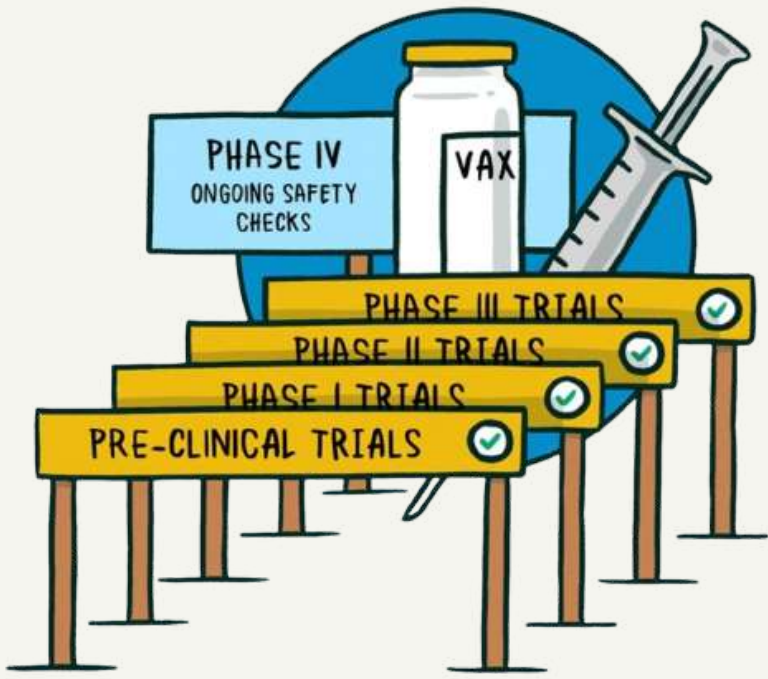
PICK PHASES

The allocation of COVID-19 vaccines based on the prioritization of groups for vaccination within countries while supply is limited. The target of individual to be vaccinated are allocated into these few phases as shown below ⁽¹⁾.

- 1 Healthcare workers and frontliners (26 February 2021 to April 2021)
- 2 High-risk groups, including elderly people and comorbidities (April to August 2021)
- 3 Adults aged 18 and above (May 2021 to February 2022)
- 4 Workers in critical industries: food, manufacturing, construction, retail, plantation, and hospitality (14 June 2021)⁽²⁾
- 5 Adolescents aged from 12 to 17 with underlying medical conditions (starting from 15 September 2021)⁽³⁾
- 6 Adolescents aged from 12 to 17 with no medical issues based on age de-escalation

Malaysia is currently at Phase Three of the immunisation programme. As of 27 August 2021, 19,090,140 have received their first vaccine dose (81.5% of the population) while 14,297,962 have been fully vaccinated with both vaccine doses (61.1% of the population) and 33,388,102 total vaccine doses administered across the country ⁽⁴⁾.

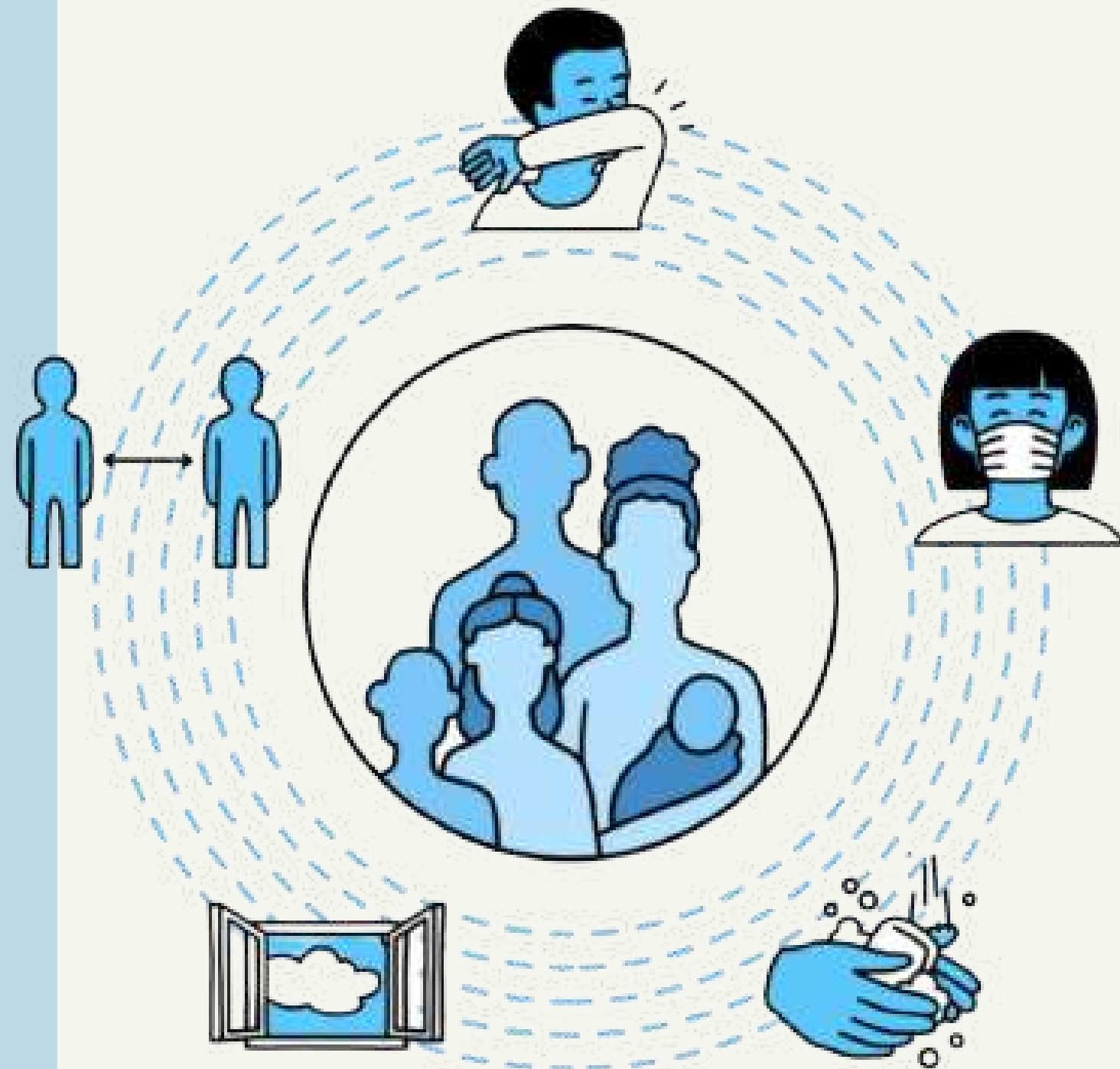
REMEMBER!



All the vaccines have been proven safe and effective in large (Phase III) clinical trials⁽⁷⁾.






Therefore, take whatever vaccine is made available to you first, even if you have already had COVID-19.

It is important to be vaccinated as soon as possible once it's your turn and not wait. Getting vaccinated is one part of managing COVID-19, in addition to the main preventive measures of staying at least 1 metre away from others, covering a cough or sneeze in your elbow, wearing a mask, frequently cleaning your hands, and avoiding poorly ventilated rooms or opening a window⁽⁸⁾.



TYPES OF COVID-19 VACCINES IN MALAYSIA ^(5,6)

The COVID-19 vaccines produce protection against the disease, as a result of developing an immune response to the SARS-Cov-2 virus. There are several safe and effective vaccines that are in use to reduce risk of developing the illness and its consequences from COVID-19.

Developer					
Vaccine Name	Comirnaty®	CoronaVac	Vaxzevria	Sputnik V	Convidecia
Country Origin	US	China	UK	Russia	China
Type of Vaccines	mRNA	Inactivated Coronavirus	Chimpanzee Adenovirus Vector	Human Adenovirus Vector	Adenovirus 5 (Common Cold Virus)
Number of Doses	2	2	2	2	1
Efficacy	95%	50.4% - 91.25%	62% - 90%	91.6%	65.7%
Storage Temperature	-70°C	2-8°C			
Advantages	<ul style="list-style-type: none"> • Simple and quick to produce • Does not require living component and synthetically produced • Triggers an adaptive immune response ⁽¹⁾ 	<ul style="list-style-type: none"> • Proven technology • Suitable for those who have a weak immune system • Easy to produce ⁽¹⁾ 	<ul style="list-style-type: none"> • Proven technology • Triggers an adaptive reaction for a more effective immune response ⁽¹⁾ 		
Possible Side Effects	Pain, redness, swelling of the arm; tiredness; headache; muscle pain; chills; fever; nausea				

References:

1. Program Imunisasi Covid-19 Kebangsaan [Internet]. Vaksincovid.gov.my. 2021 [cited 27 August 2021]. Available from: https://www.vaksincovid.gov.my/pdf/Program_Imunisasi_COVID-19_Kebangsaan.pdf
2. Phase 4 of NIP activated [NSTTV] | New Straits Times [Internet]. NST Online. 2021 [cited 27 August 2021]. Available from: <https://www.nst.com.my/news/nation/2021/06/698597/phase-4-nip-activated-nsttv>
3. Malaysia To Offer Teens Covid-19 Vaccines From September | CodeBlue [Internet]. CodeBlue. 2021 [cited 27 August 2021]. Available from: <https://codeblue.galencentre.org/2021/08/13/malaysia-to-offer-teens-covid-19-vaccines-from-september/>
4. Covid-19: 343,900 vaccine doses administered on Friday (Aug 27) [Internet]. The Star. 2021 [cited 27 August 2021]. Available from: <https://www.thestar.com.my/news/nation/2021/08/28/covid-19-343900-vaccine-doses-administered-on-friday-aug-27>
5. Covid-19 Vaccine Prices | CodeBlue [Internet]. CodeBlue. 2021 [cited 16 August 2021]. Available from: <https://codeblue.galencentre.org/2020/12/25/covid-19-vaccine-prices/>
6. Information about the Pfizer-BioNTech COVID-19 Vaccine [Internet]. Centers for Disease Control and Prevention. 2021 [cited 16 August 2021]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html>
7. Safety of COVID-19 Vaccines [Internet]. Who.int. 2021 [cited 28 August 2021]. Available from: <https://www.who.int/news-room/feature-stories/detail/safety-of-covid-19-vaccines>
8. Getting the COVID-19 Vaccine [Internet]. Who.int. 2021 [cited 28 August 2021]. Available from: <https://www.who.int/news-room/feature-stories/detail/getting-the-covid-19-vaccine>

New Medications in HSM Formulary (JKUT Bil. 1/2021)

by: Cik Anis Afiful Huda binti Abu Yazid

1

All-Trans Retinoic Acid 10mg Capsule (Vesanoid)

- **Indication:** Acute promyelocytic leukemia
- **Dosages:** Induction (45 mg/m² daily for 30 - 90 days)
Maintenance (45 mg/m² daily for 2 weeks every 3 months)
Renal/or hepatic insufficiency (25mg/m² daily for 30-90 days).

Refer to protocols

- **Prescriber (unit):** A* (Medical, Pediatrics)



NO QUOTA

2



Goserelin 3.6 mg Depot Injection (Zoladex)

- **Indication:** Androgen deprivation therapy in prostate cancer, endometriosis, leiomyoma uteri and assisted reproduction, breast cancer in premenopausal and perimenopausal women suitable for hormonal manipulation.

- **Dosages:** One 3.6 mg depot injected subcutaneously into the anterior abdominal wall, every 28 days.

- **Prescriber (unit):** A (Surgical)

NO QUOTA

3

Pirfenidone 267 mg capsule (Esbriet)

- **Indication:** Idiopathic pulmonary fibrosis
- **Dosages:** Adult (Initially, 267 mg TID for 7 days, then increase dose to 534 mg TID for 7 days, MD: 801 mg TID. Max: 2403 mg daily. Adjust dosage according to toxicity. **Concomitantly using strong CYP1A2 inhibitors** e.g. enoxacin, fluvoxamine (267 mg TID). **Concomitantly using ciprofloxacin** (750 mg BID or 534 mg TID).

- **Prescriber (unit):** A* (Medical)



QUOTA- PENSIONER ONLY

4



Melphalan 2mg Tablet (Alkeran)

- **Indication:** i) Multiple myeloma ii) Neuroblastoma, Rhabdomyosarcoma, Recurrent neuroblastoma (palliative)

- **Dosages:** i) 8 - 10 mg/m² for 4 days every 4 weeks ii) 10 - 35 mg/m² once every month for dose regimes. Refer to protocols

- **Prescriber (unit):** A (Medical)

NO QUOTA

New Medications in HSM Formulary (JKUT Bil. 1/2021)

5

Mercaptopurine 50mg Tablet (Empurine)

- **Indication:** Langerhan's cell histiocytosis, Acute lymphoblastic leukemia, Acute promyelocytic leukaemia APML (maintenance)
- **Dosages:** Leukaemia; **Adults** PO: 2.5mg/kg or 80-100mg/m² OD, given as a single dose. If necessary, increase up to 5mg/kg OD. **MD** PO: 1.5-2.5mg/kg OD. **Children ≥ 5 y/o; Induction** PO: 2.5mg/kg OD. **MD** PO: 1.5-2.5mg/kg OD or 70-100mg/m² OD)
- **Prescriber (unit):** A (Medical)



QUOTA- 1 PATIENT/YEAR

6



Osimertinib 80mg Tablet (Tagrisso)

- **Indication:** 1st-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC).
- **Dosages:** 80 mg once daily, may be reduced to 40 mg once daily if necessary.
- **Prescriber (unit):** A* (Medical)
- **QUOTA- PENSIONER ONLY**

NO QUOTA

7



Ferric derisomaltose [Fe (III) Isomaltoside 1000] 100mg/ml (Monofer)

- **Indication:** Fe deficiency (clinical need to deliver Fe rapidly or when oral Fe is ineffective or cannot be used)
- **Dosages:** **Cumulative dose:** Up to 2,000 mg should be considered based on body Fe deficit. **IV bolus inj:** Up to 500 mg administered at rate 250 mg/min up to 3 times weekly. **IV drip infusion:** Up to 20 mg/kg single infusion.
- **Blood Bank HSM Practice:** 1g STAT
- **Prescriber (unit):** A* (Blood transfusion Unit)

QUOTA- 20 CASES

8

Leuprolide Acetate 3.75 mg Injection (Lucrin)

- **Indication:** i) Endometriosis ii) Hormonal therapy in advanced prostate cancer
- **Dosages:** i) 3.75 mg monthly for 3 - 6 months ii) 3.75 mg IM or SC injection monthly or i) & ii) 11.25mg every 3 months
- **Prescriber (unit):** A* (Surgical, Obstetrics)
- **QUOTA- 10 PATIENTS/YEAR**



QUOTA- 10 PATIENTS/YEAR

WHAT ARE QUOTA MEDICATIONS?

- Medications which are indicated for the patient but there is a waiting list to start that medication as it is expensive and will require additional funding to be secured.
- While waiting for vacancy, other alternatives are available which may be less effective (lower response rate) but effective enough to manage the disease.
- If other alternatives are not preferred, then the patient is encouraged to fund their treatment themselves first while waiting for vacancy or approval of quota increase.
- Usually, proprietary drugs / new treatments will almost always be made into quota mainly due to pricing issue.

MEDICATIONS THAT ARE EXCLUDED FROM QUOTA LIST



- Medications which are indicated for the patient, and there is no waiting list to start that medication as it is relatively cheap (usually generics)
- Expensive medication but cannot be made into a quota item as there is no available alternative to manage the disease.
- Lifesaving medications, no matter how expensive they may be.

DRUG & THERAPEUTICS COMMITTEE (DTC) MEETING

- Usually held twice a year in order to revise and update the hospital formulary.
- Hospital Director acts as the chairperson in DTC meeting. Other members include the head of all clinical departments, the head of pharmacy department and the head of each pharmacy units.
- Any decision to procure new drugs/ quota increase shall be made in this meeting, after careful consideration is done towards the overall cost implicated to the facility.
- Other issues discussed in this meeting includes budget status, Slow moving / near expiry drugs, High costing medications, Adverse Drug Reactions/ Adverse Events following Immunization, Special Drugs (formerly known as KPK Drugs) Approval Status and any other issues concerning hospital practices and services.

APAKAH MYUBAT?

by: Cik Adilah Nur binti Ariffin

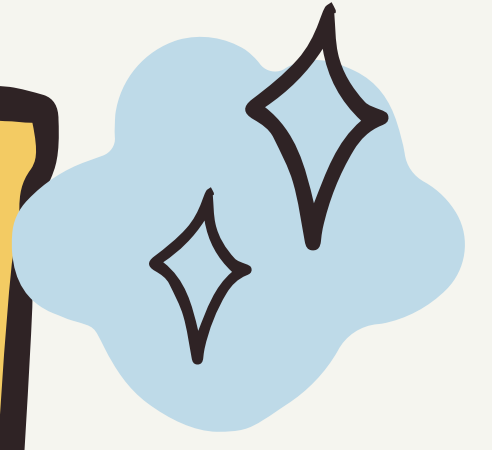


MyUBAT adalah satu **aplikasi** telefon pintar yang merupakan salah satu penambahbaikan dari **Perkhidmatan Nilai Tambah Farmasi** yang diperkenalkan oleh Program Perkhidmatan Farmasi, Kementerian Kesihatan Malaysia bagi **memudahkan dan mempercepatkan urusan pendaftaran dan pengambilan bekalan ubat susulan pesakit.**

ee



Bekalan ubat susulan adalah bekalan ubat pesakit dengan preskripsi jangka masa panjang (**melebihi 1 bulan**). Pesakit ini perlu hadir ke farmasi **setiap bulan** untuk mendapatkan bekalan ubat sehingga preskripsi tamat tempoh (**expired**).

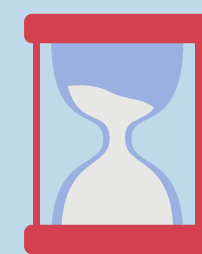


Kelebihan Menggunakan Aplikasi MyUBAT:



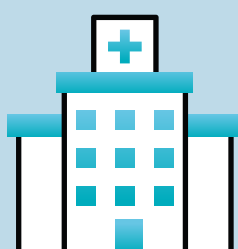
- Memudahkan proses pendaftaran pesakit untuk mendapatkan perkhidmatan Nilai Tambah Farmasi

- Menjimatkan masa menunggu kerana bekalan ubat disediakan lebih awal



- Menjimatkan kos perjalanan bagi pesakit yang tinggal jauh dari fasiliti kesihatan.

- Mengurangkan masalah untuk mencari parkir kenderaan atau beratur.



- Bekalan ubat susulan dapat dihantar ke lokasi pilihan pesakit.

- Dapat menjamin kesinambungan bekalan ubat susulan pesakit.



Perkhidmatan Nilai Tambah Farmasi

yang disediakan melalui aplikasi ini adalah:



Sistem Temu Janji:

Sistem Temujanji melalui aplikasi MyUBAT membolehkan pesakit/penjaga memaklumkan Jabatan Farmasi di institusi tersebut, tarikh temujanji yang sesuai untuk pesakit mendapatkan bekalan ubat susulan. Bekalan ubat pesakit akan disediakan lebih awal dari tarikh temujanji pengambilan ubat susulan dan pesakit tidak perlu beratur atau menunggu lama untuk mendapatkan bekalan ubat susulan kerana bekalan ubat telah disediakan terlebih dahulu.



Ubat Melalui Pos:

Perkhidmatan pembekalan ubat susulan pesakit melalui PosLaju ke lokasi pilihan pesakit seluruh Malaysia. Bayaran akan dibuat secara tunai (Cash on Delivery) kepada pihak PosLaju semasa penghantaran.

Kawasan Penghantaran	Caj (RM) Termasuk 6% SST	
	< 500gm	500gm – 1000gm
Semenanjung Malaysia ↔ Semenanjung Malaysia	5.30	6.40
Sabah / Sarawak ↔ Sabah / Sarawak	5.30	6.40
Semenanjung Malaysia ↔ Sabah / Sarawak	8.50	10.60



MyUBAT : Sistem Temu Janji

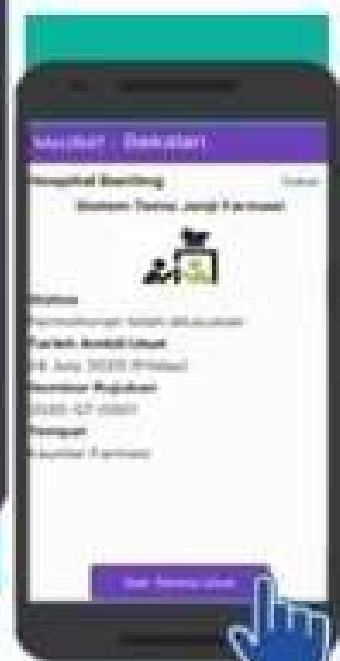
7 Langkah Untuk Membuat Permohonan Sistem Temu Janji

1 Klik "Sistem Temu Janji".

3 Isi tarikh temu janji klinik.
Muat naik gambar preskripsi atau kad temu janji.
Klik "Hantar".

5 Semak status permohonan dan tarikh pengambilan ubat.

7 Imbas kod QR di kaunte farmasi.
Mesej pengesahan akan dipaparkan pada skrin.



2 Klik "Mohon Perkhidmatan".

4 Tunggu 1-3 hari bekerja untuk mendapat pengesahan daripada pihak farmasi.

6 Dapatkan bekalan ubat di fasiliti kesihatan pada tarikh temu janji.
Klik "Sah Terima Ubat" selepas menerima ubat.

(PPF/A&P/IF042021/11)



www.pharmacy.gov.my



Program Perkhidmatan Farmasi



MyUBAT : Ubat Melalui Pos (UMP)

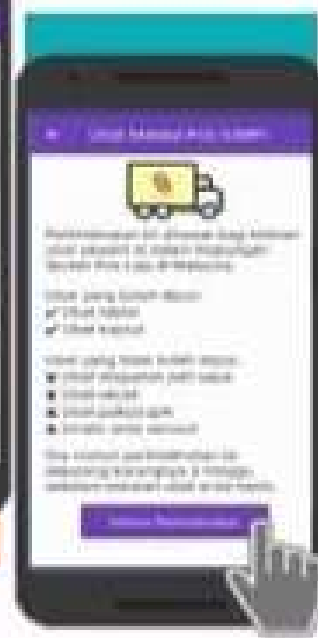
7 Langkah Untuk Membuat Permohonan Ubat Melalui Pos (UMP)

1 Klik "Ubat Melalui Pos (UMP)".

3 Isi tarikh temu janji klinik.
Muat naik gambar preskripsi atau kad temu janji.
Tanda pada petak persetujuan bayaran.
Klik "Hantar".

5 Semak status permohonan.
Tarikh ubat dipos akan dipaparkan bagi permohonan yang diluluskan.

7 Mesej pengesahan akan dipaparkan pada skrin.



2 Klik "Mohon Perkhidmatan".

4 Tunggu 1-3 hari bekerja untuk mendapat pengesahan daripada pihak farmasi.

6 Status "Ubat telah dipos" dan "tracking number" akan dipaparkan selepas ubat dipos.
Terima ubat daripada syarikat penghantaran.
Klik "Sah Terima Ubat" selepas menerima ubat.

(PPF/A&P/IF042021/12)



www.pharmacy.gov.my



Program Perkhidmatan Farmasi

WAYS TO PREVENT MEDICATION ERRORS

By: Cik Koay Hui Ying & Cik Noor Azrina bt. Sanik

Medication errors in health care workplace are **PREVENTABLE**. There are some suggestion during prescribing, administering and dispensing to ensure it does not happen:

LEARN AND PRACTICE COLLECTING COMPLETE MEDICATION HISTORIES BEFORE PRESCRIBING.

- Include name, dose, route, frequency, duration of every drug
- Ask about recently ceased medications
- Ask about over-the-counter medications, dietary supplements and complementary medicines
- Make sure what patient actually takes matches your list
- Consider drug interactions, medications that can be ceased and medications that may be causing side-effects
- Always include allergy history

DEVELOP CHECKING HABITS DURING PRESCRIBING, DISPENSING OR ADMINISTERING. CHECK THAT THE PRESCRIPTION ENTRY IS CORRECT.

- Remember to check for allergies & other related information, Check the Right Drug, Right Dose, Right Route, Right Time & Right Patient
- Consistently verify patient identity.
- Computerized systems still require checking
- Never prescribe, dispense or administer medication unless you are 100% sure you know what it is.
- It is useful to have information about the patient, such as: Allergies, Co-morbidities (especially liver and renal impairment), Other medication, Pregnancy and breastfeeding & Size of patient.
- Be careful with zeros and abbreviations (Misplaced zeros, decimal points, and faulty units are common causes of medication errors)
- Counter-checked or verification should be done by other person.
- Always check and it will become a habit! Practice makes permanent, perfect practice makes perfect

CLARIFY ANY UNCLEAR INFORMATION, ENSURE THE PRESCRIPTION IS CORRECT AND COMPLETE.

- Whenever in question, it is important to call the prescriber to clarify any uncertainties or doubts regarding the prescription.
- Clarification obtained from the physician should be promptly documented.
- All verbal prescriptions should be immediately transcribed to a blank prescription pad and read back to the caller to ensure that the prescription has been transcribed correctly.

BE VERY FAMILIAR WITH THE MEDICATIONS YOU PRESCRIBE, DISPENSE OR ADMINISTER.

- Do some homework on every medication you encounter
- Suggested framework; Pharmacology, Indications, Contraindications, Side-effects, Special precautions, Dose and administration & Regimen
- Beware of look-alike, soundalike drugs



WAYS TO PREVENT MEDICATION ERRORS

KNOW WHICH MEDICATIONS ARE HIGH RISKS AND TAKE PRECAUTIONS.

- Narrow therapeutic window
- Multiple interactions with other medications
- Potent medications
- Complex dosage and monitoring schedules
- Examples: Oral anticoagulants, Insulin, Chemotherapeutic agents, Neuromuscular blocking agents, Aminoglycoside antibiotics, Intravenous potassium & Emergency medications (potent and used in high pressure situations)

ORGANIZE THE WORKPLACE, WORK ENVIRONMENT, AND WORKFLOW.

- Proper lighting, adequate counter space, and comfortable temperature and humidity to facilitate a smooth flow from one task to the next
- Developing a routine for entering, filling, and checking prescriptions.
- Prevent mix-ups by working with one drug product at a time and affixing the label to the patient's prescription container before working on the next prescriptions.
- It is also important not to leave any drug containers unlabeled.

ENCOURAGE PATIENTS TO BE ACTIVELY INVOLVED IN THE PROCESS.

- To provide patient with the following information when prescribing a new medication:
 - Name, purpose and action of the medication
 - Dose, route and administration schedule
 - Special instructions, directions and precautions
 - Common side-effects and interactions
 - How the medication will be monitored
- Encourage patients to keep a written record of their medications and allergies
- Encourage patients to present this information whenever they consult a doctor

PROVIDE PATIENT COUNSELING.

- Informing patients on how to properly take the medication rather than just handing the bag directly to them
- Offers opportunities for patients to ask questions.
- Showing the patient the contents of medication can prevent errors, as patients can raise an alert if the medication looks different from what they usually take.





PHARMACY STAFF MOVEMENT

(JULY - SEPTEMBER 2021)

TRANSFERRED IN:

1. LEE HUEY PING | PEGAWAI FARMASI UF48
2. JEEVARANI A/P ASAITHAMBEE | PEGAWAI FARMASI UF 44
3. MOHD FAISAL BIN ABDUL LATIF | PEKERJA AWAM H11
4. MUHAMMAD HAFIZI BIN MOHAMED ZAHARI | PEKERJA AWAM H11

TRANSFERRED OUT:

1. MURNI BT. MOHAMED ARIFFIN | PEGAWAI FARMASI UF44
2. TAN LIN YUING | PEGAWAI FARMASI UF41
3. ROHANA BY YAHYA | PEKERJA AWAM H11

RESIGNED:

1. LYDIA PANG KAI TSAN | PEGAWAI FARMASI UF44