

Pharmacy Bulletin



Bil. 1/2017 (Jan - April 2017)

Sodium Valproate & the Risk of Abnormal Pregnancy

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Staff Updates

By : Muhamad Muaz Bin Nashruddin

Transferred In



Pn. Nik Zaheran Mat Yasin

Pegawai Farmasi UF52

Farmasi Satelit

Transferred in from Hospital Sungai Buloh

Date reported duty in HTAA : 9th Jan 2017



Pn. Terrina Lim Ju Ann

Pegawai Farmasi UF44

Farmasi Klinik Pakar

Transferred in from KK Bukit Goh (FELDA)

Date reported duty in HTAA : 17th Jan 2017



Pn. Nurul Athirah Abdul Aziz

Pegawai Farmasi UF41

Farmasi Makmur

Transferred in from KK Chanis, Rompin

Date reported duty in HTAA : 10th April 2017

Staff Updates

By : Muhamad Muaz Bin Nashruddin

New Appointments



Pn. Nurul Farahin Sohaimi
Pegawai Farmasi UF41
Farmasi Klinik Pakar
Transferred in from Hospital Kajang (PRP)
Date reported duty in HTAA : 9th Jan 2017



En. Mohamad Haziq Abu Othman
Pegawai Farmasi UF41
Farmasi Satelit
Transferred in from Hospital Pontian (PRP)
Date reported duty in HTAA : 25th Apr 2017



Pn. Siti Nor Syazwani Abd Ghani
Pegawai Farmasi UF41
Farmasi Klinik Pakar
Transferred in from Hospital Ampang (PRP)
Date reported duty in HTAA : 25th Apr 2017



Pn. Shahida bt Kamaruzaman
Pegawai Farmasi UF41
Farmasi Wad
Transferred in from Hospital Raja Perempuan Zainab II (PRP)
Date reported duty in HTAA : 25th Apr 2017

Gratitude Corner

By : Muhamad Muaz Bin Nashruddin

PN. LASHVINY SIVADAHASAN **Pegawai Farmasi UF 48**



Pn. Lashviny started serving in HTAA since 2008 up to the end of 2016. She requested for a transfer to Hospital Serdang, Selangor, and left in January 2017. Thank you for the good 9 years with us!

PN. NOR HAFIZAH YUSOOF **Pegawai Farmasi UF 52**

Pn. Nor Hafizah has served in HTAA for 11 years; since 2006 till the end of 2016. In January 2017, she was transferred to Klinik Kesihatan Bandar Jengka. Thank you and all the best!



SODIUM VALPROATE AND THE RISK OF ABNORMAL PREGNANCY

Sodium Valproate is a medication used for the treatment of epilepsy. Besides that, it is also widely used for the treatment and prevention of mania associated with bipolar disorder. However, this medication needs to be used with caution as it may induce many side effects. Other than its native side effects such as suicidal thoughts, hepatotoxicity or pancreatitis, another adverse effect that mainly is highlighted in this article will be the risk of abnormal pregnancy outcomes associated with women of child bearing age as well as female children. Sodium valproate is associated with a dose dependent risk of abnormal pregnancy outcomes. Meanwhile the risk of abnormal pregnancy is greater when valproate is taken for epilepsy in combination with other drugs.

By: Geethaavacini Gobi Raja

It is important to consider some of the key points before starting Valproate treatment for female patients.

The risk associated with the use of Sodium Valproate and the risk of the disease itself to the unborn must be explained to the patient.

Besides that, patient should be informed on the necessity to use contraception as soon as it is relevant.

Patient's need for the treatment needs to be assessed thoroughly and the benefit to risk ratio should be re-assessed if patient becomes pregnant or if patient thinks that she might be pregnant.

Initiation of appropriate pregnancy monitoring is crucial for the detection of possible incident of birth defects or other malformations.

Lastly, reporting of any side effects of Valproate therapy made directly to the National Pharmaceutical Regulatory Agency (NPPRA) should be promoted.

Abnormal Pregnancy Outcomes

Congenital malformation (Spina bifida, limb defect, malformations of the skull and internal organs etc)

Delay in development skills

Higher risk of spectrum disorder

More likely to develop ADHD

Shows to have low intellectual abilities, poor language skills, memory problems

References:

1. Ministry of Health Medicine Formulary.
2. Mims Gateway. Drug Information: Sodium Valproate.
3. Malaysian Clinical Practice Guidelines: Management of Bipolar Disorder

ALLOPURINOL

Medication Safety

By : Nadirah Akmar bt. Nasrun

From 2009 - 2011, Allopurinol induced ADRs were reported in 437 patients, accounting for 3.75% of the total ADRs reported. The most common ADRs described were Steven Johnson Syndrome (27.3%), followed by Maculopapular Exanthema (23.1%), and Toxic Epidermal Necrolysis (5.7%). Allopurinol use in patients with asymptomatic hyperuricemia has been acknowledged as a suggested contributory risk factor for Allopurinol hypersensitivity syndrome. 21% of the total ADR reports received since 2000 were due to the use of Allopurinol for asymptomatic hyperuricemia (Off Label Use).

The prescribing category of Allopurinol has been raised from Category B to Category A/KK.

Reduced doses for Allopurinol should be used in patients with hepatic or renal impairment. Asymptomatic hyperuricemia is generally not considered as an indication for use of Allopurinol. Fluid and dietary modifications with management of the underlying cause may correct the condition. Patients with rare hereditary problems such as Galactose intolerance, Lapp Lactose Deficiency or Glucosegalactose Malabsorption should not consume Allopurinol. Treatment with Allopurinol should not be started until acute attack of gout has completely subsided, as further attacks may be precipitated. It is advisable to give prophylaxis therapy with a suitable anti-inflammatory agent, or Colchicine.

A circular dated 27th January 2017 from the National Pharmaceutical Regulatory Agency (NPRA) have been issued to reduce the serious adverse effects of Allopurinol. In the circular, a checklist has to be used during the dispensing of Allopurinol in the outpatient pharmacy. The circular also includes the sample of an information card which has to be distributed when Allopurinol is dispensed.



ALLOPURINOL DISPENSING CHECKLIST & INFORMATION CARD

Reference : National Pharmaceutical Regulatory Agency Circular, January 2017

1. Check the indication for Allopurinol prescription. REMINDER : Usage to treat asymptomatic hyperuricaemia is not approved for the use of Allopurinol.
2. Every new prescription has to be counter signed by a specialist. For repeat prescriptions, check PhIS module (Patient-Medication) or patient's TCA booklet.
3. Ensure warning labels are stuck onto the medication box/envelope for Allopurinol. (Refer Label A)
4. For new patients, ensure proper counseling is done on the side effects.
5. Inform patients to stay alert on any side effects, and do consult a doctor / pharmacist as soon as possible if experienced any.
6. Pass patients the Allopurinol Information Card when Allopurinol is dispensed. (Refer Attachment B)

Label A

Sekiranya anda mengalami kesan sampingan seperti ruam, demam, sakit tekak atau iritasi mata, **hentikan pengambilan ubat ini SERTA MERTA** dan rujuk doktor / ahli farmasi

Contoh format kad informasi ubat Allopurinol (rujukan: Hospital Pulau Pinang)

KAD INFORMASI UBAT ALLOPURINOL	KAD INFORMASI UBAT ALLOPURINOL
<ul style="list-style-type: none">• Digunakan bagi merawat penyakit gout (hyperuricaemia) seperti yang diarahkan doktor• Sekiranya anda mengalami kesan sampingan selepas memakan ubat Allopurinol seperti:<ul style="list-style-type: none">o Mata merah/berairo Bibir/ mulut/ tekak yang bengkak dan sakito Ruam kulito Demam <p>Hentikan pengambilan ubat Allopurinol dengan SERTA MERTA dan segera mendapatkan rawatan doktor</p>	 <p>BIBIR BENGGAK RUAM KULIT MATA MERAH/BERAIR</p> <p>Segera dapatkan rawatan doktor sekiranya anda mengalami kesan sampingan seperti yang ditunjukkan dalam gambar di atas</p>

DEPAN

Attachment B

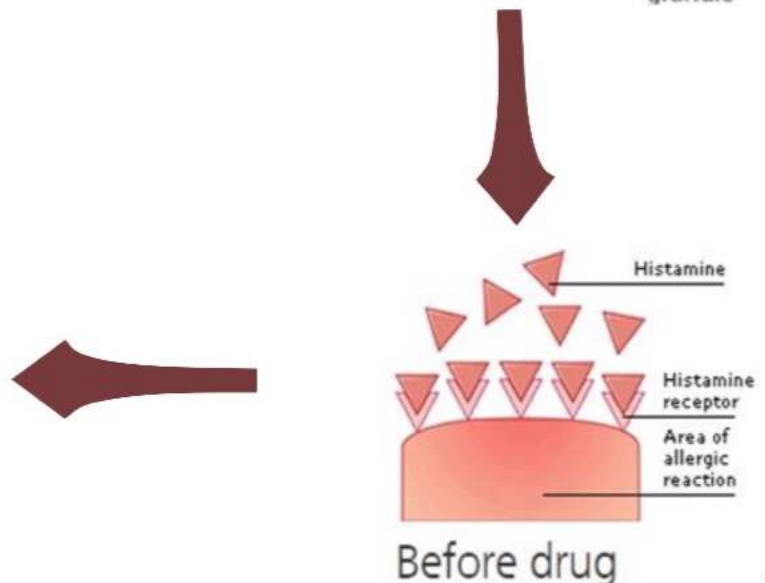
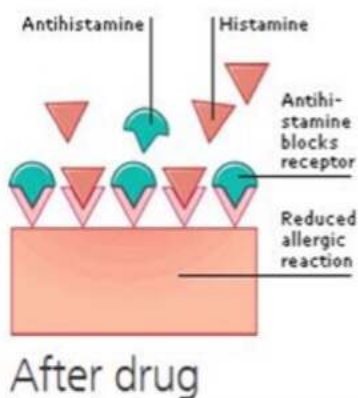
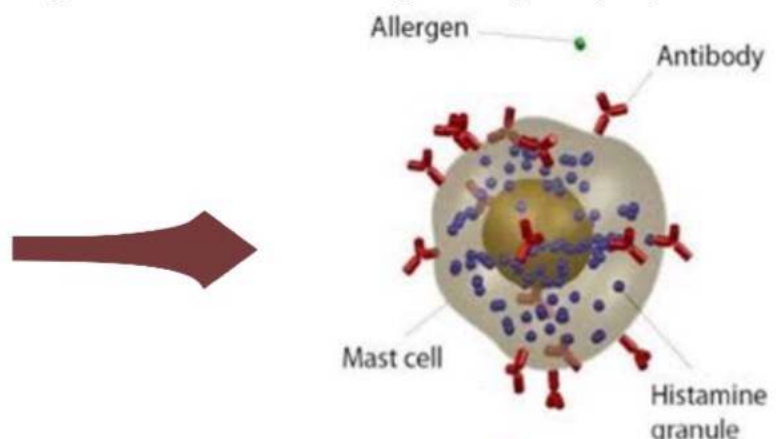
BELAKANG

DRUG UPDATES

SYRUP DESLORATIDINE

By : Nurfaizza Bt Sainal

Desloratadine is used to relieve symptoms associated with allergic rhinitis such as runny nose, itchiness, watery eyes and sneezing. Besides that, it is also used to treat chronic idiopathic urticaria with symptoms such as itchiness or hives. In the presence of allergens inside the body, mast cells will release various chemical mediators including histamine. Histamine will then bind to the H₁-receptor and leads to various activation of intracellular signals. This will eventually cause symptoms of allergic reactions such as sneezing, itchiness and runny nose. Desloratadine, a non sedating long-acting histamine antagonists will competitively bind to the same receptor (H₁-receptor) and block the activation of intracellular signals, thus reducing allergic symptoms.



SYRUP DESLORATADINE PROPERTIES

Dosing Regime

According to Bluebook (FUKKM), this medication is reserved for children aged 1 to 2 years old only.
Children 1 to 5 years old: 2.5mL or 1.25mg once a day

Pharmaco- kinetics

Absorption: To peak -> 2 hours

Distribution: Moderately bound to plasma proteins (83% to 87%)

Metabolism: Hepatic metabolism to inactive metabolite via CYP2C8

Excretion: Half-life: 16-19 hours [Via urine (40.6%) and faeces (46.5%)]

Adverse Effects

Fatigue, dry mouth and headache

Prescriber Category

A*

&

Department

Approved for use in HTAA for Otolaryngology Department only



References

1. Mims Gateway. Drug Information: Desloratadine
2. Micromedex. Drug Information: Desloratadine
3. Ministry of Health Medicine Formulary (MOHMF). Drug Information: Desloratadine. 9

Drug Updates : Insulin Pens & Cartridges

By : Ngoh Yee Ling

NOVOPEN

ALLSTAR

INSUPEN
PRO

Reserved for existing
patients only

Not purchased by
HTAA anymore



Blue
& Silver



Purple
& Blue



Green
only

Availability of
locked dose
button:
Yes

Availability of
locked dose
button:
No

Availability of
locked dose
button:
No

Maximum dose per
injection:
60 Units

Maximum dose per
injection:
80 Units

Maximum dose per
injection:
60 Units

Similarities

Same insulin injection technique
Same dose dialing and insertion of cartridge

Types of Insulin Cartridge

NOVO
NORDISK

INSUMAN

INSUGEN

Insulin
Recombinant
Neutral
Human
Short-acting
100 IU/ml



Actrapid®



Insuman Rapid®



Insugen-R®

Insulin
Recombinant
Synthetic
Human
Intermediate-
Acting
100 IU/ml



Insulatard®



Insuman Basal®



Insugen-N®

Insulin
Recombinant
Synthetic
Human
Premixed
100 IU/ml



Mixtard®



Insuman
Comb 30®



Insugen-
30/70®

Difference
Between
Cartridges

For Mixtard and
Insulatard, each
cartridge contains
one glass ball to
facilitate
resuspension

For Insuman
Basal and Combo
30, each cartridge
contains three
small metals to
facilitate quick
and thorough
mixing of the
contents

For Insugen-N
and
Insugen-30/70
, each
cartridge has
one glass ball
to facilitate
resuspension



CHINESE NEW YEAR CELEBRATION 2017

By : Cho Chun Yik

Chinese New Year 2017 is also the year of the rooster according to the Chinese zodiac. It is also called the Spring Festival, which has more than 4000 years of history. More importantly, it is the grandest and most important annual event for the Chinese.

This year, for the pharmacy department of Hospital Tengku Ampuan Afzan, celebrations were held on the 16th of February 2017, at the pharmacy ward supply department. Many traditional delicacies were prepared and various activities were held for the staff.



Yee Sang or Prosperity Toss is a Cantonese-style raw fish salad. It usually consist of strips of raw fish (sometimes salmon), mixed with shredded vegetables and a variety of sauces and condiments. Yee Sang literally means raw fish but is commonly conflated with its homophone abundance or prosperity.

ALLERGY CARD application

By: Nurul Mahfuzah Binti Baharuddin

New Card Application (Permohonan Kad Baru)

Fill in these 4 forms and send to PRIC :

1. Drug Allergy Card Request Form (Figure 1)
2. Report On Suspected Adverse Drug Reactions
3. Naranjo Probability Scale
4. Clinical Manifestation of Adverse Drug Reaction (if applicable)

Prescriber/
Pharmacist

Screen all forms above & obtain incomplete details from
prescriber / patient

PRIC
Pharmacist

Card application approved?

No

Inform
applicant
&
File the form

Yes

Tick "Permohonan Kad Baru" on the form

Obtain patient's / guardian's signature on the form &
provide allergy card (Figure 2).
Stick warning stickers on patient's appointment book
and medical record file.

Pharmacist

File the form request and send record to NPRA

Pharmacist

Figure 1

Figure 2

Saiz kad adalah 5.5 cm x 8.5 cm

ALLERGY CARD application

By : Nurul Mahfuzah Binti Baharuddin

Additional Information Application (Permohonan Tambahan Maklumat Pada Kad)

Fill in these 4 forms and send to PRIC :

1. Drug Allergy Card Request Form (Figure 1)
2. Report On Suspected Adverse Drug Reactions
3. Naranjo Probability Scale
4. Clinical Manifestation of Adverse Drug Reaction (if applicable)

Prescriber/
Pharmacist

Screen all forms above & obtain incomplete details from
prescriber / patient

PRIC
Pharmacist

Card application approved?

Yes

No

Inform
applicant
&
File the form

Tick "Permohonan Tambahan Maklumat Pada Kad" on the
form

Refer patient's previous serial card number & update
patient's new information

Obtain patient's / guardian's signature on the form &
provide allergy card (Figure 2).
Stick warning stickers on patient's appointment book
and medical record file.

Pharmacist

File the form request and send record to NPRA

Pharmacist

Figure 1

Figure 2

Saiz kad adalah 5.5 cm x 8.5 cm