**Maklumat tambahan indikasi**
**Year 2019**
**Products Approved For Additional Indication (DCA 340 – 13 November 2019)**

<table>
<tr><th>NO</th><th>PRODUCT<br>(ACTIVE INGREDIENT)</th><th>ADDITIONAL INDICATION</th><th>MARKETING AUTHORIZATION HOLDER</th></tr>
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<td>1.</td>
<td>1.1 Lenvima 4 mg Hard Capsules [Lenvatinib mesilate 4.90mg; equivalent to 4mg lenvatinib]<br><br>1.2 Lenvima 10 mg Hard Capsules [Lenvatinib mesilate 12.25mg; equivalent to 10mg lenvatinib]</td>
<td>➢ Indication:<br><br>LENVIMA is indicated as monotherapy for treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC) who have received no prior systemic therapy.<br><br>➢ Posology:<br><br><u>HCC</u><br>The recommended daily dose of lenvatinib is 8 mg (two 4 mg capsules) once daily for patients with a body weight of < 60 kg and 12 mg (three 4 mg capsules) once daily for patients with a body weight of ≥ 60 kg. Dose adjustments are based only on toxicities observed and not on body weight changes during treatment. The daily dose is to be modified, as needed, according to the dose/toxicity management plan.<br><br><u>Dose adjustment and Discontinuation for HCC</u><br>Management of some adverse reactions may require dose interruption, adjustment, or discontinuation of lenvatinib therapy. Mild to moderate adverse reactions (e.g., Grade 1 or 2) generally do not warrant interruption of lenvatinib, unless intolerable to the patient despite optimal management. Details for monitoring, dose adjustment and discontinuation are provided in Table 4.<br><br>Table 4 Dose modifications from recommended lenvatinib daily dose in HCC patients
<table>
<tr><td>Starting Dose</td><td>≥60 kg BW 12 mg (three 4 mg capsules orally once</td><td><60 kg BW 8mg (two 4mg capsules orally once</td></tr>
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<td>EISAI (MALAYSIA) SDN. BHD.<br>Unit 701D, Level 7, Tower D, Uptown 5<br>No. 5, Jalan SS21/39, Damansara Uptown<br>47400 Petaling Jaya, Selangor</td>
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| | | **daily)** | **daily)** |
| **Persistent and Intolerable Grade 2 or Grade 3 Toxicities[a]** | | | |
| **Adverse Reaction** | **Modification** | **Adjusted Dose[b] (≥60 kg BW)** | **Adjusted Dose[b] (<60 kg BW)** |
| First occurrence[c] | Interrupt until resolved to Grade 0-1 or baseline[d] | 8 mg (two 4 mg capsules) orally once daily | 4 mg (one 4 mg capsule) orally once daily |
| Second occurrence (same reaction or new reaction) | Interrupt until resolved to Grade 0-1 or baseline[d] | 4 mg (one 4 mg capsule) orally once daily | 4 mg (one 4 mg capsule) orally every other day |
| Third occurrence (same reaction or new reaction) | Interrupt until resolved to Grade 0-1 or baseline[d] | 4 mg (one 4 mg capsule) orally every other day | Discontinue |
| **Life-threatening toxicities (Grade 4): Discontinue[e]** | | | |

a. Initiate medical management for nausea, vomiting, or diarrhoea prior to interruption or dose reduction.
b. Reduce dose in succession based on the previous dose level (12 mg, 8 mg, 4 mg or 4 mg every other day).
c. Haematologic toxicity or proteinuria-no dose adjustment required for first occurrence.
d. For haematologic toxicity, dosing can restart when resolved to Grade 2; proteinuria, resume when resolves to less than 2g/24 hours
e. Excluding laboratory abnormalities judged to be nonlife-threatening, which should be managed as Grade 3.

*Special populations*

*HCC*

*Patients ≥75 years, of white race or female sex or those with worse baseline hepatic impairment (Child-Pugh A score of 6 compared to*

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| | | *score of 5) appear to have reduced tolerability to lenvatinib.*<br><br>*HCC patients other than those with moderate and severe hepatic impairment or severe renal impairment should initiate treatment at the recommended starting dose of 8 mg (two 4 mg capsules) for body weight < 60 kg and 12 mg (three 4 mg capsules) for body weight ≥ 60 kg, following which the dose should be further adjusted on the basis of individual tolerability.*<br><br>*Patients with hepatic impairment*<br>*In the patient populations enrolled in the HCC study no dose adjustments were required on the basis of hepatic function in those patients who had mild hepatic impairment (Child-Pugh A). The available very limited data are not sufficient to allow for a dosing recommendation for HCC patients with moderate hepatic impairment (Child-Pugh B). Close monitoring of overall safety is recommended in these patients (see sections 6 and 11.2). Lenvatinib has not been studied in patients with severe hepatic impairment (Child-Pugh C) and is not recommended for use in these patients.*<br><br>*Patients with renal impairment*<br>*In the HCC patients, no dose adjustments are required on the basis of renal function in patients with mild or moderate renal impairment. The available data do not allow for a dosing recommendation for patients with HCC and severe renal impairment.* | |
| 2. | 2.1 **DIPHERELINE P.R. 3.75MG**<br>[Triptorelin acetate 3.75mg] | ➢ Indication:<br><br>*As adjuvant treatment in combination with tamoxifen or an aromatase inhibitor, of endocrine responsive early stage breast cancer in women at high risk of recurrence who are confirmed as pre-menopausal after completion of chemotherapy.*<br><br>➢ Posology:<br><br>*Breast cancer*<br>*One intramuscular injection every 4 weeks in combination with tamoxifen or an aromatase inhibitor.* | **ZUELLIG PHARMA SDN. BHD.**<br>No. 15, Persiaran Pasak Bumi, Sek U8<br>Perindustrian Bukit Jelutong<br>40150 Shah Alam, Selangor |

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| | | *Triptorelin should be commenced after completion of chemotherapy, once pre-menopausal status has been confirmed.*<br>*The treatment with triptorelin must be initiated at least 6-8 weeks before starting aromatase inhibitor treatment. A minimum of two injections of triptorelin (with an interval of 4 weeks between injections) should be administered before commencement of aromatase inhibitor treatment.*<br>*During treatment with an aromatase inhibitor, triptorelin must not be interrupted to avoid rebound increases in circulating oestrogens in premenopausal women.*<br>*The recommended treatment duration for adjuvant treatment in combination with other hormone therapy is up to 5 years.*<br>*Since Diphereline P.R. 3.75 mg is a suspension of microparticles, inadvertent intravascular injection must be strictly avoided.* | |
| 3. | 3.1 **Pulmicort Respules 0.25mg/ml** [Budesonide 0.25mg/ml]<br><br>3.2 **Pulmicort Respules 0.5mg/ml** [Budesonide 0.5mg/ml] | ➢ Indication:<br><br>*Pulmicort Respules can be used for the treatment of acute laryngotracheobronchitis (croup) in infants and children.*<br><br>➢ Posology:<br><br>*Croup:*<br>*In infants and children with croup, the usual dose is 2 mg of nebulised budesonide. This dose is given as a single administration, or as two 1 mg doses separated by 30 minutes. Dosing can be repeated every 12 hours for a maximum of 36 hours or until clinical improvement* | **AstraZeneca Sdn. Bhd.**<br>Level 11 & 12, Nucleus Tower,<br>No.10, Jalan PJU 7/6,<br>Mutiara Damansara,<br>47800 Petaling Jaya,<br>Selangor |