Maklumat tambahan indikasi
Year 2018
Products Approved For Additional Indication (DCA 327 – 15 October 2018)

NO	PRODUCT (ACTIVE INGREDIENT)	ADDITIONAL INDICATION	MARKETING AUTHORIZATION HOLDER
1.	1.1 **Stivarga 40mg Film-coated Tablets** [Regorafenib monohydrate 41.49mg equivalent to 40mg regorafenib]	➢ Indication: *Hepatocellular Carcinoma* *STIVARGA® is indicated for the treatment of patients with hepatocellular carcinoma (HCC) who have been previously treated with sorafenib.* ➢ Posology: *Dose Modifications* *If dose modifications are required, reduce the dose in 40 mg (one tablet) increments; the lowest recommended daily dose of STIVARGA is 80 mg daily.* *Interrupt STIVARGA for the following:* • *Grade 2 hand-foot skin reaction (HFSR) [palmar-plantar erythrodysesthesia syndrome (PPES)] that is recurrent or does not improve within 7 days despite dose reduction; interrupt therapy for a minimum of 7 days for Grade 3 HFSR* • *Symptomatic Grade 2 hypertension* • *Any Grade 3 or 4 adverse reaction* • *Worsening infection of any grade*	**BAYER CO. (MALAYSIA) SDN. BHD.** B-19-1 & B-19-2, The Ascent Paradigm No.1, Jalan SS 7/26A, Kelana Jaya 47301 Petaling Jaya, Selangor

		Reduce the dose of STIVARGA to 120 mg: • *For the first occurrence of Grade 2 HFSR of any duration* • *After recovery of any Grade 3 or 4 adverse reaction except infection.* • *For Grade 3 aspartate aminotransferase (AST)/alanine aminotransferase (ALT) elevation, only resume if the potential benefit outweighs the risk of hepatotoxicity* *Reduce the dose of STIVARGA to 80 mg:* • *For re-occurrence of Grade 2 HFSR at the 120 mg dose* • *After recovery of any Grade 3 or 4 adverse reaction at the 120 mg dose (except hepatotoxicity or infection)*	
2.	2.1 **Lenvima 4 mg Hard Capsules** [Lenvatinib mesilate 4 mg] 2.2 **Lenvima 10 mg Hard Capsules** [Lenvatinib mesilate 10 mg]	➢ Indication: *LENVIMA is indicated in combination with everolimus for the treatment of adult patients with advanced renal cell carcinoma (RCC) following one prior vascular endothelial growth factor (VEGF)-targeted therapy.* ➢ Posology: *RCC - The recommended daily dose of lenvatinib is 18 mg (one 10 mg capsule and two 4 mg capsules) once daily in combination with 5 mg of everolimus once daily. The daily doses of lenvatinib and, if necessary, everolimus are to be modified as needed according to the dose/toxicity management plan.* *<u>Dose adjustment</u>* *Management of adverse reactions may require dose interruption, adjustment, or discontinuation of the combination*	**EISAI CORPORATION (MALAYSIA) SDN. BHD.** Lot 6.1, 6th. Floor Menara Lien Hoe No. 8, Psn Tropicana, 47410 Petaling Jaya, Selangor.

therapy. Mild to moderate adverse reactions (e.g., Grade 1 or 2) generally do not warrant interruption of the combination, unless intolerable to the patient despite optimal management. Severe (e.g., Grade 3) or intolerable adverse reactions require interruption of the combination of medicines until improvement of the reaction to Grade 0-1 or baseline.

For lenvatinib related toxicities (see Table 1), upon resolution/improvement of an adverse reaction to Grade 0- 1 or baseline, treatment should be resumed at a reduced dose of lenvatinib as suggested in Table 2.

For toxicities thought to be related to everolimus, treatment should be interrupted, reduced to alternate day dosing, or discontinued (see the everolimus SmPC for advice on specific adverse reactions).

For toxicities thought to be related to both lenvatinib and everolimus, lenvatinib should be reduced (see Table 3) prior to reducing everolimus.

Table 3 Dose modifications from recommended lenvatinib daily dose in RCC[a]

Dose level	Daily dose	Number of capsules
Recommended daily dose	18 mg orally once daily	One 10 mg capsule plus two 4 mg capsules
First dose reduction	14 mg orally once daily	One 10 mg capsule plus one 4 mg capsule
Second dose reduction	10 mg orally once daily	One 10 mg capsule
Third dose reduction	8 mg orally once daily	Two 4 mg capsules
a Limited data are available for doses below 8 mg		

Special populations

RCC: No data with the combination are available for most of the special populations. The following information is derived from the clinical experience on single agent lenvatinib in patients with differentiated thyroid cancer (DTC).

All patients other than those with severe hepatic or renal

		impairment (see below) should initiate treatment at the recommended dose of 18 mg of lenvatinib with 5 mg of everolimus taken once daily, following which the dose should be further adjusted on the basis of individual tolerability. *Patients with hepatic impairment* *In RCC, no data with the combination therapy is available in patients with hepatic impairment. No adjustment of starting dose of the combination is required on the basis of hepatic function in patients with mild (Child Pugh A) or moderate (Child Pugh B) hepatic impairment. In patients with severe (Child Pugh C) hepatic impairment, the recommended starting dose of lenvatinib is 10 mg taken once daily in combination of everolimus (recommended in the everolimus SmPC) taken once daily. Further dose adjustments may be necessary on the basis of individual tolerability. The combination therapy should be used in patients with severe hepatic impairment only if the anticipated benefit exceeds the risk. Refer also to section 9, Other special populations.* *Patients with renal impairment* *In patients with severe renal impairment, the recommended starting dose for RCC is 10 mg of lenvatinib with 5 mg of everolimus taken once daily. Further dose adjustments may be necessary based on individual tolerability. Patients with end-stage renal disease were not studied, therefore the use of lenvatinib in these patients is not recommended. Refer also to section 9, Other special populations.* *Body weight below 60 kg in RCC* *No adjustment of starting dose is required on the basis of body weight. Limited data are available on patients with a body weight below 60 kg with RCC (see also section 9, Other special populations).* *Patients with high ECOG performance status in RCC* *Patients with an ECOG (Eastern Cooperative Oncology Group) performance status of 2 or higher were excluded from the RCC study (see section 11.1). Benefit-risk in these patients has not*	

		been evaluated. *<u>Method of administration</u>* *Lenvatinib is for oral use. The capsules should be taken at about the same time each day, with or without food (see section 11.2).* *The capsules should be swallowed whole with water. Caregivers should not open the capsule, in order to avoid repeated exposure to the contents of the capsule.* *Alternatively, the lenvatinib capsules may be added without breaking or crushing them to a tablespoon of water or apple juice in a small glass to produce a suspension. The capsules must be left in the liquid for at least 10 minutes and stirred for at least 3 minutes to dissolve the capsule shells. The suspension is to be swallowed. After drinking, the same amount of water or apple juice (one tablespoon) must be added to the glass and swirled a few times. The additional liquid must be swallowed.*	
3.	3.1 **Ibrance Capsules 75mg** [Palbociclib 75mg] 3.2 **Ibrance Capsules 100mg** [Palbociclib 100mg] 3.3 **Ibrance Capsules 125mg** [Palbociclib 125mg]	➢ Indication: *Ibrance is indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with fulvestrant in women who have received prior endocrine therapy.* *In pre- or perimenopausal women, the endocrine therapy should be combined with a luteinizing hormone-releasing hormone (LHRH) agonist.* ➢ Posology: *When co-administered with palbociclib, the recommended dose of fulvestrant is 500 mg administered on Days 1, 15, 29, and once monthly thereafter. Please refer to the full prescribing information of fulvestrant.*	**PFIZER (MALAYSIA) SDN. BHD.** Level 9-2, 10 & 11, Wisma Averis, Tower 2 Avenue 5, Bangsar South, No.8, Jalan Kerinchi 59200 Kuala Lumpur

Patients should be encouraged to take their dose of IBRANCE at approximately the same time each day.

Pre/perimenopausal women treated with the combination IBRANCE plus fulvestrant therapy should be treated with luteinizing hormone-releasing hormone (LHRH) agonists according to current clinical practice standards.

Dose Modification

The recommended dose modifications for adverse reactions are listed in Tables 1, 2 and 3.

Table 1. Recommended Dose Modification for Adverse Reactions	
Dose Level	**Dose**
Recommended starting dose	125 mg/day
First dose reduction	100 mg/day
Second dose reduction	75 mg/day*
*If further dose reduction below 75 mg/day is required, discontinue.	

Table 2. Dose Modification and Management – Hematologic Toxicities[a] Monitor complete blood counts prior to the start of IBRANCE therapy and at the beginning of each cycle, as well as on Day 14 of the first 2 cycles, and as clinically indicated.	
CTCAE Grade	**Dose Modifications**
Grade 1 or 2	No dose adjustment is required.
Grade 3	Day 1 of cycle: Withhold IBRANCE, repeat complete blood count monitoring within 1 week. When recovered to Grade ≤2, start the next cycle at the same dose. Day 14 of first 2 cycles: Continue IBRANCE at current dose to complete cycle. Repeat complete blood count on Day 21. Consider dose reduction in cases of prolonged (>1 week) recovery from Grade 3 neutropenia or recurrent

	Grade 3 neutropenia in subsequent cycles.
Grade 3 neutropenia[b] with fever ≥38.5°C and/or infection	Withhold IBRANCE until recovery to Grade ≤2. Resume at the next lower dose.
Grade 4	Withhold IBRANCE until recovery to Grade ≤2. Resume at the next lower dose.

Grading according to CTCAE 4.0.
CTCAE=Common Terminology Criteria for Adverse Events; LLN=lower limit of normal.
[a] Table applies to all hematologic adverse reactions except lymphopenia (unless associated with clinical events, e.g., opportunistic infections).
[b] Absolute neutrophil count (ANC): Grade 1: ANC < LLN - 1500/mm3; Grade 2: ANC 1000 - <1500/mm3; Grade 3: ANC 500 - <1000/mm3; Grade 4: ANC <500/mm3

Table 3. Dose Modification and Management – Non-Hematologic Toxicities	
CTCAE Grade	**Dose Modifications**
Grade 1 or 2	No dose adjustment is required.
Grade ≥3 non-hematologic toxicity (if persisting despite optimal medical treatment)	Withhold until symptoms resolve to: • Grade ≤1; • Grade ≤2 (if not considered a safety risk for the patient) Resume at the next lower dose.
Grading according to CTCAE 4.0. *CTCAE=Common Terminology Criteria for Adverse Events.*	

Refer to the full prescribing information for co-administered endocrine therapy dose adjustment guidelines in the event of toxicity and other relevant safety information or contraindications.

4.	4.1 **Remsima Powder for Concentrate for Solution for Infusion** [Infliximab 100mg/vial]	➢ Indication: *Crohn's disease:* *Infliximab is indicated for treatment of moderate to severe Crohn's disease for:* *- reduction of signs and symptoms* *- induction and maintenance of clinical remission* *- induction of mucosal healing* *- improvement in quality of life* *in patients who have an inadequate response to conventional therapies. Infliximab therapy enables patients to reduce or eliminate corticosteroid use.* *Pediatric Crohn's disease:* *Infliximab is indicated for the treatment of severe, active Crohn's disease, in pediatric patients aged 6 to 17 years, who have not responded to conventional therapy including a corticosteroid, an immunomodulator and primary nutrition therapy; or who are intolerant to or have contraindications for such therapies. Infliximab has been studied only in combination with conventional immunosuppressive therapy* *Fistulizing Crohn's disease:* *Infliximab is indicated for:* - *reduction in the number of draining enterocutaneous and rectovaginal fistulae and maintenance of fistula closure* - *reduction of signs and symptoms* - *in patients with fistulizing Crohn's disease.* *Ulcerative colitis:* *Infliximab is indicated for:* - *reducing signs and symptoms* - *inducing and maintaining clinical remission* - *inducing mucosal healing* - *eliminating corticosteroids used*	**CELLTRION HEALTHCARE MALAYSIA SDN BHD** B4-3, Jalan Ampang Utama 2/2 Taman Ampang Utama 68000 Ampang, Selangor

		in patients with moderate to severely active ulcerative colitis who have had an inadequate response to conventional therapy. ➢ Posology: *Infliximab is for intravenous use in adults. Infliximab treatment is to be administered under the supervision of specialized physicians experienced in the diagnosis and treatment of rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, or psoriasis or inflammatory bowel diseases.* *The recommended infusion time is 2 hours. All patients administered Infliximab are to be observed for at least 1 hour post infusion for side effects. Medications, and artificial airway and other appropriate materials must be available for the treatment of these effects. The infusion rate may be slowed in order to decrease the risk of infusion related reactions especially if infusion related reactions have occurred previously (see WARNINGS and PRECAUTIONS).* *Moderate to Severe Crohn's disease in adults:* *For optimal long-term symptom control, 5 mg/kg given as a single intravenous infusion over a 2- hour period as an induction regimen at 0. 2 and 6 weeks followed by a maintenance regimen of 5 mg/kg every 8 weeks thereafter. For patients who have an incomplete response during maintenance treatment, consideration may be given to adjusting the dose up to 10 mg/kg.* *Alternatively, an initial 5 mg/kg intravenous infusion administered over a 2-hour period may be followed by repeat infusions of 5 mg/kg when signs and symptoms of the disease recur. However, there is limited data on dosing intervals beyond 16 weeks.*	

Pediatric Crohn's disease:
5 mg/kg given as an intravenous infusion followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter. For patients who have an incomplete response, consideration may be given to adjusting the dose up to 10 mg/kg. Infliximab should be administered with concomitant immunomodulators, including 6-mercaptopurine (6-MP), azathioprine (AZA) or methotrexate (MTX).

Fistulizing Crohn's disease in adults:
5 mg/kg intravenously over a 2-hour period and followed with additional 5 mg/kg doses administered at 2 and 6 weeks after the first infusion for treatment of fistula(s) in Crohn's disease. If a patient does not respond after these 3 doses, no additional treatment with infliximab should be given.

The strategies for continued treatment are:
- *Additional infusions of 5 mg/kg every 8 weeks or*
- *Readministration if signs and symptoms of the disease recur followed by infusions of 5 mg/kg every 8 weeks.*

In Crohn's disease, experience with readministration if signs and symptoms of disease recur is limited and comparative data on the benefit/risk of the alternative strategies for continued treatment are lacking.

Ulcerative colitis:
5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion dose at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter. In some patients, consideration may be given to adjusting the dose up to 10 mg/kg to sustain clinical response and remission.

		Readministration for Crohn's Disease and Rheumatoid Arthritis *If the signs and symptoms of disease recur, Infliximab can be readministered within 16 weeks following the last infusion. Readministration of an alternate formulation of infliximab with a drug free interval of 2 to 4 years following a previous infusion has been associated with a delayed hypersensitivity reaction in 10 patients with Crohn's disease (see 'WARNINGS and PRECAUTIONS and ADVERSE EFFECTS "Delayed hypersensitivity"). After a drug free interval of 16 weeks to 2 years, the risk of delayed hypersensitivity following readministration is not known. Therefore, after a drug free interval of 16 weeks, readministration cannot be recommended.* *Readministration for ulcerative colitis* *Data supporting readministration, other than every 8 weeks, are not available at this time (see PRECAUTIONS AND ADVERSE EFFECTS).*	
5.	5.1 **OPTIVATE POWDER FOR INJECTION** [Human coagulation factor VIII 100IU/ml Von Willebrand Factor 260IU/ml]	➢ Posology: *Paediatric patients* *Children under 6 years of age* *The recommended dose is 17 to 30 IU/kg. This can be given up to 3 times a week to prevent bleeding. In the clinical trials the median doses in children ≤6 years of age were 24.7 IU/kg for routine prophylaxis and 27.6 IU/kg to treat a bleed.* *Children over 6 years of age* *There are no data on the use of Optivate in children aged 6 to 12 years.*	**GERMAX SDN BHD** No 10, Jalan PJU 3/48 Sunway Damansara Technology Park 47810 Petaling Jaya, Selangor

6.	6.1 **CERVARIX SUSPENSION FOR INJECTION** [Each 0.5 ml dose contains: • HPV type 16 L1 protein 20µg • HPV type 18 L1 protein 20µg adjuvanted by AS04 (MPL) 50µg adsorbed on aluminium hydroxide, hydrated [Al(OH)3] 0.5mg Al3+ in total]	➢ Indication: *Cervarix is indicated from 10 to 45 years of age for the prevention of premalignant ano-genital lesions (cervical, vulvar, vaginal and anal) and cervical and anal cancers caused by oncogenic Human Papillomaviruses (HPV) types 16 and 18.*	**GLAXOSMITHKLINE PHARMACEUTICAL SDN. BHD.** Level 6, Quill 9, 112, Jalan Semangat 4600, Petaling Jaya, Selangor
7.	7.1 **FLUARIX TETRA INFLUENZA VACCINE** [INFLUENZA SPLIT VIRUS, INACTIVATED 0.5ml: A/H1N1 (15g HA), A/H3N2 (15g HA), B strain (Victoria lineage) (15g HA) and B strain (Yamagata lineage) (15g HA)]	➢ Indication: *Fluarix Tetra is a quadrivalent vaccine indicated for active immunisation of adults and children from 6 months of age for the prevention of influenza disease caused by influenza virus types A and B contained in the vaccine.* ➢ Posology: *Fluarix Tetra should be administered as a single 0.5 ml injection.* *Children 6 months to less than 9 years of age who have not previously been vaccinated against influenza should receive a second dose of 0.5 ml after an interval of at least 4 weeks.* *<u>Children aged <6 month</u>* *The safety and efficacy of Fluarix Tetra in children aged less than 6 months have not been established.* *Vaccination should be carried out by intramuscular injection preferably into the deltoid muscle or anterolateral thigh (depending on the muscle mass).*	**GLAXOSMITHKLINE PHARMACEUTICAL SDN. BHD.** Level 6, Quill 9, 112, Jalan Semangat 4600, Petaling Jaya, Selangor
8.	8.1 **KEYTRUDA 100MG SOLUTION FOR INFUSION** [Pembrolizumab 100mg]	➢ Indication: *Non-Small Cell Lung Carcinoma* *KEYTRUDA as monotherapy is indicated for the first-line treatment of patients with metastatic non-small cell lung*	**MERCK SHARP & DOHME (MALAYSIA) SDN BHD** Lot B-22-1 & B-22-2, Level 22, The Ascent Paradigm

		carcinoma (NSCLC) whose tumors express PD-L1 with a ≥50% tumor proportion score (TPS) as determined by a validated test, with no EGFR or ALK genomic tumor aberrations. *KEYTRUDA, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of patients with metastatic non-squamous NSCLC, with no EGFR or ALK genomic tumor aberrations.* *KEYTRUDA as monotherapy is indicated for the treatment of patients with locally advanced or metastatic NSCLC whose tumors express PD-L1 with a ≥1% TPS as determined by a validated test and who have disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on approved therapy for these aberrations prior to receiving KEYTRUDA.* ➢ Posology: *General* *Patient Selection* *For treatment of Non-Small Cell Lung Carcinoma as monotherapy* *Patients should be selected for treatment of advanced NSCLC with KEYTRUDA based on the presence of positive PD-L1 expression [see Clinical Studies].* *Recommended Dosing* *KEYTRUDA is administered as an intravenous infusion over 30 minutes every 3 weeks.* *The recommended dose of KEYTRUDA is:* • *200 mg for head and neck cancer or previously*	No 1, Jalan SS7/26A, Kelana Jaya 47301 Petaling Jaya, Selangor

		untreated NSCLC as monotherapy. • *200 mg for NSCLC in combination therapy.* • *2 mg/kg for melanoma or previously treated NSCLC as monotherapy.* *When administering KEYTRUDA as part of a combination with pemetrexed and platinum chemotherapy, KEYTRUDA should be administered first. See also the prescribing information for pemetrexed and the selected platinum chemotherapy.* *Patients should be treated with KEYTRUDA until disease progression or unacceptable toxicity. Atypical responses (i.e., an initial transient increase in tumor size or small new lesions within the first few months followed by tumor shrinkage) have been observed. Clinically stable patients with initial evidence of disease progression should remain on treatment until disease progression is confirmed.*	
9.	9.1 **AVASTIN INJECTION 25 MG/ML** [Bevacizumab 25mg/ml]	➢ Indication: *<u>Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer</u>* *Avastin, in combination with carboplatin and paclitaxel is indicated for the front- line treatment of advanced (FIGO* stages III B, III C and IV) epithelial ovarian, fallopian tube or primary peritoneal cancer.* *Avastin, in combination with carboplatin and gemcitabine or in combination with carboplatin and paclitaxel is indicated for the treatment of patients with recurrent, platinum-sensitive, epithelial ovarian, fallopian tube, or primary peritoneal cancer who have not received prior bevacizumab or other VEGF*-targeted angiogenesis inhibitors.* *Avastin in combination with paclitaxel, topotecan, or pegylated liposomal doxorubicin is indicated for the treatment of adult patients with platinum-resistant recurrent epithelial*	**ROCHE (MALAYSIA) SDN BHD** Level 21, The Pinnacle, Persiaran Lagoon Bandar Sunway 47500 Subang Jaya, Selangor

ovarian, fallopian tube, or primary peritoneal cancer who received no more than two prior other VEGF inhibitors or VEGF receptor-targeted agents.
**FIGO: International Federation of Gynaecology and Obstetrics*
**VEGF: Vascular Endothelial Growth Factor*

- Posology:

<u>Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer</u>
The recommended dose of Avastin administered as an intravenous infusion is as follows.
Front-line treatment: 15 mg/kg of body weight given once every 3 weeks when administered in addition to carboplatin and paclitaxel for up to six cycles of treatment followed by continued use of Avastin as single agent for 15 months or until disease progression, whichever occurs earlier.

Treatment of recurrent disease:
Platinum sensitive: 15 mg/kg of body weight given once every 3 weeks when administered in combination with carboplatin and paclitaxel for 6
cycles and up to 8 cycles followed by continued use of Avastin as a single agent until disease progression.
Alternatively, 15 mg/kg every 3 weeks when administrated in combination with carboplatin and gemcitabine for 6 cycles and up to 10 cycles followed by continued use of Avastin as single agent until disease progression.

Platinum resistant: 10 mg/kg body weight given once every 2 weeks when administered in combination with one of the following agents –
paclitaxel, topotecan (given weekly) or pegylated liposomal doxorubicin. Alternatively, 15 mg/kg every 3 weeks when administered in combination with topotecan given on days 1-

		5, every 3 weeks. It is recommended that treatment be continued until disease progression.	
10.	10.1 **GAZYVA 1000MG/40ML CONCENTRATE FOR SOLUTION FOR INFUSION** [OBINUTUZUMAB 1000MG/40ML]	➢ Indication: *<u>Follicular Lymphoma</u>* *GAZYVA in combination with chemotherapy, followed by GAZYVA maintenance therapy in patients achieving a response, is indicated for the treatment of patients with previously untreated advanced follicular lymphoma.* ➢ Posology: *<u>Follicular Lymphoma</u>* *The recommended dosage of Gazyva is 1000 mg administered intravenously according to Table 3.* *Previously Untreated Follicular Lymphoma* *For patients with previously untreated follicular lymphoma, Gazyva should be administered with chemotherapy as follows:* • *Six 28 day cycles in combination with bendamustine2 or,* • *Six 21 day cycles in combination with CHOP, followed by 2 additional cycles of Gazyva alone or,* • *Eight 21 day cycles in combination with CVP.* *Previously untreated patients who achieve a complete or partial response to Gazyva plus chemotherapy should continue to receive Gazyva (1000 mg) alone as maintenance therapy once every 2 months until disease progression or for up to 2 years* *<u>Patients with follicular lymphoma (FL) who did not respond or who progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen</u>* *For patients with follicular lymphoma who did not respond or who progressed during or up to 6 months after treatment with rituximab or a rituximab* *-containing regimen, GAZYVA should be administered in six 28 day cycles in combination with bendamustine[2].* *Patients who achieve complete or partial response or have stable disease should continue to receive GAZYVA 1000 mg*	**ROCHE (MALAYSIA) SDN BHD** Level 21, The Pinnacle, Persiaran Lagoon Bandar Sunway 47500 Subang Jaya, Selangor

alone as maintenance therapy once every 2 months until disease progression or for up to 2 years.

Table 3 Dose and Infusion rate of Gazyva for patients with FL

Day of treatment cycle		*Dose of Gazyva*	*Rate of infusion* *For management of IRRs that occur during infusion, refer to Table 4*
Cycle 1	*Day 1*	*1000 mg*	*Administer at 50 mg/hr. The rate of infusion can be escalated in 50 mg/hr increments every 30 minutes to a maximum of 400 mg/hr.*
	Day 8	*1000 mg*	*If no IRR or an IRR of Grade 1 occurred during the previous infusion, where the final infusion rate was ≥100 mg/hr, infusions can be started at a rate of 100 mg/hr and increased by 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr.* *If the patient experienced an IRR of Grade 2 or higher during the previous infusion administer at 50*
	Day 15	*1000 mg*	
Cycles 2–6	*Day 1*	*1000 mg*	
Maintenance for FL patients	*Every 2 months until progression or up to 2 years*	*1000 mg*	

				mg/hr. The rate of infusion can be escalated in 50 mg/hr increments every 30 minutes to a maximum of 400 mg/hr.

[2] *See section 3.1.2 Clinical/ Efficacy Studies [3.1 Pharmacodynamic Properties] for information on bendamustine dose.*

Delayed or missed doses (FL)

If a planned dose of Gazyva is missed, it should be administered as soon as possible; do not omit it or wait until the next planned dose.

If toxicity occurs before Cycle 1 Day 8 or Cycle 1 Day 15, requiring delay of treatment, these doses should be given after resolution of toxicity. In such instances, all subsequent visits and the start of Cycle 2 will be shifted to accommodate for the delay in Cycle 1. During maintenance, maintain the original dosing schedule for subsequent doses.