**Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 403, 2 Disember 2024**

***Products approved for additional indication (DCA 403 – 2 December 2024)***

| No. | Product [Active Ingredient] | Additional Indication | Product Registration Holder (PRH) |
|---|---|---|---|
| **1.** | VABYSMO 6mg/0.05mL Solution for Intravitreal Injection<br><br>[Faricimab 6mg/0.05mL] | **INDICATION :**<br><br>VABYSMO is indicated for the treatment of adult patients with:<br><br>• Visual impairment due to macular oedema secondary to retinal vein occlusion (RVO)<br><br>**POSOLOGY :**<br><br><u>Macular oedema secondary to retinal vein occlusion (RVO)</u><br><br>The recommended dose is 6 mg (0.05 mL solution) administered by intravitreal injection every 4 weeks (monthly); 3 or more consecutive, monthly injections may be needed.<br><br>Thereafter, treatment is individualised using a treat -and-extend approach. Based on the physician's judgement of the patient's anatomic and/or visual outcomes, the dosing interval may be extended, in increments of up to 4 weeks. If anatomic and/or visual outcomes change, the treatment interval should be adjusted accordingly, and interval reduction should be implemented if anatomic and/or visual outcomes deteriorate. Treatment intervals shorter than 4 weeks and longer than 4 months between injections have not been studied. Monitoring between the dosing visits should be scheduled based on the patient's status and at the physician's discretion but there is no requirement for monthly monitoring between injections.<br><br>Special populations<br><br>Elderly<br><br>No dose adjustment is required in patients aged 65 years or above. Safety data in nAMD and RVO patients over 85 years is limited. | **ROCHE (MALAYSIA) SDN. BHD.**<br>Level 21, The Pinnacle,<br>Persiaran Lagoon,<br>Bandar Sunway,<br>47500 Subang Jaya,<br>Selangor. |

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| | | Renal impairment<br><br>No dose adjustment is required in patients with renal impairment.<br><br>Hepatic impairment<br><br>No dose adjustment is required in patients with hepatic impairment.<br><br>Paediatric population<br><br>There is no relevant use of this medicinal product in the paediatric population for the indications of nAMD, DME and RVO. | |

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| **2.** | RYBREVANT 350mg/7mL Concentrate for Solution for Infusion<br><br>[Amivantamab 50 mg/mL] | **INDICATION :**<br><br>RYBREVANT® is indicated:<br><br>• in combination with carboplatin and pemetrexed for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal-growth factor receptor (EGFR) Exon 20 insertion mutations.<br><br>**POSOLOGY :**<br><br>Dosage and Administration<br><br>Treatment with RYBREVANT® should be initiated and supervised by a physician experienced in the use of anticancer medicinal products.<br><br>RYBREVANT® should be administered by a healthcare professional with access to appropriate medical support to manage infusion-related reactions (IRRs) if they occur.<br><br>Before initiation of RYBREVANT® therapy, EGFR Exon 20 insertion mutation-positive status in tumour tissue or plasma specimens must be established using a validated test method. If no mutation is detected in a plasma specimen, tumour tissue should be tested if available in sufficient amount and quality due to the potential for false negative results using a plasma-test (see Pharmacodynamic effects – Clinical studies).<br><br>Posology<br><br>Premedications should be administered to reduce the risk of IRRs with RYBREVANT® (see below Dose modifications and Recommended concomitant medicinal products). | **JOHNSON & JOHNSON SDN. BHD.**<br>Level 8, The Pinnacle,<br>Persiaran Lagoon,<br>Bandar Sunway,<br>46150 Petaling Jaya,<br>Selangor. |

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<tr><th>No.</th><th>Product<br>[Active Ingredient]</th><th>Additional Indication</th><th>Product Registration Holder (PRH)</th></tr>
<tr><td></td><td></td><td>
Every 3 weeks<br><br>
The recommended dosages of RYBREVANT®, when used in combination with carboplatin and pemetrexed, is provided in Table 1 (see below Infusion rates and Table 5).<br><br>
Table 1: Recommended dosage of RYBREVANT® every 3 weeks
<table>
<tr><th>Body weight at baselinea</th><th>RYBREVANT® dose</th><th>Schedule</th><th>Number of vials</th></tr>
<tr><td rowspan="2">Less than 80 kg</td><td>1400 mg</td><td>Weekly (total of 4 doses) from Weeks 1 to 4<br>Week 1 - split infusion on Day 1 and Day 2<br>Weeks 2 to 4 - infusion on Day 1<br>Weeks 5 and 6 – no dose</td><td>4</td></tr>
<tr><td>1750 mg</td><td>Every 3 weeks starting at Week 7 onwards</td><td>5</td></tr>
<tr><td rowspan="2">Greater than or equal to 80 kg</td><td>1750 mg</td><td>Weekly (total of 4 doses) from Weeks 1 to 4<br>Week 1 - split infusion on Day 1 and Day 2<br>Weeks 2 to 4 - infusion on Day 1<br>Weeks 5 and 6 – no dose</td><td>5</td></tr>
<tr><td>2100 mg</td><td>Every 3 weeks starting at Week 7 onwards</td><td>6</td></tr>
</table>
a Dose adjustments not required for subsequent body weight changes.
</td><td></td></tr>
</table>

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When used in combination with carboplatin and pemetrexed, RYBREVANT® should be administered after carboplatin and pemetrexed in the following order: pemetrexed, carboplatin and then RYBREVANT®. See Clinical Studies and the manufacturer's prescribing information for dosing instructions for carboplatin and pemetrexed.<br><br>
Every 2 weeks<br><br>
The recommended dosages of RYBREVANT® monotherapy is provided in Table 2 (see below Infusion rates and Table 6).<br><br>
Table 2: Recommended dosage of RYBREVANT® every 2 weeks
<table>
<tr><th>Body weight at baselinea</th><th>RYBREVANT® dose</th><th>Schedule</th><th>Number of vials</th></tr>
<tr><td rowspan="2">Less than 80 kg</td><td rowspan="2">1050 mg</td><td>Weekly (total of 4 doses) from weeks 1 to 4<br><br>Week 1 - split infusion on Day 1 and Day 2<br><br>Weeks 2 to 4 - infusion on Day 1</td><td rowspan="2">3</td></tr>
<tr><td>Every 2 weeks starting at Week 5 onwards</td></tr>
<tr><td rowspan="2">Greater than or equal to 80 kg</td><td rowspan="2">1400 mg</td><td>Weekly (total of 4 doses) from Weeks 1 to 4<br><br>Week 1 - split infusion on Day 1 and Day 2<br><br>Weeks 2 to 4 - infusion on Day 1</td><td rowspan="2">4</td></tr>
<tr><td>Every 2 weeks starting at Week 5 onwards</td></tr>
</table>
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a Dose adjustments not required for subsequent body weight changes.<br><br>
Duration of treatment<br><br>
It is recommended that patients are treated with RYBREVANT® until disease progression or unacceptable toxicity.<br><br>
Missed dose<br><br>
If a planned dose is missed, the dose should be administered as soon as possible and the dosing schedule should be adjusted accordingly, maintaining the treatment interval.<br><br>
Dose modifications<br><br>
Dosing should be interrupted for Grade 3 or 4 adverse reactions until the adverse reaction resolves to ≤ Grade 1 or baseline. If an interruption is 7 days or less, restart at the current dose. If an interruption is longer than 7 days, it is recommended restarting at a reduced dose as presented in Table 3. See also specific dose modifications for specific adverse reactions below Table 3.<br><br>
Table 3: Recommended dose modifications for adverse reactions
<table>
<tr><th>Dose*</th><th>Dose after 1st interruption for adverse reaction</th><th>Dose after 2nd interruption for adverse reaction</th><th>Dose after 3rd interruption for adverse reaction</th></tr>
<tr><td>1050 mg</td><td>700 mg</td><td>350 mg</td><td rowspan="3">Discontinue RYBREVANT®</td></tr>
<tr><td>1400 mg</td><td>1050 mg</td><td>700 mg</td></tr>
<tr><td>1750 mg</td><td>1400 mg</td><td>1050 mg</td></tr>
</table>
</td><td></td></tr>
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|---|---|---|---|

| | | | |
|---|---|---|---|
| 2100 mg | 1750 mg | 1400 mg | |

* Dose at which the adverse reaction occurred

Infusion-related reactions

Infusion should be interrupted at the first sign of IRRs. Additional supportive medicinal products (e.g., additional glucocorticoids, antihistamine, antipyretics and antiemetics) should be administered as clinically indicated (see Warnings and Precautions).

- Grade 1-3 (mild-severe): Upon recovery of symptoms, resume infusion at 50% of the previous rate. If there are no additional symptoms, the rate may be increased per the recommended infusion rate (see Tables 5 and 6). Concomitant medicinal products should be administered at the next dose (including dexamethasone (20 mg) or equivalent (see Table 4).
- Recurrent Grade 3 or Grade 4 (life-threatening): Permanently discontinue RYBREVANT®.

Skin and nail reactions

If the patient develops a Grade 1-2 skin or nail reaction, supportive care should be initiated; if there is no improvement after 2 weeks, dose reduction should be considered for persistent Grade 2 rash (see Table 3). If the patient develops a Grade 3 skin or nail reaction, supportive care should be initiated, and interruption of RYBREVANT® should be considered until the adverse reaction improves. Upon recovery of the skin or nail reaction to ≤ Grade 2, RYBREVANT® should be resumed at a reduced dose. If the patient develops Grade 4 skin reactions, permanently discontinue RYBREVANT® (see Warnings and Precautions).

Interstitial lung disease

RYBREVANT® should be withheld if interstitial lung disease (ILD) or ILD-like adverse reactions (pneumonitis) is suspected. If the patient is confirmed to have ILD or ILD-like

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adverse reactions (e.g., pneumonitis), permanently discontinue RYBREVANT® (see Warnings and Precautions).<br><br>
Recommended concomitant medicinal products<br><br>
Prior to infusion (Week 1, Days 1 and 2), antihistamines, antipyretics, and glucocorticoids should be administered to reduce the risk of IRRs (see Table 4). For subsequent doses, antihistamines and antipyretics are required to be administered. Glucocorticoids should also be re-initiated after prolonged dose interruptions. Antiemetics should be administered as needed.<br><br>
Table 4: Dosing schedule of premedications
<table>
<tr><th>Premedication</th><th>Dose</th><th>Route of administration</th><th>Recommended dosing window prior to RYBREVANT® ad ministration</th></tr>
<tr><td rowspan="2">Antihistamine*</td><td rowspan="2">Diphenhydramine (25 to 50 mg) or equivalent</td><td>Intravenous</td><td>15 to 30 minutes</td></tr>
<tr><td>Oral</td><td>30 to 60 minutes</td></tr>
<tr><td rowspan="2">Antipyretic*</td><td rowspan="2">Paracetamol/Acetaminoph en (650 to 1000 mg)</td><td>Intravenous</td><td>15 to 30 minutes</td></tr>
<tr><td>Oral</td><td>30 to 60 minutes</td></tr>
<tr><td>Glucocorticoid‡</td><td>Dexamethasone (20 mg) or equivalent</td><td>Intravenous</td><td>45 to 60 minutes</td></tr>
<tr><td>Glucocorticoid+</td><td>Dexamethasone (10 mg) or equivalent</td><td>Intravenous</td><td>45 to 60 minutes</td></tr>
</table>
* Required at all doses.<br><br>
‡ Required at initial dose (Week 1, Day 1) or at the next subsequent dose in the event of an IRR.
</td><td></td></tr>
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| | | + Required at second dose (Week 1, Day 2); optional for subsequent doses.<br><br>Special populations<br><br>Paediatric population<br><br>There is no relevant use of amivantamab in the paediatric population in the treatment of non-small cell lung cancer.<br><br>Elderly<br><br>No dose adjustments are necessary (see Adverse Reactions, Pharmacodynamic Properties, and Pharmacokinetic Properties).<br><br>Renal impairment<br><br>No formal studies of amivantamab in patients with renal impairment have been conducted. Based on population pharmacokinetic (PK) analyses, no dose adjustment is necessary for patients with mild or moderate renal impairment. Caution is required in patients with severe renal impairment as amivantamab has not been studied in this patient population (see Pharmacokinetic Properties). If treatment is started, patients should be monitored for adverse reactions with dose modifications per the recommendations above.<br><br>Hepatic impairment<br><br>No formal studies of amivantamab in patients with hepatic impairment have been conducted. Based on population PK analyses, no dose adjustment is necessary for patients with mild hepatic impairment. Caution is required in patients with moderate or severe | |

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hepatic impairment as amivantamab has not been studied in this patient population (see Pharmacokinetic Properties). If treatment is started, patients should be monitored for adverse reactions with dose modifications per the recommendations above.<br><br>
Method of Administration<br><br>
RYBREVANT® is for intravenous use. It is administered as an intravenous infusion following dilution with sterile 5% glucose solution or sodium chloride 9 mg/mL (0.9%) solution for injection. RYBREVANT® must be administered with in-line filtration.<br><br>
For instructions on dilution of the medicinal product before administration, see Instructions for Use and Handling and Disposal.<br><br>
Infusion rates<br><br>
Following dilution, the infusion should be administered intravenously at the infusion rates presented in Table 5 or 6 below. Due to the frequency of IRRs at the first dose, amivantamab should be infused via a peripheral vein at Week 1 and Week 2; infusion via a central line may be administered for subsequent weeks when the risk of IRR is lower (see Instructions for Use and Handling and Disposal). It is recommended for the first dose to be prepared as close to administration as possible to maximise the likelihood of completing the infusion in the event of an IRR.<br><br>
Table 5: Infusion rates for RYBREVANT® every 3 weeks<br>
<table>
<tr><td colspan="4">Body weight less than 80 kg</td></tr>
<tr><td>Week</td><td>Dose (per 250 mL bag)</td><td>Initial infusion rate</td><td>Subsequent infusion rate†</td></tr>
<tr><td>Week 1 (split dose infusion)</td><td colspan="3"></td></tr>
</table>
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<table>
<tr><td>Week 1 Day 1</td><td>350 mg</td><td>50 mL/hr</td><td>75 mL/hr</td></tr>
<tr><td>Week 1 Day 2</td><td>1050 mg</td><td>33 mL/hr</td><td>50 mL/hr</td></tr>
<tr><td>Week 2</td><td>1400 mg</td><td colspan="2">65 mL/hr</td></tr>
<tr><td>Week 3</td><td>1400 mg</td><td colspan="2">85 mL/hr</td></tr>
<tr><td>Week 4</td><td>1400 mg</td><td colspan="2">125 mL/hr</td></tr>
<tr><td>Subsequent weeks*</td><td>1750 mg</td><td colspan="2">125 mL/hr</td></tr>
<tr><td colspan="4">Body weight greater than or equal to 80 kg</td></tr>
<tr><td>Week</td><td>Dose (per 250 mL bag)</td><td>Initial infusion rate</td><td>Subsequent infusion rate†</td></tr>
<tr><td>Week 1 (split dose infusion)</td><td colspan="3"></td></tr>
<tr><td>Week 1 Day 1</td><td>350 mg</td><td>50 mL/hr</td><td>75 mL/hr</td></tr>
<tr><td>Week 1 Day 2</td><td>1400 mg</td><td>25 mL/hr</td><td>50 mL/hr</td></tr>
<tr><td>Week 2</td><td>1750 mg</td><td colspan="2">65 mL/hr</td></tr>
<tr><td>Week 3</td><td>1750 mg</td><td colspan="2">85 mL/hr</td></tr>
<tr><td>Week 4</td><td>1750 mg</td><td colspan="2">125 mL/hr</td></tr>
<tr><td>Subsequent weeks*</td><td>2100 mg</td><td colspan="2">125 mL/hr</td></tr>
</table>
* Starting at Week 7, patients are dosed every 3 weeks.<br>† Increase the initial infusion rate to the subsequent infusion rate after 2 hours in the absence of infusion-related reactions.
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Table 6: Infusion rates for RYBREVANT® every 2 weeks
<table>
<tr><td colspan="4">Body weight less than 80 kg</td></tr>
<tr><td>Week</td><td>Dose (per 250 mL bag)</td><td>Initial infusion rate</td><td>Subsequent infusion rate‡</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>Week 1 (split dose infusion)</td><td colspan="3"></td></tr>
<tr><td>Week 1 Day 1</td><td>350 mg</td><td>50 mL/hr</td><td>75 mL/hr</td></tr>
<tr><td>Week 1 Day 2</td><td>700 mg</td><td>50 mL/hr</td><td>75 mL/hr</td></tr>
<tr><td>Week 2</td><td>1050 mg</td><td colspan="2">85 mL/hr</td></tr>
<tr><td>Subsequent weeks*</td><td>1050 mg</td><td colspan="2">125 mL/hr</td></tr>
<tr><td colspan="4">Body weight greater than or equal to 80 kg</td></tr>
<tr><td>Week</td><td>Dose (per 250 mL bag)</td><td>Initial infusion rate</td><td>Subsequent infusion rate‡</td></tr>
<tr><td>Week 1 (split dose infusion)</td><td colspan="3"></td></tr>
<tr><td>Week 1 Day 1</td><td>350 mg</td><td>50 mL/hr</td><td>75 mL/hr</td></tr>
<tr><td>Week 1 Day 2</td><td>1050 mg</td><td>35 mL/hr</td><td>50 mL/hr</td></tr>
<tr><td>Week 2</td><td>1400 mg</td><td colspan="2">65 mL/hr</td></tr>
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<table>
<tr><td>Week 3</td><td>1400 mg</td><td>85 mL/hr</td></tr>
<tr><td>Subsequent weeks*</td><td>1400 mg</td><td>125 mL/hr</td></tr>
</table>
* After Week 5, patients are dosed every 2 weeks.<br><br>‡ Increase the initial infusion rate to the subsequent infusion rate after 2 hours in the absence of IRRs.
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