Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 412, 8 September 2025

Products approved for additional indication (DCA 412 – 8 September 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
1.	RYBREVANT 350mg/7mL Concentrate for Solution for Infusion [Amivantamab 50 mg/mL]	**INDICATION :** RYBREVANT® is indicated: • in combination with carboplatin and pemetrexed for the treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) Exon 19 deletions or Exon 21 L858R substitution mutations after failure of prior therapy including an EGFR tyrosine kinase inhibitor (TKI). **POSOLOGY :** Treatment with RYBREVANT® should be initiated and supervised by a physician experienced in the use of anticancer medicinal products. RYBREVANT® should be administered by a healthcare professional with access to appropriate medical support to manage infusion related reactions (IRRs) if they occur. **Before initiation of RYBREVANT® therapy, EGFR mutation 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. Testing may be performed at any time from initial diagnosis until the initiation of therapy: testing does not need to be repeated once EGFR mutation has been established (see section 5.1).** <u>Posology</u> 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.** Level 8, The Pinnacle, Persiaran Lagoon, Bandar Sunway, 46150 Petaling Jaya, Selangor.

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<table>
<tr><th>No.</th><th>Product [Active Ingredient]</th><th>Additional Indication</th><th>Product Registration Holder (PRH)</th></tr>
<tr><td></td><td></td><td>Every 3 weeks

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).

Table 1: Recommended dosage of RYBREVANT® every 3 weeks
<table>
<tr><th>Body weight at baseline[a]</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
• Week 1 - split infusion on Day 1 and Day 2
• Weeks 2 to 4 - infusion on Day 1
• 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>Greater than or equal to 80 kg</td><td>1750 mg</td><td>Weekly (total of 4 doses) from Weeks 1 to 4
• Week 1 - split infusion on Day 1 and Day 2
• Weeks 2 to 4 - infusion on Day 1
• Weeks 5 and 6 – no dose</td><td>5</td></tr>
</table></td><td></td></tr>
</table>

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<tr><th>No.</th><th>Product [Active Ingredient]</th><th>Additional Indication</th><th>Product Registration Holder (PRH)</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td></td><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.

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 section 5.1 and the manufacturer's prescribing information for dosing instructions for carboplatin and pemetrexed.

Every 2 weeks

The recommended dosages of RYBREVANT® monotherapy is provided in Table 2 (see below "Infusion rates" and Table 6).

Table 2: Recommended dosage of RYBREVANT® every 2 weeks
<table>
<tr><th>Body weight at baseline[a]</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
• Week 1 - split infusion on Day 1 and Day 2
• 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>Greater than or</td><td>1400 mg</td><td>Weekly (total of 4 doses) from</td><td>4</td></tr>
</table>
</td><td></td></tr>
</table>

<table>
<tr><th>No.</th><th>Product [Active Ingredient]</th><th>Additional Indication</th><th>Product Registration Holder (PRH)</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>equal to 80 kg</td><td></td><td>Weeks 1 to 4
Week 1 - split infusion on Day 1 and Day 2
Weeks 2 to 4 - infusion on Day 1</td><td></td></tr>
<tr><td></td><td></td><td>Every 2 weeks starting at Week 5 onwards</td><td></td></tr>
</table>
[a] Dose adjustments not required for subsequent body weight changes.

<u>Duration of treatment</u>

It is recommended that patients are treated with RYBREVANT® until disease progression or unacceptable toxicity.

<u>Missed dose</u>

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.

<u>Dose modifications</u>

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.
</td><td></td></tr>
</table>

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<tr><td></td><td></td><td>

Table 3: Recommended dose modifications for adverse reactions

<table>
<tr><th>Dose at which the adverse reaction occurred</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="4">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>
<tr><td>2100 mg</td><td>1750 mg</td><td>1400 mg</td></tr>
</table>

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 section 4.4).

- 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

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</table>

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		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 section 4.4). 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 adverse reactions (e.g., pneumonitis), permanently discontinue RYBREVANT® (see section 4.4). <u>Recommended concomitant medicinal products</u> 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.	

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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® administration</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/Acetaminophen (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>60 to 120 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.

‡ Required at initial dose (Week 1, Day 1) or at the next subsequent dose in the event of an IRR.

\+ Required at second dose (Week 1, Day 2); optional for subsequent doses.

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</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 412, 8 September 2025

Products approved for additional indication (DCA 412 – 8 September 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		Special populations Paediatric population There is no relevant use of amivantamab in the paediatric population in the treatment of non-small cell lung cancer. Elderly No dose adjustments are necessary (see section 4.8, section 5.1, and section 5.2). Renal impairment 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 section 5.2). If treatment is started, patients should be monitored for adverse reactions with dose modifications per the recommendations above. Hepatic impairment 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 hepatic impairment as amivantamab has not been studied in this patient population (see section 5.2). If treatment is started, patients should be monitored for adverse reactions with dose modifications per the recommendations above. Method of Administration 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	

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injection. RYBREVANT® must be administered with in line filtration.

For instructions on dilution of the medicinal product before administration, see section 6.6.

<u>Infusion rates</u>

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 section 6.6). 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.

Table 5: Infusion rates for RYBREVANT® every 3 weeks
<table>
<tr><th colspan="4">Body weight less than 80 kg</th></tr>
<tr><th>Week</th><th>Dose (per 250 mL bag)</th><th>Initial infusion rate</th><th>Subsequent infusion rate†</th></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>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>
</table>
</td><td></td></tr>
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<tr><td></td><td></td><td>
<table>
<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></td><td>Dose (per 250 mL bag)</td><td>Initial infusion rate</td><td>Subsequent infusion rate†</td></tr>
<tr><td>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.
† Increase the initial infusion rate to the subsequent infusion rate after 2 hours in the absence of infusion-related reactions.

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>
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<table>
<tr><td colspan="4">Week 1 (split dose infusion)</td></tr>
<tr><td colspan="2">Week 1 Day 1
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></td><td>Dose
(per 250 mL bag)</td><td>Initial infusion rate</td><td>Subsequent infusion rate‡</td></tr>
<tr><td colspan="4">Week 1 (split dose infusion)</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>
<tr><td>Week 3</td><td>1400 mg</td><td colspan="2">85 mL/hr</td></tr>
<tr><td>Subsequent weeks*</td><td>1400 mg</td><td colspan="2">125 mL/hr</td></tr>
</table>
* After Week 5, patients are dosed every 2 weeks.
‡ Increase the initial infusion rate to the subsequent infusion rate after 2 hours in the absence of IRRs.
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</table>

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Products approved for additional indication (DCA 412 – 8 September 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
2.	Fasenra 30mg Solution for Injection in Pre-filled Pen [Benralizumab 30 mg/mL]	**INDICATION :** Eosinophilic granulomatosis with polyangiitis (EGPA) FASENRA is indicated as an add-on treatment for adult patients with relapsing or refractory eosinophilic granulomatosis with polyangiitis. **POSOLOGY :** FASENRA treatment should be initiated by a physician experienced in the diagnosis and treatment of **conditions for which benralizumab is indicated**. **After proper training in the subcutaneous injection technique and education about signs and symptoms of hypersensitivity reactions, patients with no known history of anaphylaxis or their caregivers may administer FASENRA if their physician determines that it is appropriate, with medical follow-up as necessary. Self-administration should only be considered in patients already experienced with FASENRA treatment.** <u>Posology</u> FASENRA is intended for long-term treatment. A decision to continue the therapy should be made at least annually based on disease severity, level of **disease** control and blood eosinophil counts. Asthma The recommended dose of benralizumab is 30 mg by subcutaneous injection every 4 weeks for the first 3 doses, and then every 8 weeks thereafter. **EGPA** **The recommended dose of benralizumab is 30 mg by subcutaneous injection every 4 weeks.**	**ASTRAZENECA SDN. BHD.** Level 11 & 12, The Bousteador, No. 10, Jalan PJU 7/6, Mutiara Damansara, 47800 Petaling Jaya, Selangor.

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Products approved for additional indication (DCA 412 – 8 September 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		Patients who develop life-threatening manifestations of EGPA should be evaluated for the need for continued therapy, as FASENRA has not been studied in this population. **Missed Dose** **If an injection is missed on the planned date, dosing should resume as soon as possible on the indicated regimen; a double dose must not be administered**. Elderly No dose adjustment is required for elderly patients. Renal and hepatic impairment No dose adjustment is required for patients with renal or hepatic impairment. Paediatric population The safety and efficacy of FASENRA in children **and adolescents less than** 18 years **with asthma has** not been established. No data are available for children aged **less than 12 years old**. Currently available data in children 12 to less than 18 years old are described in sections 4.8, 5.1 and 5.2 but no recommendation on a posology can be made. **The safety and efficacy of FASENRA in children and adolescents less than 18 years with EGPA have not been established.**	