Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 413, 2 Oktober 2025

Products approved for additional indication (DCA 413 – 2 October 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
1.	BRIDION 100MG/ML SOLUTION FOR INJECTION [Sugammadex 100mg/ml]	INDICATION: BRIDION is indicated for the reversal of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide in adult and pediatric patients undergoing surgery. POSOLOGY: Preparation of dilution for pediatric use: Bridion 100 mg/mL may be diluted to a concentration of 10 mg/mL, using 0.9% sodium chloride injection, USP, to increase the accuracy of dosing in the pediatric population. • To prepare the required dose, aseptically transfer all the contents of the 2 mL vial of Bridion 2-mL single-dose vials containing 200 mg sugammadex (100 mg/mL) to a bottle (or intravenous bag) containing 18 mL of 0.9% sodium chloride injection, to achieve a final concentration of 10 mg/mL sugammadex. The diluted solution should be used immediately. • Bridion injection is a single-dose sterile solution without preservatives. Discard any unused portion from the vial. Pediatric population (birth and older for rocuronium and vecuronium): Bridion 100 mg/ml may be diluted to 10 mg/ml to increase the accuracy of dosing in the pediatric population Routine reversal: A dose of 4 mg/kg sugammadex is recommended for reversal of rocuronium or vecuronium induced blockade if recovery has reached at least 1-2 post-tetanic counts (PTC) and there are no twitch responses to train-of-four (TOF) stimulation. A dose of 2 mg/kg is recommended for reversal of rocuronium or vecuronium induced blockade at reappearance of T2	MERCK SHARP & DOHME (MALAYSIA) SDN. BHD. Lot No. B-22-1 & B-22-2, Level 22, The Ascent, Paradigm No. 1, Jalan SS 7/26A, Kelana Jaya, 47301 Petaling Jaya, Selangor.

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No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		Immediate reversal: Immediate reversal has not been investigated in the pediatric population.	
		Method of administration Sugammadex should be administered intravenously as a single bolus injection. The bolus injection should be given rapidly, within 10 seconds, into an existing intravenous line. Sugammadex has only been administered as a single bolus injection in clinical trials.	

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No.	Product	Additional Indication	Product Registration		
	[Active		Holder (PRH)		
	Ingredient]				
2.	Jakavi 10mg				
	Tablets	Graft versus host disease (GvHD)	CORPORATION (MALAYSIA) SDN. BHD.		
	[Ruxolitinib phosphate 13.2mg (corresponding to 10mg of ruxolitinib free base)]	Jakavi is indicated for the treatment of adult and paediatric patients aged 6 years and older with acute graft versus host disease or chronic graft versus host disease who have inadequate response to corticosteroids or other systemic therapies (see section 5.1).			
	Jakavi 15mg Tablets	ablets			
	[Ruxolitinib	Graft versus host disease (GvHD)			
	phosphate 19.8mg (corresponding to 15mg of ruxolitinib free base)]	The recommended starting dose of Jakavi in acute and chronic GvHD is based on age (see Table 2):			
		Table 2 Starting doses in graft versus host disea			
	Jakavi 20mg Tablets	Age group	Starting dose		
	[Ruxolitinib	12 years old and above 1	0 mg twice daily		
	phosphate 26.4mg (corresponding to	6 years to less than 12 years old 5	5 mg twice daily		
	20mg of ruxolitinib free base)]				
	Jakavi 5mg Tablets	Removal of the following statement: In paediatric patients (12 years of age and older)) with GvHD, the safety and efficacy of Jakavi		
	[Ruxolitinib phosphate 6.6mg (corresponding to 5mg of ruxolitinib free base)]				

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No.	Product [Active Ingredient]	Additional Indication			Product Registration Holder (PRH)
3.	Darzalex Faspro 1,800 mg solution for injection [Daratumumab 120 mg/mL]	in complete treatment	sbination with bortezomib, lent of adult patients with new for autologous stem cell transparents does not be somether than the same of the	Table 4 is for combination therapy with 4-week cycle regimens) for treatment of e for ASCT. combination with bortezomib, lenalidomide	Selangor.
		Treatment phase	Weeks	Schedule	
		Induction	Week 1 to 8	Weekly (total of 8 doses)	
			Weeks 9 to 16 ^a	Every two weeks (total of 4 doses)	
		Stop for high dos	se chemotherapy and ASCT		
		Consolidation	Weeks 17 to 24 ^b	Every two weeks (total of 4 doses)	
		Maintenance	Week 25 onwards until disease progression ^c	Every four weeks	

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No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		 ^a First dose of the every-2-week dosing schedule is given at Week 9 ^b Week 17 corresponds to re-initiation of treatment following recovery from ASCT ^c Discontinuation daratumumab for patients who have achieved MRD negativity that is sustained for 12 months and have been treated on maintenance for at least 24 months For dosing instructions of medicinal products administered with DARZALEX FASPRO, see Clinical Studies and manufacturer's prescribing information. 	