

Pharmacy Bulletin

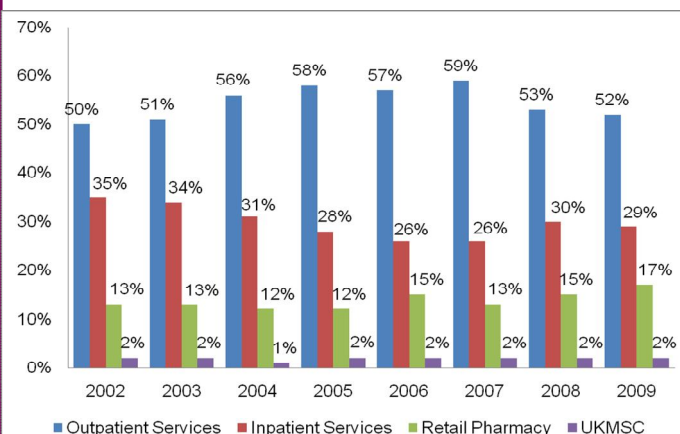
DRUG USAGE UPDATES

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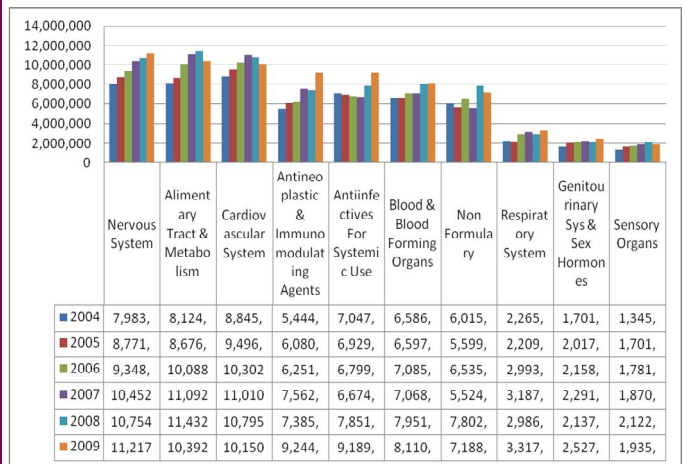
In 2009, PPUKM's drug usage was **RM78,915,891.47** which is **2.7% higher** than in 2008 (RM76,863,164.00). On average the drug usage is about RM6,576,324.28 per month. Year 2009 was a good year for us because we did not experience a shortage in drug supply since our drug budget was sufficient till end of the year. This is unlike the previous years where, by September or October we would have run out of drug budget.

One of the reasons why we managed to control our drug budget in 2009 was as a result of the decisions made during the "**Sanggar Kerja Penyemakan Semula Formulari PPUKM**" where quite a number of drugs were delisted from the Formulary for reasons such as : low usage, availability of cheaper alternatives, hence affordable for patients to purchase them from Kedai Farmasi. A joint decision was also made during the Sanggar Kerja, whereby **drugs that have reached the usage limit, would be reserved only for existing patients and new patients would have to pay**. Another contributing factor is the implementation of the "**Patient Own Drug**" system or "POD" where admitted patients would be advised to bring their current medications to the hospital. This way we are able to reduce drug wastage, unnecessary adverse drug reactions and overdosing.

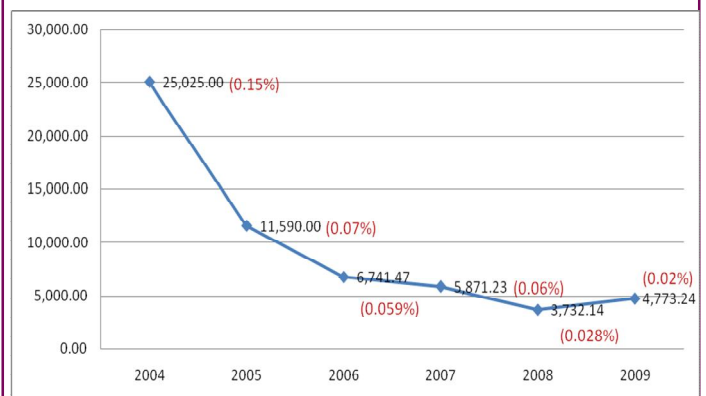
Reducing the duration of inpatient prescription from 7 days to 5 days have also contributed significantly to the reduction in drug usage. By reducing the duration of supply to 5 days, the Inpatient Pharmacy saw a decrease in the number of drugs being returned to the Pharmacy. The incidence of repetitive prescribing was also minimized. With the implementation of the above strategies, we were able to **reduce the percentage of drug usage for Outpatient Services from 53% to 52% and the percentage of drug usage for Inpatient services from 30% to 29%** (See graph below)



We were also able to reduce the usage of drugs in the "Cardiovascular System" and in the "Alimentary Tract & Metabolism" group (see graph below).



Percentage of drugs expired was also reduced from 0.028% to 0.02% in 2009. The national standard states that the percentage of drugs expired should not be more than 0.5% of holding stock. (see graph below). Therefore we would like to take this opportunity to thank all doctors and nurses for their support in helping us to curb the increase in drug expenditure.



Year 2010 would be a very challenging year for us since the Treasury has cut our drug budget by RM3.0 million from RM88.5 million to RM85.5 million. Therefore again we would like to seek the support and cooperation from all doctors to continue prescribing rationally and judiciously so that our drug budget would be sufficient till end of the year.

Note : Next JKTU meeting will be held on **19th March 2010**. Any new drug application must be submitted by **19th February 2010** to Drug Information Centre. Kindly call 5401/5415 for further information. Thank you.

SUSPENSION OF SIBUTRAMINE BY EUROPEAN MEDICINES AGENCY(EMA)

by Ms Wong Li Ven (Provisionally Registered Pharmacist)

Sibutramine (Reductil[®]) is an anti-obesity drug used to promote weight loss by inhibiting the re-uptake of noradrenaline, serotonin and dopamine into the nerve cells of the brain. The increased level of serotonin and dopamine enhance satiety thus reducing the food intake by people and as a result, contribute to weight loss.

However, the recent press release by European Medicines Agency (EMA) in January 2010 has recommended the suspension of sibutramine following the result from Sibutramine Cardiovascular Outcome Trial (SCOUT) study. This six years trial was conducted by Abbott to assess the cardiovascular safety of sibutramine in about 10,000 overweight and obese patients with known or high risks for cardiovascular events. Higher rates of non fatal heart attack and stroke were reported in patients on sibutramine compared to those on placebo.

In Malaysia, National Adverse Drug Monitoring Programme, Ministry of Health has received 35 adverse drug reports for sibutramine so far of which 4 cases were related to cardiovascular problems (3 palpitations reports and 1 non fatal myocardial infarction). Through press release, **Drug Control Authority (DCA) has announced that sibutramine remains available in Malaysia but should be used according to the product insert.** DCA also instructed all product registration holders to circulate this new information using a 'Dear Health Professional' letter to all prescribers in Malaysia besides including a description of the SCOUT study in the product insert. **Sibutramine is contraindicated in patients with history of coronary artery disease, congestive heart failure, tachycardia, peripheral arterial occlusive disease, arrhythmia or cerebrovascular disease and insufficiently controlled hypertension.**

DCA will continue to monitor and evaluate any new information concerning sibutramine for further regulatory action.

NOTE : Sibutramine is available in 2 strengths: 10mg and 15mg. In PPUKM, it can only be prescribed by Endocrinologists and the permitted duration of treatment is for 6 months.

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SUPPLY OF DIAZEPAM TABLETS

Due to the shortage in the quota given to manufacturers for the manufacture of psychotropic drugs, the supply of Diazepam tablets by manufacturers would only be to the private hospitals and clinics. Therefore doctors are advised to use other alternative drugs such as Lorazepam Tab.

	Diazepam	Lorazepam
Indication & dosage	<ul style="list-style-type: none"> Insomnia associated with anxiety : 5-15mg at bedtime Anxiety: 2mg tds, increase if necessary to 15-30mg daily in divided doses 	<ul style="list-style-type: none"> Insomnia associated with insomnia : 1-2mg at bedtime. Anxiety: 1-4mg daily in divided doses
Dosage form	2mg, 5mg & 10mg tablet, 5mg rectal, Injection 10mg/2ml,	1mg tablet

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