Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
1.	Olumiant 2mg Film-Coated Tablets [Baricitinib 2mg] Olumiant 4mg Film-Coated Tablets [Baricitinib 4mg]	**INDICATION :** <u>Juvenile idiopathic arthritis</u> Baricitinib is indicated for the treatment of active juvenile idiopathic arthritis in patients 2 years of age and older who have had an inadequate response or intolerance to one or more prior conventional synthetic or biologic DMARDs: ● Polyarticular juvenile idiopathic arthritis (polyarticular rheumatoid factor positive [RF+] or negative [RF-], extended oligoarticular), ● Enthesitis related arthritis, and ● Juvenile psoriatic arthritis. Baricitinib may be used as monotherapy or in combination with methotrexate. **POSOLOGY :** <u>Juvenile idiopathic arthritis (from 2 to less than 18 years of age)</u> The recommended dose of baricitinib is 4 mg once daily for patients weighing 30 kg or more. For patients weighing 10 kg to less than 30 kg, the recommended dose is 2 mg once daily. Consideration should be given to discontinuing treatment in patients who show no evidence of therapeutic benefit after 12 weeks of treatment. Co-administration with OAT3 inhibitors The recommended dose is 2 mg once daily in adult patients taking strong Organic Anion Transporter 3 (OAT3) inhibitors, such as probenecid (see section 4.5). In paediatric patients taking strong OAT3 inhibitors such as probenecid, the recommended dose of baricitinib should be reduced by half.	**ZUELLIG PHARMA SDN. BHD.** No. 15, Persiaran Pasak Bumi, Sek. U8, Perindustrian Bukit Jelutong, 40150 Shah Alam, Selangor.

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
2.	ASADIN INJECTION 1.0MG/ML [Arsenic Trioxide 1.0mg/ml]	**INDICATION :** <u>Newly Diagnosed Low to Intermediate Risk Acute promyelocytic leukaemia</u> Arsenic Trioxide is indicated in combination with tretinoin for treatment of adults with newly diagnosed low to intermediate risk acute promyelocytic leukemia (APL) whose APL is characterized by the presence of the t(15;17) translocation or PML/RAR alpha gene expression. **POSOLOGY :** **Recommended Dosage for Newly Diagnosed Low to Intermediate Risk Acute Promyelocytic Leukemia (APL)** A treatment course for patients with newly diagnosed low to intermediate risk APL consists of 1 induction cycle and 4 consolidation cycles. • For the induction cycle, the recommended dosage of Arsenic Trioxide is 0.15 mg/kg intravenously daily in combination with tretinoin until bone marrow remission but not to exceed 60 days (see Table 1). • For the consolidation cycles, the recommended dosage of Arsenic Trioxide is 0.15 mg/kg intravenously daily 5 days per week during weeks 1- 4 of each 8 week cycle for a total of 4 cycles in combination with tretinoin (see Table 1). Omit tretinoin during weeks 5 -6 of the fourth cycle of consolidation.	**PHARM-D SDN. BHD.** 8B, Jalan 1/137C, Bedford Business Park, Off Jalan Kelang Lama, 58000 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur.

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

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

Table 1 Recommended Dose of ASADIN in Low to Intermediate Risk Patients

Induction (1 cycle)

<table>
<tr><td>Arsenic Trioxide 0.15 mg/kg once daily intravenously</td><td>Until marrow remission but not to exceed 60 days</td></tr>
<tr><td>Tretinoin[a] 22.5 mg/m^2 twice daily orally</td><td>Until marrow remission but not to exceed 60 days</td></tr>
</table>

Consolidation (4 cycles)

<table>
<tr><td rowspan="2"></td><td colspan="8">Week</td></tr>
<tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr>
<tr><td>Arsenic Trioxide 0.15 mg/kg QD, iv</td><td>D[C] 1- 5</td><td>D 1-5</td><td>D 1-5</td><td>D 1-5</td><td>--</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>Tretinoin[a] 22.5 mg/m^2 BID, po</td><td>D 1-7</td><td>D 1-7</td><td>--</td><td>--</td><td>D[b] 1-7</td><td>D[b] 1-7</td><td>--</td><td>--</td></tr>
</table>

[a]Rounded to the nearest 10 mg increment

bOmitted during the 4thcycle of consolidation

[C]D: Days

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

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

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Differentiation syndrome prophylaxis consisting of prednisone 0.5 mg/kg daily from day 1 until the end of induction therapy with Arsenic Trioxide and tretinoin is recommended.

Monitoring and Dosage Modifications for Adverse Reactions

During induction monitor coagulation studies, blood counts, and chemistries at least 2 3 times per week through recovery. During consolidation, monitor coagulation studies, blood counts, and chemistries at least weekly.

Table 2 shows the dose modifications for adverse reactions due to Arsenic Trioxide when used alone or in combination with tretinoin.

Table 2 Dose Adjustments for Adverse Reactions of Arsenic Trioxide
<table>
<tr><th>Adverse Reaction</th><th>Dose Modification</th></tr>
<tr><td>Differentiation syndrome, defined by the presence of 2 or more of the following:
- Unexplained fever
- Dyspnea
- Pleural and/or pericardial effusion
- Pulmonary infiltrates
- Renal failure
- Hypotension
- Weight gain greater than 5 kg

[see Warnings and Precautions]</td><td>• Temporarily withhold ASADIN. Consider holding tretinoin if symptoms are severe.

• Administer dexamethasone 10 mg intravenously every 12 hours until the resolution of signs and symptoms for a minimum of 3 days.

• Resume treatment when the clinical condition improves and reduce the dose of the withheld drug(s) by 50%.

• Increase the dose of the withheld drug(s) to the recommended dosage after one week in the absence of recurrence of symptoms of differentiation syndrome.</td></tr>
</table>
</td><td></td></tr>
</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

No.	Product [Active Ingredient]	Additional Indication		Product Registration Holder (PRH)
			• If symptoms re-appear, decrease ASADIN and/or tretinoin to the previous dose.	
		QTc (Framingham formula) Prolongation greater than 450 msec for men or greater than 460 msec for women [see Warnings and Precautions]	• Withhold Arsenic Trioxide and any medication known to prolong the QTc interval. • Correct electrolyte abnormalities. • After the QTc normalizes, and electrolyte abnormalities are corrected, resume treatment with ASADIN at a 50% reduced dose (0.075 mg/kg daily) for one week after resolution. • If the 50% reduced dose is tolerated for one week (in the absence of QTc prolongation), increase the dose of ASADIN to 0.11 mg/kg /day for the next week [see Dosage and Administration] • The dose of ASADIN can be increased to 0.15 mg/kg /day in the absence of QTc prolongation during that 14-day dose-escalation period.	
		Hepatotoxicity, defined by 1 or more of the following: - Total bilirubin (TB) greater than 3 times the upper limit of normal (ULN) - Aspartate aminotransferase (AST) greater than 5 times the ULN - Alkaline phosphatase (AP) greater than 5times the ULN	• Withhold ASADIN and/or tretinoin. • Resume treatment at a 50% reduced dose of the withheld drug(s) when TB is less than 1.5 times the ULN and AP/AST are less than 3 times the ULN • Increase the dose of the withheld drug(s) back to the recommended dosage after one	

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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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>
<table>
<tr><td>[see Warnings and Precautions]</td><td>week on the reduced dose in the absence of worsening of hepatotoxicity

• Discontinue the withheld drug(s) permanently if hepatotoxicity recurs.</td></tr>
<tr><td>Other severe or life-threatening (grade 3-4) nonhematologic reactions [see Adverse Reactions]</td><td>• Temporarily withhold ASADIN and tretinoin.

• When the adverse reaction resolves to no more than mild (grade 1), resume ASADIN and tretinoin reduced by 2 dose levels (see Table 3 below).</td></tr>
<tr><td>Moderate (grade 2) nonhematologic reactions [see Adverse Reactions (6)]</td><td>• Reduce the dose of ASADIN and/or tretinoin by 1 dose level (see Table 3 below).</td></tr>
<tr><td>Leukocytosis (WBC count greater than 10Gi/L) [see Adverse Reactions]</td><td>• Administer hydroxyurea
<table><tr><td>WBC</td><td>Hydroxyurea</td></tr><tr><td>10-50Gi/L</td><td>500 mg QID</td></tr><tr><td>>50Gi/L</td><td>1000mg QID</td></tr></table>• Hydroxyurea may be discontinued when the WBC declines below 10 Gi/L.</td></tr>
</table>
</td><td></td></tr>
</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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<tr><td></td><td></td><td>
<table>
<tr><td>Myelosuppression, defined by 1 or more of the following:
- absolute neutrophil count less than 1 Gi/L
- platelets less than 50 Gi/L lasting more than 5 weeks [see Adverse Reactions]</td><td>• Consider reducing the dose of ASADIN and tretinoin by1 dose level (see Table 3 below).
• If myelosuppression lasts ≥ 50 days or occurs on 2 consecutive cycles, assess a marrow aspirate for remission status. In the case of molecular remission, resume ASADIN and tretinoin at 1 dose level lower (see Table 3 below).</td></tr>
</table>
Table 3 Dose Reduction Levels for Hematologic and Nonhematologic Toxicities
<table>
<tr><th>Dose Level</th><th>Arsenic Trioxide mg/kg intravenously once daily</th><th>Tretinoin* mg/m^2 orally twice daily</th></tr>
<tr><td>Starting level</td><td>0.15</td><td>22.5</td></tr>
<tr><td>-1</td><td>0.11</td><td>18.75</td></tr>
<tr><td>-2</td><td>0.10</td><td>12.5</td></tr>
<tr><td>-3</td><td>0.075</td><td>10</td></tr>
</table>
*Rounded to the nearest 10 mg increment
</td><td></td></tr>
</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

<table>
<tr><th>No.</th><th>Product [Active Ingredient]</th><th>Additional Indication</th><th>Product Registration Holder (PRH)</th></tr>
<tr><td>3.</td><td>IMFINZI CONCENTRATE FOR SOLUTION FOR INTRAVENOUS INFUSION 50 MG/ML

[Durvalumab 50mg/mL]</td><td>
INDICATION :

IMFINZI in combination with platinum-based chemotherapy as neoadjuvant treatment, followed by IMFINZI as monotherapy after surgery, is indicated for the treatment of adults with resectable (tumours ≥ 4 cm and/or node positive) NSCLC and no known EGFR mutation or ALK rearrangements.

POSOLOGY :

The recommended dosages for IMFINZI as a single agent and IMFINZI in combination with chemotherapy are presented in Table 1. [see Clinical Studies]

IMFINZI is administered as an intravenous infusion over 60 minutes.

Table 1. Recommended dosage of IMFINZI
<table>
<tr><th>Indication</th><th>Recommended IMFINZI dosage</th><th>Duration of Therapy</th></tr>
<tr><td>Resectable NSCLC</td><td>Patients with a body weight of more than 30 kg:

Neoadjuvant: IMFINZI 1500 mg in combination with chemotherapy[a] every 3 weeks for up to 4 cycles prior to surgery.

Adjuvant: IMFINZI 1500 mg as a single agent every 4 weeks for up to 12 cycles after surgery.

Patients with a body weight of 30 kg or less:

Neoadjuvant: IMFINZI 20 mg/kg every 3 weeks in combination with</td><td>Until disease progression that precludes definitive surgery, recurrence, unacceptable toxicity, or a maximum of 12 cycles after surgery.</td></tr>
</table>
</td><td>ASTRAZENECA SDN. BHD.
Level 11 & 12, The Bousteador,
No. 10, Jalan PJU 7/6,
Mutiara Damansara,
47800 Petaling Jaya,
Selangor.</td></tr>
</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

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<tr><td></td><td></td><td>
<table>
<tr><td></td><td>chemotherapy[a] for up to 4 cycles prior to surgery.

Adjuvant: IMFINZI 20 mg/kg every 4 weeks for up to 12 cycles as a single agent after surgery until weight increases to greater than 30 kg.</td><td></td></tr>
</table>
[a] Administer IMFINZI prior to chemotherapy when given on the same day. Refer to the Prescribing Information for the agent administered in combination with IMFINZI for recommended dosage information, as appropriate.

IMFINZI in Combination with Carboplatin and Paclitaxel

• Infuse IMFINZI first and then carboplatin and paclitaxel on the same day of dosing.</td><td></td></tr>
</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
4.	IMFINZI CONCENTRATE FOR SOLUTION FOR INTRAVENOUS INFUSION 50 MG/ML [Durvalumab 50mg/mL]	**INDICATION :** Endometrial Cancer Imfinzi in combination with carboplatin and paclitaxel is indicated for the first-line treatment of adults with primary advanced or recurrent endometrial cancer who are candidates for systemic therapy, followed by maintenance treatment with: • Imfinzi as monotherapy in endometrial cancer that is mismatch repair deficient (dMMR) • Imfinzi in combination with olaparib in endometrial cancer that is mismatch repair proficient (pMMR). **POSOLOGY :** DOSAGE AND ADMINISTRATION <u>MMR testing for patients with endometrial cancer</u> Patients with endometrial cancer should be evaluated for treatment based on tumour MMR status confirmed by a validated test. The recommended dosages for IMFINZI as a single agent and IMFINZI in combination with chemotherapy are presented in Table 1. IMFINZI is administered as an intravenous infusion over 60 minutes. Table 1. Recommended dosage of IMFINZI	**ASTRAZENECA SDN. BHD.** Level 11 & 12, The Bousteador, No. 10, Jalan PJU 7/6, Mutiara Damansara, 47800 Petaling Jaya, Selangor.

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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<tr><td></td><td></td><td>
<table>
<tr><td>Indication</td><td>Recommended IMFINZI dosage</td><td>Duration of Therapy</td></tr>
<tr><td colspan="3">Monotherapy</td></tr>
<tr><td>NSCLC</td><td>Patients with a body weight of more than 30 kg:

10 mg/kg every 2 weeks

Or

1500 mg every 4 weeks

Patients with a body weight of 30 kg or less:

10 mg/kg every 2 weeks until weight increases to greater than 30 kg</td><td>Until disease progression, unacceptable toxicity, or a maximum of 12 months</td></tr>
<tr><td colspan="3">Combination therapy</td></tr>
<tr><td>Metastatic NSCLC</td><td>During platinum chemotherapy: 1500 mg[b] in combination with tremelimumab 75 mg[b,c] and platinum-based chemotherapy[d] every 3 weeks (21 days) for 4 cycles (12 weeks).

Post-platinum chemotherapy: 1500 mg every 4 weeks as monotherapy and histology-based pemetrexed maintenance[d,e] therapy every 4 weeks.

A fifth dose of tremelimumab 75 mg[f,g] should be given at week 16 alongside IMFINZI.</td><td>Until disease progression or unacceptable toxicity.</td></tr>
</table>
</td><td></td></tr>
</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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No.	Product [Active Ingredient]	Additional Indication			Product Registration Holder (PRH)
		ES-SCLC	Patients with a body weight of more than 30 kg: 1500 mg in combination with chemotherapy[a] every 3 weeks (21 days) for 4 cycles, followed by 1500 mg every 4 weeks as monotherapy Patients with a body weight of 30 kg or less: 20 mg/kg in combination with chemotherapy[a] every 3 weeks (21 days) for 4 cycles, followed by 20 mg/kg every 4 weeks as monotherapy until weight increases to greater than 30 kg	Until disease progression or unacceptable toxicity	
		BTC	Patients with a body weight of more than 36 kg: 1500 mg in combination with chemotherapy[a] every 3 weeks (21 days) up to 8 cycles, followed by 1500 mg every 4 weeks as monotherapy Patients with a body weight of 36 kg or less: 20 mg/kg in combination with chemotherapy[a] dose every 3 weeks (21 days) up to 8 cycles, followed by monotherapy at 20 mg/kg every 4	Until disease progression or until unacceptable toxicity	

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

No.	Product [Active Ingredient]	Additional Indication			Product Registration Holder (PRH)
			weeks until weight increases to greater than 36 kg		
		HCC	IMFINZI 1500 mg[h] administered in combination with 300 mg[h] tremelimumab as a single dose at Cycle 1/Day 1 followed by IMFINZI as monotherapy every 4 weeks.	Until disease progression or unacceptable toxicity	
		Endometrial Cancer	Patients with a body weight of more than 30 kg: 1120 mg in combination with carboplatin and paclitaxel[a] every 3 weeks (21 days) for a minimum of 4 and up to 6 cycles, followed by Imfinzi 1500 mg every 4 weeks as monotherapy (dMMR patients) or in combination with olaparib 300 mg twice daily (pMMR patients). Patients with a body weight of 30 kg or less: 15 mg/kg in combination with carboplatin and paclitaxel[a] every 3 weeks (21 days) for a minimum of 4 and up to 6 cycles, followed by Imfinzi 20 mg/kg every 4 weeks as monotherapy (dMMR patients) or in combination with olaparib 300 mg twice daily (pMMR patients) until	Until disease progression or unacceptable toxicity	

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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		<table><tr><td></td><td>weight increases to greater than 30 kg</td><td></td></tr></table> [a] Administer IMFINZI prior to chemotherapy when given on the same day. Refer to the Prescribing Information for the agent administered in combination with IMFINZI for recommended dosage information, as appropriate. [b] Metastatic NSCLC patients with a body weight of 30 kg or less must receive weight-based dosing, equivalent to IMFINZI 20 mg/kg until weight is greater than 30 kg. Patients with a body weight of 34 kg or less must receive weight-based dosing equivalent to tremelimumab 1 mg/kg until weight is greater than 34 kg. [c] When IMFINZI is administered in combination with tremelimumab and platinum-based chemotherapy, refer to the Prescribing Information for tremelimumab for dosing information. [d] When IMFINZI is administered in combination with chemotherapy, refer to the Prescribing Information for etoposide, nab-paclitaxel, gemcitabine, pemetrexed and carboplatin or cisplatin for dosing information. [e] Consider maintenance administration of pemetrexed for patients with non-squamous tumors who received treatment with pemetrexed and carboplatin/cisplatin during the platinum-based chemotherapy stage. [f] In the case of dose delay(s), a fifth dose of tremelimumab can be given after Week 16, alongside IMFINZI. [g] If patients receive fewer than 4 cycles of platinum-based chemotherapy, the remaining cycles of tremelimumab (up to a total of 5) alongside IMFINZI should be given during the post-platinum chemotherapy phase. [h] HCC pateints with a body weight of 30 kg or less must receive weight-based dosing, equivalent to IMFINZI 20 mg/kg until weight is greater than 30 kg. Patients with a body weight of 40 kg or less must receive weight-based dosing, equivalent to tremelimumab 4 mg/kg until weight is greater than 40 kg.	

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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Dosage Modifications for Adverse Reactions

No dose reductions are recommended. In general, withhold or discontinue IMFINZI for severe (Grade 3) immune-mediated adverse reactions. Permanently discontinue IMFINZI for life-threatening (Grade 4) immune-mediated adverse reactions, recurrent severe (Grade 3) immune-mediated reactions that require systemic immunosuppressive treatment, or an inability to reduce corticosteroid dose to 10 mg or less of prednisone or equivalent per day within 12 weeks of initiating corticosteroids.

Immune-mediated adverse reactions requiring specific management are summarized in Table 2. Refer to Warnings and Precautions section for further monitoring and evaluation information.

Table 2. Recommended treatment modifications and management modifications for IMFINZI or IMFINZI in combination with other products
<table>
<tr><td>Adverse Reaction</td><td>Severity[a]</td><td>Treatment Modification</td></tr>
<tr><td colspan="3">Immune-mediated adverse reactions</td></tr>
<tr><td rowspan="2">Immune-mediated pneumonitis/interstitial lung disease</td><td>Grade 2</td><td>Withhold dose[b]</td></tr>
<tr><td>Grade 3 or 4</td><td>Permanently discontinue</td></tr>
<tr><td rowspan="3">Immune-mediated hepatitis</td><td>ALT or AST > 3 - ≤ 5 x ULN or total bilirubin > 1.5 - ≤ 3 x ULN</td><td>Withhold dose[c]</td></tr>
<tr><td>ALT or AST > 5 - ≤ 10 x ULN</td><td>Withhold IMFINZI and permanently discontinue tremelimumab

(where appropriate)</td></tr>
<tr><td>Concurrent ALT or AST > 3 x ULN and total bilirubin</td><td>Permanently discontinue</td></tr>
</table>
</td><td></td></tr>
</table>

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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			> 2 x ULN[c]		
			ALT or AST > 10 x ULN or total bilirubin > 3 x ULN		
		Immune-mediated hepatitis in HCC (or secondary tumor involvement of the liver with abnormal baseline values)[d]	ALT or AST > 2.5 - ≤ 5 x BLV and ≤ 20 x ULN	Withhold dose	
			ALT or AST > 5 - 7 x BLV and ≤ 20 x ULN or concurrent ALT or AST 2.5 - 5 x BLV and ≤ 20 x ULN and total bilirubin > 1.5 - < 2 x ULN[c]	Withhold IMFINZI and permanently discontinue tremelimumab (where appropriate)	
			ALT or AST > 7 x BLV or > 20 x ULN whichever occurs first or bilirubin > 3 x ULN	Permanently discontinue	
		Immune-mediated colitis or diarrhea	Grade 2	Withhold dose[b]	
			Grade 3 for IMFINZI monotherapy	Withhold dose[b]	
			Grade 3 for IMFINZI + tremelimumab	Permanently discontinue tremelimumab[e]	
			Grade 4	Permanently discontinue	
		Intestinal perforation[h]	ANY grade	Permanently discontinue	
		Immune-mediated hyperthyroidism, thyroiditis	Grade 2-4	Withhold dose until clinically stable	

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

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		Immune-mediated hypothyroidism	Grade 2-4	No changes	
		Immune-mediated adrenal insufficiency, Hypophysitis/ hypopituitarism	Grade 2-4	Withhold dose until clinically stable	
		Immune-mediated Type 1 diabetes mellitus	Grade 2-4	No changes	
		Immune-mediated nephritis	Grade 2 with serum creatinine >1.5 - 3 x (ULN or baseline)	Withhold dose[b]	
			Grade 3 with serum creatinine > 3 x baseline or > 3-6 x ULN; Grade 4 with serum creatinine > 6 x ULN	Permanently discontinue	
		Immune-mediated rash or dermatitis (including pemphigoid)	Grade 2 for > 1 week or Grade 3	Withhold dose[b]	
			Grade 4	Permanently discontinue	
		Immune-mediated myocarditis	Grade 2-4	Permanently discontinue	
		Immune-mediated myositis/polymyositis/ rhabdomyolysis	Grade 2 or 3	Withhold dose[b, f]	
			Grade 4	Permanently discontinue	

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<table>
<tr><td rowspan="2">Infusion-related reactions</td><td>Grade 1 or 2</td><td>Interrupt or slow the rate of infusion</td></tr>
<tr><td>Grade 3 or 4</td><td>Permanently discontinue</td></tr>
<tr><td>Immune-mediated myasthenia gravis</td><td>Grade 2 - 4</td><td>Permanently discontinue</td></tr>
<tr><td>Immune-mediated Myelitis Transverse</td><td>Any grade</td><td>Permanently discontinue</td></tr>
<tr><td rowspan="2">Immune-mediated meningitis</td><td>Grade 2</td><td>Withhold dose</td></tr>
<tr><td>Grade 3 or 4</td><td>Permanently discontinue</td></tr>
<tr><td>Immune-mediated encephalitis</td><td>Grade 2 - 4</td><td>Permanently discontinue</td></tr>
<tr><td>Immune-mediated Guillain-Barre
syndrome</td><td>Grade 2 - 4</td><td>Permanently discontinue</td></tr>
<tr><td colspan="3">Non-Immune-mediated adverse reactions</td></tr>
<tr><td>Pure red cell aplasia (PRCA)[i]</td><td>Any grade</td><td>Permanently discontinue</td></tr>
<tr><td rowspan="2">Other immune-mediated adverse reactions[g]</td><td>Grade 2 or 3</td><td>Withhold dose[b]</td></tr>
<tr><td>Grade 4</td><td>Permanently discontinue</td></tr>
</table>
[a]Common Terminology Criteria for Adverse Events, version 4.03. ALT: alanine aminotransferase; AST: aspartate aminotransferase; ULN: upper limit of normal; BLV: baseline value.
</td><td></td></tr>
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		[b] After withhold, IMFINZI can be resumed within 12 weeks if the adverse reactions improved to ≤ Grade 1 and the corticosteroid dose has been reduced to ≤ 10 mg prednisone or equivalent per day. IMFINZI should be permanently discontinued for recurrent Grade 3 adverse reactions, as applicable. [c] For patients with alternative cause, follow the recommendations for AST or ALT increases without concurrent bilirubin elevations. [d] If AST and ALT are less than or equal to ULN at baseline in patients with liver involvement, withhold or permanently discontinue durvalumab based on recommendations for hepatitis with no liver involvement. [e] Permanently discontinue tremelimumab for Grade 3; however, treatment with durvalumab can be resumed once event has resolved. [f] Permanently discontinue IMFINZI if the adverse reaction does not resolve to ≤ Grade 1 within 30 days or if there are signs of respiratory insufficiency. [g] Includes immune thrombocytopenia, pancreatitis, encephalitis, immune-mediated arthritis, and uveitis. [h] Adverse reaction is only associated with IMFINZI in combination with tremelimumab. [l] Adverse drug reaction is only associated when olaparib maintenance treatment is used in combination with IMFINZI, following treatment with IMFINZI in combination with platinum-based chemotherapy. For non-immune-mediated adverse reactions, withhold IMFINZI for Grade 2 and 3 adverse reactions until ≤ Grade 1 or baseline. IMFINZI should be discontinued for Grade 4 adverse reactions (with the exception of Grade 4 laboratory abnormalities, about which the decision to discontinue should be based on accompanying clinical signs/symptoms and clinical judgement).	

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		Preparation and Administration <u>Preparation</u> • Visually inspect drug product for particulate matter and discoloration prior to administration, whenever solution and container permit. Discard the vial if the solution is cloudy, discolored, or visible particles are observed. • Do not shake the vial. • Withdraw the required volume from the vial(s) of IMFINZI and transfer into an intravenous bag containing 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP. Mix diluted solution by gentle inversion. Do not shake the solution. The final concentration of the diluted solution should be between 1 mg/mL and 15 mg/mL. • Discard partially used or empty vials of IMFINZI. <u>Storage of Infusion Solution</u> • IMFINZI does not contain a preservative. • Administer infusion solution immediately once prepared. If infusion solution is not administered immediately and needs to be stored, the time from preparation until the completion of the infusion should not exceed: - 28 days in a refrigerator at 2°C to 8°C (36°F to 46°F) - 12 hours at room temperature up to 25°C (77°F) • Do not freeze. • Do not shake. <u>Administration</u> • Administer infusion solution intravenously over 60 minutes through an intravenous line containing a sterile, low-protein binding 0.2 or 0.22 micron in-line filter. • Use separate infusion bags and filters for each drug product.	

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No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		IMFINZI in Combination with Other Products • Administer all drug product as separate infusions. • Do not co administer other drugs through the same infusion line. • For platinum-based chemotherapy, refer to Prescribing Information for administration information. • For pemetrexed therapy, refer to Prescribing Information for administration information. Combination Regimens: Order of Infusions IMFINZI in Combination with Tremelimumab • Infuse tremelimumab first, followed by IMFINZI on the same day of dosing. IMFINZI in Combination with Tremelimumab and Platinum-Based Chemotherapy • Infuse tremelimumab first, followed by IMFINZI and then platinum-based chemotherapy on the day of dosing. IMFINZI in Combination with Tremelimumab and Pemetrexed Therapy • Infuse tremelimumab first, followed by IMFINZI and then pemetrexed therapy on the day of dosing. IMFINZI in Combination with Carboplatin and Paclitaxel • Infuse IMFINZI first and then carboplatin and paclitaxel on the same day of dosing.	

Tambahan Indikasi yang diluluskan dalam Mesyuarat PBKD 410, 3 Julai 2025

Products approved for additional indication (DCA 410 – 3 July 2025)

No.	Product [Active Ingredient]	Additional Indication	Product Registration Holder (PRH)
		<u>Combination Regimens: Infusion Instructions</u> IMFINZI in Combination with Tremelimumab • Administer tremelimumab over 60 minutes followed by a 60 minutes observation period. Then administer IMFINZI as a separate intravenous infusion over 60 minutes. IMFINZI in Combination with Tremelimumab and Platinum-Based Chemotherapy/Pemetrexed Therapy Cycle 1 • Infuse tremelimumab over 1 hour. One to two hours after completion of tremelimumab infusion, infuse IMFINZI over 1 hour. One to two hours after completion of IMFINZI infusion, administer platinum-based chemotherapy. Subsequent Cycles • If there are no infusion reactions during Cycle 1, subsequent cycles of IMFINZI can be given immediately after tremelimumab. The time between the end of the IMFINZI infusion and the start of chemotherapy can be reduced to 30 minutes.	