LIST OF UPDATES FOR DRGD SECOND EDITION, SEPTEMBER 2016, REVISION JANUARY 2019

(October 2018 Updates)

*** Please note that this monthly list of updates will only be updated in the full version of DRGD in January 2019 revision. However, the effective dates are as stated below in the respective column.**

NO.	UPDATES		EFFECTIVE DATE
	SECTION/ APPENDIX	**DETAILS**	
1.	**PREAMBLE (page 4)**	**Amendment as below :** **PREAMBLE** ❖ This "DRUG REGISTRATION GUIDANCE DOCUMENT (DRGD)" will serve as the reference guide for the registration process including quality control, inspection & licensing and post-registration activities of medicinal products. ❖ This DRGD shall be read in conjunction with the current laws and regulations together with other relevant legislations, where applicable, governing pharmaceutical and natural products for human use in Malaysia, which include but not limited to the following: a) Sale of Drugs Act 1952; b) Control of Drugs and Cosmetics Regulations 1984; c) Dangerous Drugs Act 1952; d) Poisons Act 1952; e) Medicines (Advertisement & Sale) Act 1956; ~~f) Patents Act 1983;~~ g) Wildlife Conservation Act 2010 (Laws of Malaysia Act 716); and h) International Trade in Endangered Species Act 2008 (Act 686). The written laws shall take precedence over this guidance document in any event of discrepancy.	**1 November 2018**

NO.	UPDATES		EFFECTIVE DATE
	SECTION/ APPENDIX	**DETAILS**	
2.	**SECTION A: GENERAL OVERVIEW** **3. APPLICATION FORMALITIES (page 82)**	**Addition of information as below (highlighted) :** **3.2 RESPONSIBILITY OF APPLICANT** a) To ensure that all transactions with NPRA shall be done by their appointed person(s); b) For the purpose of product registration, PRH shall conform to the following: i. PRH shall comply with all legal provisions in Malaysia; ii. The government/ authority is not liable for any offence committed by the PRH as a result of any breach of any law; iii. PRH shall indemnify the government if any claim is made against the government as a result of any breach of any law by the applicant whether intentionally or otherwise; c) Responsible for all information pertaining to quality, safety and efficacy in support of the product registration application; and shall inform the Authority in a timely manner any change in product information during course of evaluation; Under the CDCR 1984, Regulation 8(9): Any person who knowingly supplies any false or misleading information to the Authority with his application for the registration of a product commits an offence. d) Responsible for all matters pertaining to quality, safety and efficacy of the registered product, including:	

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		i. Data updates on product quality, safety and efficacy or current Good Manufacturing Practice (cGMP) compliance of the manufacturers (and repackers, where applicable). Under the CDCR 1984,Regulation 8(5): Any change in any document, item, sample, particulars or information which shall be notified in writing by the applicant to the Authority within fourteen (14) days from the date of such change. ii. Any decision to withdraw the registration of the product with reasons. e) To notify the Authority of any change in correspondence details, including the name, address, contact person, telephone number, fax number and email; f) To notify the Authority immediately upon cessation of the applicant as the product registration holder	

NO.	UPDATES		EFFECTIVE DATE
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3.	**SECTION A: GENERAL OVERVIEW** **6. GENERAL CONDITIONS FOR REGISTRATION OF DRUG PRODUCTS UNDER THE CONTROL OF DRUGS AND COSMETICS REGULATIONS 1984 (page 103)**	**Deletion of sub section 6.11 as below :** ~~**6.11 CONDITIONS PERTAINING TO PATENT**~~ ~~For the purpose of registration of generic products, PRH shall provide patent declarations as below:~~ ~~i) PRH shall comply with all legal provisions in Malaysia;~~ ~~ii) The government/ authority is not liable for any offence committed by the PRH as a result of any breach of any law; and~~ ~~iii) PRH shall indemnify the government if any claim is made against the government as a result of any breach of any law by the applicant whether intentionally or otherwise.~~ ~~PRH shall conform to Patent Act 1983 (Act 291) and shall not market, sell, offer for sale, or store any registered product containing any patented active ingredient(s) of which the patent duration is yet to expire.~~	**1 November 2018**

<table>
<tr><th>NO.</th><th colspan="2">UPDATES</th><th rowspan="2">EFFECTIVE DATE</th></tr>
<tr><th></th><th>SECTION/ APPENDIX</th><th>DETAILS</th></tr>
<tr><td>4.</td><td>APPENDIX 2:REQUIREMENTS FOR PRODUCT REGISTRATION

2.1 GENERAL REQUIREMENTS (page 193, 202)</td><td>
<u>Deletion</u> of information as below :

2.1.1 GENERAL REQUIREMENTSFOR FULL EVALUATION
<table>
<tr><th colspan="2">Step II:</th></tr>
<tr><th colspan="2">Part I: Administrative Data And Product Information</th></tr>
<tr><th>No.</th><th>Section E: Supplementary Documentation</th></tr>
<tr><td>~~5.~~</td><td>~~Is the active ingredient(s) patented in Malaysia?~~
~~(Yes/ No)~~
~~(If yes, please attach the related document)~~</td></tr>
</table>
2.1.2 GENERAL REQUIREMENTS FOR ABRIDGED EVALUATION
<table>
<tr><th colspan="2">Step II:</th></tr>
<tr><th>No.</th><th>Section F: Supplementary Documentation</th></tr>
<tr><td>~~4.~~</td><td>~~Is the active ingredient(s) patented in Malaysia?~~
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NO.	UPDATES		EFFECTIVE DATE
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5.	**APPENDIX 4: GUIDELINE ON REGISTRATION OF HEALTH SUPPLEMENTS** **SECTION F: SUPPLEMENTARY DOCUMENTS SECTION 8.2.2 :** **•Finished Product Quality Control (FPQC)** **(page 273)**	**Addition as highlighted :** • **Finished Product Quality Control (FPQC)** ➢ The certificate must be complete with the product specification and result. The list of tests and specifications must be same with finished product specification document. ➢ Quality Control Test For Health Supplement Product are as follows: **2. Disintegration Test (for tablets, capsules and pills)** **Disintegration time:** a) Uncoated tablets : NMT30 minutes b) Film-coated tablets : NMT 30 minutes c) Sugar-coated tablets : NMT 60 minutes d) Enteric-coated tablets/capsules : Does not disintegrate for 60 minutes in acid solution but to disintegrate within 60 minutes in buffer solution ; OR Does not disintegrate for 120 minutes in acid solution but to disintegrate within 60 minutes in buffer solution e) Capsules : NMT 30 minutes f) Pills : NMT 120 minutes	**1 November 2018**

<table>
<tr><th>NO.</th><th colspan="2">UPDATES</th><th rowspan="2">EFFECTIVE DATE</th></tr>
<tr><th></th><th>SECTION/ APPENDIX</th><th>DETAILS</th></tr>
<tr><td>6.</td><td>APPENDIX 4: GUIDELINE ON REGISTRATION OF HEALTH SUPPLEMENTS

SECTION D: LABELLING REQUIREMENTS (page 268)</td><td><u>Amendments</u> as below :

Prohibited Visual/ Graphics on Label, as shown in Table 13 below:

<table>
<tr><th>No.</th><th>Issue</th><th>Example</th><th>Note</th></tr>
<tr><td>12.</td><td><s>Patency claim/ Patency number/</s> Special technique used/ superiority in ingredients <s>(Example: capsule coat)</s></td><td>Example:

<s>Patented technique</s>

Capsule coat</td><td>Allowed if proven true</td></tr>
</table>
</td><td>1 November 2018</td></tr>
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<tr><td>7.</td><td>APPENDIX 5: GUIDELINE ON REGISTRATION OF NATURAL PRODUCTS

2. General Requirements for Registration of Natural Products

(Page 344, 354)</td><td>
<u>Deletion</u> of information as below :

2.7.1 STATEMENTS TO BE STATED ON PRODUCT LABEL
• Any ~~patent~~/ special/specific name of active ingredient/extract stated on the label should be positioned away from name of the active ingredient in the product formulation
• ~~For products to be sold in Kedai Rakyat 1 Malaysia (KR1M), logo of the KR1M is allowed to be printed on the label. However, the application has to be supported with the approval letter from Ministry of Economic Trade and Consumer Affairs Malaysia.~~

2.7.4 PROHIBITED VISUAL/ GRAPHICS/ STATEMENT ON PACKAGING MATERIAL (LABEL, BOX, PACKAGE INSERT OR CONSUMER MEDICATION INFORMATION LEAFLET)

<u>Table 12:</u>
<table>
<tr><th>No.</th><th>Subject Matter</th><th>Example(s)</th><th>Notes</th></tr>
<tr><td>11.</td><td>~~Patency claim/ Patency number/~~Special technique used/ superiority in ingredients
~~(Example: capsule coat)~~</td><td>Example:
~~Patented technique~~
Capsule coat</td><td>Allowed if proven true</td></tr>
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<tr><th></th><th>SECTION/ APPENDIX</th><th>DETAILS</th></tr>
<tr><td>8.</td><td>APPENDIX 9: LABELLING REQUIREMENTS (page 424)</td><td>
<u>Deletion</u> of information as below :

9.1.5 PROHIBITED VISUAL/ GRAPHICS/ STATEMENTS ON LABEL
The lists are as shown in Table 3 below:
<table>
<tr><th>No.</th><th>Issue</th><th>Example</th><th>Note</th></tr>
<tr><td>12.</td><td><s>Patency claim/ Patency number/</s>
Special technique used/ superiority in ingredients
<s>(Example: capsule coat)</s></td><td>Example:
<s>Patented technique</s>
Capsule coat</td><td>Allowed if proven true</td></tr>
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NO.	UPDATES		EFFECTIVE DATE
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9.	**APPENDIX 11 : GUIDELINE ON FILLING THE ONLINE APPLICATION FORM FOR PRODUCT REGISTRATION VIA QUEST SYSTEM** **11.2 SUBMISSION OF APPLICATION** **11.2.2 STEP 2: NEW REGISTRATION APPLICATION FORM** **PART I – ADMINISTRATIVE DATA AND PRODUCT INFORMATION** **(page 634)**	**Deletion of information as below :** **SECTION E/ SECTION F: SUPPLEMENTARY DOCUMENTATION (AND PARTICULARS OF PRODUCT OWNER, MANUFACTURER, IMPORTER AND OTHER MANUFACTURER)** ~~**a) Is the active ingredients patented in Malaysia?**~~ • ~~Click the appropriate button'Yes' or 'No'.~~ • ~~If yes, please attach the related document.~~ • ~~Applicants who hold valid patents shall provide documentary evidence of the nature and extent of their patents.~~	**1 November 2018**

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<tr><td>10.</td><td>APPENDIX 9 : LABELLING REQUIREMENTS

9.2 : SPECIFIC LABELLING REQUIREMENTS</td><td><u>Addition</u> of the following <u>safety information/ statements</u>on the adverse effects;

<table><tr><th>NO.</th><th>SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)</th></tr><tr><td></td><td>ISONIAZID

(Please refer Attachment 1)</td></tr></table></td><td>15 November 2018</td></tr>
</table>

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<table><tr><th>NO.</th><th>SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)</th></tr><tr><td></td><td>SUCCINYLATED GELATIN (MODIFIED FLUID GELATIN)
(Please refer Attachment 2)</td></tr></table></td><td>15 November 2018</td></tr>
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<table><tr><th>NO.</th><th>SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)</th></tr><tr><td></td><td><u>ATYPICAL ANTIPSYCHOTIC AGENTS</u>
(Please refer Attachment 3)</td></tr></table></td><td>15 November 2018</td></tr>
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<tr><td>13.</td><td>APPENDIX 9 : LABELLING REQUIREMENTS

9.2 : SPECIFIC LABELLING REQUIREMENTS</td><td><u>Update information</u> as below :

<table>
<tr><th>NO.</th><th>SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)</th></tr>
<tr><td>4.</td><td><u>ACETYLCYSTEINE</u>
(Please refer Attachment4)</td></tr>
</table>

<table>
<tr><th>NO.</th><th>SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)</th></tr>
<tr><td>38.</td><td><u>CARBOCISTEINE</u>
(Please refer Attachment 5)</td></tr>
</table>
</td><td>1 May 2018</td></tr>
</table>

Attachment 1

SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)

ISONIAZID

The following statements shall be included in the package insertand Consumer Medication Information Leaflet (RiMUP) for products containing Isoniazid;

Package Insert

a) Adverse Effects/Undesirable Effects:

Gastrointestinal Disorders :Pancreatitis

Consumer Medication Information Leaflet (RiMUP)

a) Side Effects:

Inflammation of the pancreas, which causes severe pain in the abdomen and back (pancreatitis)

Reference : Directive No. 27 Year 2018. Ref. BPFK/PPP/07/25 (27) Jld 2.*Direktif Untuk Semua Produk Yang Mengandungi* Isoniazid*: Pengemaskinian Sisip Bungkusan dan Risalah Maklumat Ubat Untuk Pengguna (RIMUP) Dengan Maklumat Keselamatan Berkaitan Risiko* Pancreatitis

Attachment 2

SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)

SUCCINYLATED GELATIN (MODIFIED FLUIDGELATIN)

The following statements shall be included in the package insert for products containing Succinylated Gelatin (Modified Fluid Gelatin);

Warnings and Precautions:

Due to possible cross-reactions involving the allergen galactose-alpha-1,3-galactose (alpha-Gal), the risk of sensitization and consequent anaphylactic reaction to gelatin-containing solutions could be highly increased in patients with history of allergy to red meat (mammal meat) and offal and/or tested positive for anti-alpha-Gal IgE antibodies. In these patients, [Product name] should be administered only after a careful assessment of benefit/risk, including alternative treatments, and only under close supervision of well trained personnel with resuscitation equipment ready.

Reference : Directive No. 28 Year 2018. Ref. BPFK/PPP/07/25 (28) Jld 2.*Direktif Untuk Semua Produk Yang Mengandungi* Succinylated Gelatin (Modified Fluid Gelatin): *Pengemaskinian Sisip Bungkusan Dengan Maklumat Keselamatan Berkaitan Risiko* Cross-Reaction *Yang Melibatkan* Alergen Galactose-Alpha-1,3-Galactose (Alpha-Gal)

Attachment 3

SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)

13.2 ATYPICAL ANTIPSYCHOTIC AGENTS

~~The following statement shall be included in the package inserts of products containing atypical antipsychotic agents:~~

~~a. Clozapine~~
~~b. Olanzepine~~
~~c. Risperidone~~
~~d. Quetiapine~~
~~e. Ziprasidone~~
~~f. Aripiprazole~~

~~**WARNING**~~

~~Hyperglycemia and Diabetes Mellitus~~

~~Hyperglycemia in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. Assessment of the relationship between atypical antipsychotics use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given this confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse events is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycemia-related adverse events in patients treated with the atypical antipsychotics. Precise risk estimates for hyperglycemia-related adverse events in patients treated with atypical antipsychotics are not available.~~

~~Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g. obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.~~

~~***Reference: Circular Bil (31)dlm BPFK/02/5/1.3:****TambahanAmaranBerkaitanDengan Hyperglycemia BagiKeluaran 'Atypical Antipsychotic Agents'*~~

The following statements shall be included in the package insert and Consumer Medication Information Leaflet (RiMUP) for products containing Atypical Antipsychotic Agent;

Package Insert

a) Warnings and Precautions:

[replace *DirektifBil. (31) dlm BPFK/02/5/1.3: Tambahanamaranberkaitandengan hyperglycemia bagikeluaran 'atypical antipsychotic agents' bertarikh 20 Julai 2004*]

Hyperglycaemia and Diabetes Mellitus :

Hyperglycaemia in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. Assessment of the relationship between atypical antipsychotics use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given this confounders, the relationship between atypical antipsychotic use and hyperglycaemia-related adverse events is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycaemia-related adverse events in patients treated with the atypical antipsychotics. Precise risk estimates for hyperglycaemia-related adverse events in patients treated with atypical antipsychotics are not available.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g. obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycaemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycaemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycaemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.

b) Adverse Effects/Undesirable Effects:

Nervous System Disorders :
Restless legs syndrome

Respiratory, Thoracic and Mediastinal Disorders :
Sleep apnoea*

*Atypical antipsychotic drugs, such as <active ingredient>, have been associated with cases of sleep apnoea, with or without concomitant weight gain. In patients who have a history of or are at risk for sleep apnoea, <product name> should be prescribed with caution.

Renal and Urinary Disorders :
Urinary retention

Consumer Medication Information Leaflet (RiMUP)

a) Before you use [product name]:

Before you start to use it
Talk to your doctor or pharmacist if you:

- have or are at a risk of having diabetes (e.g. being overweight or a family history of diabetes). Your doctor should check your blood sugar before you start taking <product name> and regularly during treatment.

b) Side Effects:

Talk to your doctor or pharmacist if you experience:

- Increases in blood sugar level and/or symptoms of high blood sugar (e.g. increased thirst, increased hunger, and frequent urination)
- Unpleasant leg sensations and an intense urge to move the legs (restless legs syndrome)
- Trouble breathing during sleep (sleep apnoea)
- Difficulty or inability to pass urine (urinary retention)

Reference : Directive No. 26 Year 2018. Ref. BPFK/PPP/07/25 (26) Jld 2.*Direktif Untuk Semua Produk Yang Mengandungi* Atypical Antipsychotic Agent*: Pengemaskinian Sisip Bungkusan Dan Risalah Maklumat Ubat Untuk Pengguna (RIMUP) Dengan Maklumat Berkaitan Risiko* Restless Legs Syndrome, Sleep Apnoea, Urinary Retention, Hyperglycaemia *Dan* Diabetes Mellitus

Attachment 4

NO.	SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)
4.	**ACETYLCYSTEINE** The following statements shall be included in the label, package insertand Consumer Medication Information Leaflet (RiMUP)for products containing acetylcysteine; **1. Injectable products with the indication as antidote for paracetamol overdose** **Package Insert** **a) Warnings and Precautions:** Hypersensitivity Reactions Serious acute hypersensitivity reactions during acetylcysteine administration including rash, hypotension, wheezing, and/or shortness of breath, have been observed in patients receiving intravenous acetylcysteine for paracetamol overdose and occurred soon after initiation of the infusion (see Adverse Effects/Undesirable Effects). If a severe hypersensitivity reaction occurs, immediately stop the infusion of acetylcysteine and initiate appropriate treatment. Acute flushing and erythema of the skin may occur in patients receiving acetylcysteine intravenously. These reactions usually occur 15 to 60 minutes after initiating the infusion and often resolve spontaneously despite continued infusion of acetylcysteine. If a reaction to acetylcysteine involves more than simply flushing and erythema of the skin, it should be treated as a hypersensitivity reaction. Management of less severe hypersensitivity reactions should be based upon the severity of the reaction and include temporary interruption of the infusion and/or administration of antihistaminic drugs. The acetylcysteine infusion may be carefully restarted after treatment of the hypersensitivity symptoms has been initiated; however, if the hypersensitivity reaction returns upon re-initiation of treatment or increases in severity, acetylcysteine should be discontinued and alternative patient management should be considered.

b) Adverse Effects / Undesirable Effects:

Immune System Disorders:
Anaphylactic/anaphylactoid reaction

Skin and Subcutaneous Tissue Disorders:
Severe cutaneous adverse reactions (SCAR) e.g. erythema multiforme, Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN). In most of these cases reported at least one other drug was administered at the same time, which may have possibly enhanced the described mucocutaneous effects.

2. All other products (not include Injectable products for treatment of paracetamol overdose)

Label

<Product name> may cause severe allergy and serious skin reactions. Stop using <Product name> and seek medical assistance immediately if you experience any of the following symptoms:

- Severe allergy: breathing difficulties, light headedness, skin swellings or rash.
- Severe skin reaction: skin reddening, blisters, rash, fever, sore throat or eye irritation.

Package Insert

Adverse Effects / Undesirable Effects:

Immune System Disorders:
Anaphylactic / anaphylactoid reaction

Skin and Subcutaneous Tissue Disorders:
Severe cutaneous adverse reactions (SCAR) e.g. erythema multiforme,Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN). In most of these cases reported at least one other drug was administered at the same time, which may have possibly enhanced the described mucocutaneous effects.

	Consumer Medication Information Leaflet (RiMUP) **Side Effects:** <Product name> may cause severe allergy and serious skin reactions. Stop using <Product name> and seek medical assistance immediately if you experience any of the following symptoms: • Severe allergy: breathing difficulties, light headedness, skin swellings or rash. • Severe skin reaction: skin reddening, blisters, rash, fever, sore throat or eye irritation. **Reference: Directive No. 14 Year 2018. Ref. BPFK/PPP/07/25 (14) Jld 2.**Direktif Untuk Semua Produk Yang Mengandungi Carbocisteine Dan Acetylcysteine : Pengemaskinian Label, Sisip Bungkusan Dan Risalah Maklumat Ubat Untuk Pengguna (RiMUP) Dengan Maklumat Keselamatan Berkaitan *Anaphylactic/ Anaphylactoid Reaction* Dan *Severe Cutaneous Adverse Reactions* (SCAR)

Attachment 5

NO.	SPECIFIC LABELLING REQUIREMENTS (SUBSTANCE SPECIFIC)
38.	**CARBOCISTEINE** **(not include Injectable products for treatment of paracetamol overdose)** The following statements shall be included in the label, package insertand Consumer Medication Information Leaflet (RiMUP)for products containing carbocisteine; **Label** <Product name> may cause severe allergy and serious skin reactions. Stop using <Product name> and seek medical assistance immediately if you experience any of the following symptoms: • Severe allergy: breathing difficulties, light headedness, skin swellings or rash. • Severe skin reaction: skin reddening, blisters, rash, fever, sore throat or eye irritation. **Package Insert** **Adverse Effects / Undesirable Effects:** Immune System Disorders: Anaphylactic / anaphylactoid reaction Skin and Subcutaneous Tissue Disorders: Severe cutaneous adverse reactions (SCAR) e.g. erythema multiforme, Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN). In most of these cases reported at least one other drug was administered at the same time, which may have possibly enhanced the described mucocutaneous effects.

	Consumer Medication Information Leaflet (RiMUP) **Side Effects:** <Product name> may cause severe allergy and serious skin reactions. Stop using <Product name> and seek medical assistance immediately if you experience any of the following symptoms: • Severe allergy: breathing difficulties, light headedness, skin swellings or rash. • Severe skin reaction: skin reddening, blisters, rash, fever, sore throat or eye irritation. **Reference: Directive No. 14 Year 2018. Ref. BPFK/PPP/07/25 (14) Jld 2.**Direktif Untuk Semua Produk Yang Mengandungi Carbocisteine Dan Acetylcysteine : Pengemaskinian Label, Sisip Bungkusan Dan Risalah Maklumat Ubat Untuk Pengguna (RiMUP) Dengan Maklumat Keselamatan Berkaitan *Anaphylactic/ Anaphylactoid Reaction* Dan *Severe Cutaneous Adverse Reactions* (SCAR)