Biro Pengawalan Farmaseutikal Kebangsaan
National Pharmaceutical Control Bureau
KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA

Ruj. Kami : (15) dlm. BPFK/PPP/07/25
Tarikh : 24 SEP 2014

SEMUA PEMEGANG PENDAFTARAN

SEMUA PERSATUAN BERKENAAN
(SEPERTI DI SENARAI EDARAN)

Tuan/ Puan,

PERATURAN-PERATURAN KAWALAN DADAH DAN KOSMETIK 1984
ARAHAN PENGARAH KANAN PERKHIDMATAN FARMASI BILANGAN 8 TAHUN 2014: DIREKTIF UNTUK SEMUA PRODUK PRAVASTATIN: MENGEHADKAN DOS PENGGUNAAN PRAVASTATIN UNTUK MENGURANGKAN RISIKO KECEDERAAN OTOT

Adalah saya merujuk kepada Arahan Bilangan 8 tahun 2014 oleh Pengarah Kanan Perkhidmatan Farmasi.

2. Dimaklumkan bahawa Pengarah Kanan Perkhidmatan Farmasi, Kementerian Kesihatan Malaysia dalam Arahan Bilangan 8 Tahun 2014 telah bersetuju untuk mengehadkan dos penggunaan pravastatin untuk mengurangkan risiko kecederaan otot bagi semua produk pravastatin seperti pada surat arahan Bil. (15) BPFK/PPP/07/25.

3. Pihak pemegang pendaftaran adalah diarahkan untuk mematuhi keperluan tersebut.

Sekian, terima kasih.

"BERKHIDMAT UNTUK NEGARA"

Saya yang menurut perintah,

TAN ANN LING
Pengarah Regulatori Farmasi
Biro Pengawalan Farmaseutikal Kebangsaan
Kementerian Kesihatan Malaysia
ra/nb/ppp/bpfk/110914

Jalan Universiti. P. O. Box 319, 46730 Petaling Jaya, Selangor, Malaysia
Tel. : + 603 7883 5400 Fax : + 603 7956 2924 / 7958 1312
http : //www.bpfk.gov.my

BPFK/PPP/07/25 (15)

ARAHAN DI BAWAH PERATURAN 29 PERATURAN – PERATURAN KAWALAN DADAH DAN KOSMETIK 1984

BILANGAN 8 TAHUN 2014

DIREKTIF UNTUK SEMUA PRODUK PRAVASTATIN: MENGEHADKAN DOS PENGGUNAAN PRAVASTATIN UNTUK MENGURANGKAN RISIKO KECEDERAAN OTOT

TUJUAN

1.1 Arahan ini dikeluarkan oleh Pengarah Kanan Perkhidmatan Farmasi di bawah Peraturan 29 (1) Peraturan-peraturan Kawalan Dadah dan Kosmetik 1984.

1.2 Arahan ini ditujukan kepada semua pemegang pendaftaran produk yang mengandungi pravastatin bagi mengehadkan dos penggunaan pravastatin untuk mengurangkan risiko kecederaan otot.

LATAR BELAKANG

2.1 Pihak Berkuasa Kawalan Dadah (PBKD) dalam mesyuarat kali ke **279** pada **28 Ogos 2014** telah membuat keputusan bagi mengehadkan dos penggunaan pravastatin untuk mengurangkan risiko kecederaan otot bagi semua produk yang mengandungi pravastatin.

PELAKSANAAN

3.1 Oleh itu arahan – arahan berikut perlu dipatuhi untuk semua produk yang mengandungi pravastatin seperti berikut:-

3.1.1 Pada bahagian ***Dosage and Administration***

Dosage in Patients Taking Cyclosporine
In patients taking cyclosporine, with or without other immunosuppressive drugs, concomitantly with [Product Name], therapy should be initiated with 10mg/day and titration to higher

doses should be performed with caution. Most patients treated with this combination received a maximum pravastatin dose of 20mg/day.

3.1.2 Pada bahagian ***Warnings and Precautions***

Skeletal Muscle Effects
The use of fibrates alone may occasionally be associated with myopathy. The benefit of further alterations in lipid levels by the combined use of [Product Name] with fibrates should be carefully weighed against the potential risks of this combination.

Cases of myopathy, including rhabdomyolysis, have been reported with pravastatin co-administered with colchicine, and caution should be exercised when prescribing pravastatin with colchicine.
Pravastatin must not be co-administered with systemic fusidic acid. There have been reports of rhabdomyolysis (including some fatalities) in patients receiving this combination. In patients where the use of systemic fusidic acid is considered essential, statin treatment should be discontinued throughout the duration of fusidic acid treatment. The patient should be advised to seek medical advice immediately if they experience any symptoms of muscle weakness, pain or tenderness. Pravastatin therapy may be re-introduced seven days after the last dose of fusidic acid.

3.1.3 Pada bahagian ***Interactions***

Concomitant Therapy with Other Lipid Metabolism Regulators: Based on post-marketing surveillance, gemfibrozil, fenofibrate, other fibrates and lipid lowering doses of niacin (nicotinic acid) may increase the risk of myopathy when given concomitantly with HMG-CoA reductase inhibitors, probably because they can produce myopathy when given alone. Therefore, combined drug therapy should be approached with caution.

Gemfibrozil and nicotinic acid: Gemfibrozil and nicotinic acid do not statistically significantly affect the bioavailability of pravastatin. However, in a limited size clinical trial, a trend toward CK elevations and musculoskeletal symptoms was seen in patients treated concurrently with pravastatin and gemfibrozil. Myopathy, including rhabdomyolysis, has occurred in patients who were receiving coadministration of HMG-CoA reductase inhibitors with fibric acid derivatives and niacin, particularly in subjects with pre-existing renal insufficiency.

Cyclosporine: In a multicentre study, the AUC values of pravastatin were shown to be five-fold higher in the presence of cyclosporine. There was no accumulation of pravastatin after multiple doses

Clarithromycin, colchicine: The risk of myopathy/rhabdomyolysis is increased with concomitant administration of clarithromycin or colchicine with pravastatin.

Fusidic acid: The risk of myopathy including rhabdomyolysis may be increased by the concomitant administration of pravastatin with systemic fusidic acid. Co-administration of this combination may cause increased plasma concentrations of both agents. The mechanism of this interaction (whether it is pharmacodynamics or pharmacokinetic, or both) is yet unknown. There have been reports of rhabdomyolysis (including some fatalities) in patients receiving this combination. If treatment with fusidic acid is necessary, pravastatin treatment should be discontinued throughout the duration of the fusidic acid treatment.

4. Tarikh pelaksanaan keperluan mengemaskini maklumat berkenaan pada sisip bungkusan semua produk yang mengandungi pravastatin bagi:

   (a) Permohonan baru dan produk yang sedang dalam proses penilaian : **01 Oktober 2014**

   (b) Produk berdaftar : **dalam tempoh Enam bulan mulai 01 Oktober 2014**

5. Permohonan pindaan pada sisip bungkusan perlu dikemukakan sebagai permohonan variasi.

6. Tarikh kuat kuasa arahan ini ialah mulai **01 Oktober 2014.**

"BERKHIDMAT UNTUK NEGARA"

DR. SALMAH BINTI BAHRI
Pengarah Amalan Dan Perkembangan Farmasi
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia

(DATO' EISAH A. RAHMAN)
Pengarah Kanan Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia

ra/nb/ppp/bpfk/030914

s.k. 1. Pengarah Amalan dan Perkembangan Farmasi
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia.

2. Pengarah Penguatkuasa Farmasi
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia.

3. Pengarah Regulatori Farmasi
Biro Pengawalan Farmaseutikal Kebangsaan
Kementerian Kesihatan Malaysia.