PHARMACY BULLETIN

HOSPITAL SEGAMAT

ISSUE 2/2021

PERKHIDMATAN BERKUALITI KESIHATAN ABADI

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TABLE OF CONTENT

METHADONE REPLACEMENT THERAPY (MRT)

MRT is one of the "Harm Reduction" programs established for opioid abusers. MRT takes place when a patient is prescribed with Methadone by a medical officer, and the consumption is supervised by a pharmacist. In Malaysia, Methadone in form of syrup is use in MRT. The syrup will be diluted to a low concentration and the dispensing session will be carried out in a special room, away from other patients.

OBJECTIVES

- To reduce relapse among opioid dependents.
- To improve the physical and mental condition of opioid dependents.
- To reduce the spread of infection among IVDU and those sharing needles. (e.g. HIV, hepatitis B and C)
- To improve psychosocial functioning, including ability to obtain or remain in gainful employment and to improve their social adaptation and integration into the society.
- To reduce criminal activities amongst opioid dependents.

HOW MRT WORK?

Methadone is given to replace other opioids such as heroin and morphine in order to reduce the cravings and withdrawal symptoms experienced by patients. Methadone, a synthetic opioid analgesic offers a very similar effect as heroin or morphine however no euphoria effect. Methadone affects brain functions, specifically how the brain perceives and reacts to pain. By relieving the painful and distressing symptoms that come from an opiate withdrawal, Methadone allows the brain to block the side effects which, over time, results in sobriety. Methadone is taken orally (by mouth), not like other commonly abused opioids. Hence no harmful injections required for the doses.

NOT A ONE-SIZE-FITS-ALL TREATMENT

The actual amount of Methadone required to achieve a therapeutic effect will be influenced by factors such as the **presence of active withdrawal symptoms, body metabolism, body weight, the drug that they addicted to**, and **how much** and **how often they use the drug**. **Initial doses** are 20 to 30 mg and monitored for effect. If withdrawal symptoms persist after 2 to 4 hours, an additional 5 to 10 mg can be administered. For **maintenance dose**, it should not exceed 80 to 100 mg in a single day. Over the course of an opioid treatment program, doses may be decreased or used in combination with other long-term maintenance medications such as naltrexone or buprenorphine.

SIDE EFFECTS

COMMON

- Restlessness
- Nausea/ vomiting
- Constipation
- Drowsiness
- Dizziness
- Urinary Retention
- Tremors

SERIOUS

- Shortness of breath
- Chest pain
- Fainting
- Seizure
- Anaphylactic Reactions
- Decreased Sexual Desire
- Suicidal Ideation

IS IT SAFE FOR PREGNANT & BREASTFEEDING WOMEN?

Methadone is approved as **safe** for pregnant or breastfeeding women and is the **preferred method** to treating the addiction of a pregnant woman to avoid withdrawal symptoms causing a spontaneous abortion, continuing opioid use during pregnancy and delivering an addicted baby. Opioid use during pregnancy is dangerous for the growth and development of the fetus and it can cause premature birth and addiction at birth, which can cause deadly withdrawal symptoms in the baby. Using other methods to overcome addiction while pregnant can lead to violent withdrawal symptoms in the mother, which can result in miscarriage. To prevent harm to both mother and baby, Methadone is used to treat opioid addiction during pregnancy and may be continued while breastfeeding.

BENEFITS OF METHADONE

- Reduction in the use of illicit drugs
- Reduction in criminal activity
- Decreased shared needles
- Reduction in HIV infection and transmission rates
- Improvements in public health measures
- Decreased suicide rates
- Reduction in lethal overdose
- Retention in addiction treatment programs
- Cost-effectiveness

REFERENCES

- “Methadone Replacement Therapy.” Pharmaceutical Services Programme, https://www.pharmacy.gov.my/v2/en/content/methadone-replacement-therapy.html
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- “Garis Panduan Pendispensan Rawatan Terapi Gantian Methadone”. Pharmaceutical Services Programme, https://www.pharmacy.gov.my/v2/sites/default/files/document-upload/garis-panduan-pendispensan-rawatan-terapi-gantian-methadone.pdf

Antidepressants (Escitalopram; Fluoxetine; Fluvoxamine; Sertraline; Vortioxetine): Risk of Postpartum Haemorrhage (PPH)

OVERVIEW

Postpartum haemorrhage (PPH) is referred to as the loss of 500 ml of blood or more during the first 24 hours following delivery.1 The prevalence rate of PPH is approximately 5% of all women giving birth worldwide.

BACKGROUND

The National Pharmaceutical Regulatory Agency (NPRA) received information from the European Medicines Agency (EMA) and United Kingdom Medicines and Healthcare products Regulatory Agency (UK MHRA) on the association of certain antidepressant medicines with the risk of PPH.

Both reviews concluded that data from several observational studies suggested an increase in risk of postpartum bleeding with the use of selective serotonin reuptake inhibitors (SSRIs) and serotonin and noradrenaline reuptake inhibitors (SNRIs) during the month before delivery. It is also concluded that this risk may also apply to vortioxetine, an atypical antidepressant drug.

ADVERSE DRUG REACTION (ADR) REPORTING

To date, NPRA has received a total of 841 reports with 1,580 adverse events suspected to be related to citalopram, desvenlafaxine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine and vortioxetine. Adverse reactions related to bleeding events such as bruise, cerebral haemorrhage, epistaxis, gastrointestinal haemorrhage, gingival bleeding, haemorrhoidal bleeding, decreased platelet count and thrombocytopenia have been reported. However, no event of PPH has been reported to NPRA.

ADVICE TO HEALTHCARE PROFESSIONALS

- Note that the use of certain antidepressants in pregnant patients during the last month prior to giving birth may increase the risk of postpartum haemorrhage.
- Always consider the benefits and risks of antidepressant use in pregnant women as well as the risks of untreated depression during pregnancy.
- Counsel pregnant patients on the use of antidepressants including the risks, particularly in women at later stages of pregnancy.
- Consider the patient's risk factors for bleeding or thrombotic events when treating the patient with antidepressants.
- Be vigilant of the risks identified and continue anticoagulant treatment in women who are at high risk of thrombotic events.
- Please report all suspected adverse events associated with antidepressants to the NPRA.

MIRTAZAPINE

Risks of (i) Amnesia and (ii) Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)

OVERVIEW

Mirtazapine is an antidepressant agent that is indicated for the treatment of major depression. In Malaysia, there are currently six registered oral products containing Mirtazapine.

BACKGROUND OF THE SAFETY

The National Pharmaceutical Regulatory Agency (NPRA) has received information from the European Medicines Agency (EMA) regarding the risk of amnesia and the risk of drug reaction with eosinophilia and systemic symptoms (DRESS), both of which have been associated with Mirtazapine use. Based on all available evidence, EMA's Pharmacovigilance Risk Assessment Committee (PRAC) concluded that there is a causal association between the risk of amnesia and the risk of DRESS with the use of mirtazapine, and that the product information of all Mirtazapine-containing products needs to be updated to incorporate information on these two risks.

AMNESIA

In pre-clinical studies, the postulated mechanisms for amnesia were thought to be related to Mirtazapine's antagonistic effect on H1 receptors, as well as through the stimulation of serotonergic and noradrenergic neurotransmission. Based on a safety review, most of the patients recovered following Mirtazapine discontinuation.

DRESS

DRESS is a rare, severe idiosyncratic, potentially fatal hypersensitivity reaction to a drug. An early diagnosis of DRESS and immediate discontinuation of the suspected drug are crucial for its treatment.

ADVERSE DRUG REACTION (ADR) REPORTING

NPRA has received a total of 96 ADR reports with 169 adverse events suspected to be related to mirtazapine-containing products. To date, no ADR related to amnesia or DRESS has been reported to the NPRA.

ADVICE FOR HEALTHCARE PROFESSIONALS

- Be alert on the risk of amnesia and the risk of DRESS associated with the use of Mirtazapine-containing products.
- Counsel patients on the signs and symptoms of DRESS, such as widespread rash accompanied by high body temperature and enlarged lymph nodes. Advise patients to stop taking Mirtazapine and immediately seek medical attention if they develop any signs and symptoms of DRESS.
- If the patient has developed DRESS reactions with the use of Mirtazapine, treatment must not be restarted in this patient at any time.
- Please report all suspected adverse events associated with Mirtazapine-containing products to the NPRA.

CHLORPHENIRAMINE: A VERY RARE INCIDENCE OF DYSTONIA

CASE REPORT

A 23-year-old female patient was given an injection of chlorpheniramine 10 mg stat and an injection of hydrocortisone for the treatment of rash, and was later discharged with chlorpheniramine tablet 4 mg. Two days later, the rashes resolved but she developed a locked jaw instead. Unable to chew or swallow, she sought treatment at the hospital and was diagnosed with dystonia that is possibly secondary to chlorpheniramine. After receiving an injection of procyclidine 2.5 mg stat, the adverse event resolved. The causality of 'possible' was given for this drug-reaction pairing.

DISCUSSION

Dystonia is characterised by muscle contractions that could be persistent or occurring at irregular intervals, which results in involuntary muscle twisting, repetitive movements or abnormal postures. Oculogyric crisis, torticollis, trismus and spasticity are a few examples of its manifestation. The dystonic reaction is associated with dopaminergic depletion, thus it is commonly caused by the administration of drugs that disrupt dopamine concentration in the central nervous system, such as dopamine receptor antagonists or selective serotonin reuptake inhibitors (SSRI).

Chlorpheniramine is a first-generation antihistamine that works by competitively attaching to H1 receptors, thus preventing histamine-mediated allergic reactions5. Owing to its lipophilic nature, chlorpheniramine can cross the blood-brain barrier and initiate a variety of dopaminergic and serotonergic effects. Although antihistamines such as chlorpheniramine are reported to be effective in treating drug-induced dystonia6, it is also documented in multiple references that it may in turn cause a dystonic reaction. Theoretically, this may be attributed to its serotonin reuptake and dopaminergic inhibitory action.

In Malaysia, there are currently 62 registered products containing chlorpheniramine, as a single agent or as a combination product. To date, NPRA has received 522 ADR reports with 992 adverse events associated with products containing chlorpheniramine products (all single and combination products). From this total, there are two reports of dystonia and one report for an oculogyric crisis. Globally, based on the World Health Organisation (WHO) ADR database, as of February 2021, there are eight reports of dystonia associated with chlorpheniramine, seven reports for an oculogyric crisis, and one report each for torticollis, trismus and muscle spasticity.

ADVICE TO HEALTHCARE PROFESSIONALS

- Although dystonic reactions are commonly a complication of an antipsychotic, antidepressant or antiemetic drug, it may also be caused by antihistamines such as chlorpheniramine.
- Exercise caution when prescribing chlorpheniramine for the treatment of dystonia as in rare cases, the treatment itself is reported to cause dystonia.
- Please report any ADRs suspected to be related to chlorpheniramine to the NPRA.

ADAPTED FROM MADRAC BULLETIN, 01/2021 EDITION

PINDAAN FUKKM BIL 1/2021

PINDAAN KATEGORI PRESKRIBER

Metformin HCl 500 mg Extended Release Tablet (A/KK → B)
Fluoxetine HCl 20 mg Capsule (A → A/KK)

PENGEMASKINIAN INDIKASI DAN DOS

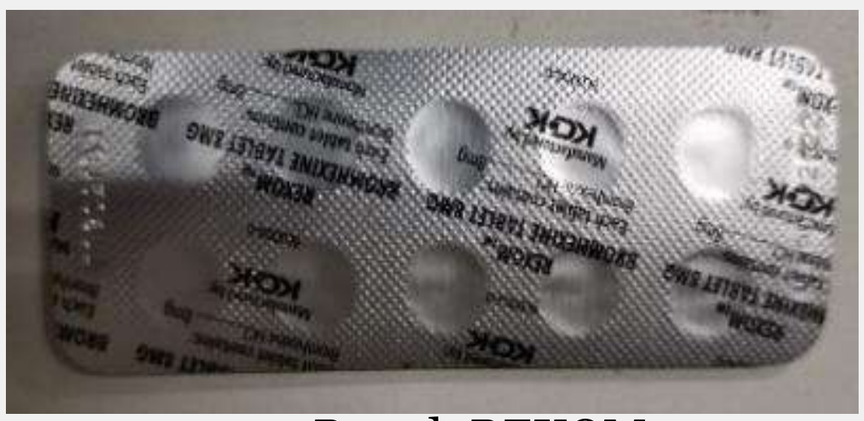
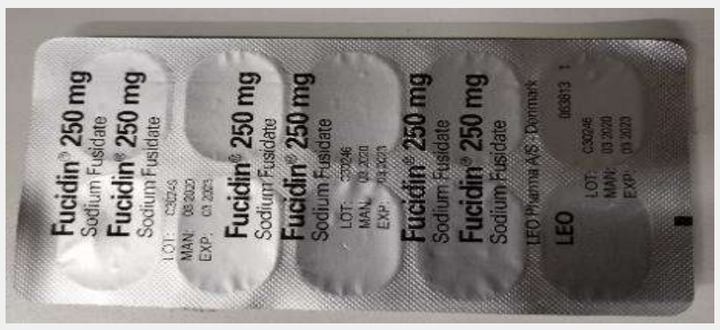
Nama Generik/ Kategori Preskriber /Kaedah Perolehan	Indikasi / dos dalam FUKKM	
	Asal	Baru
Lidocaine 25mg and Prilocaine 25mg Cream Kategori Preskriber : A	Indication Used for painless venepunctures, radial artery cannulations before extradural/spinal and other regional blocks in children above 1 year old and adults. Also used in chronic renal failure patients for insertion of A-V fistulas and shunts for haemodialysis. Dosing : Apply a thick layer under occlusive dressing at least 1 hour before the procedure	Surface anaesthesia of the thin skin in connection with needle insertion and for the superficial surgical procedures Dosing : Apply a thick layer under occlusive dressing Dosing is according to product insert.
Nalbuphine HCl 10 mg/ml Injection Kategori Preskriber : B	Indication Perioperative analgesia, for relief of moderate to severe pain Dosage: 10 - 20 mg SC, IM or IV every 3 - 6 hours	i) Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate ii) As a supplement to balanced anaesthesia, for preoperative and postoperative analgesia and for obstetrical analgesia during labor and delivery Dosage: i) ADULT: 10mg SC, IM or IV repeated every 3-6 hours as necessary. Max. single dose: 20mg Max. total daily dose : 160mg ii) Induction: 0.3- 3mg/kg IV to administered over 10-15 min Maintainace : 0.25-0.50 mg/kg in single IV administration as required.

Nama Generik/ Kategori Preskriber	Indikasi / dos dalam FUKKM	
	Asal	Baru
Sodium Bicarbonate 8.4% (1 mmol/ml) Injection Kategori Preskriber: B	For acceleration of excretion in drug intoxication (where excretion of the drug into the urine is accelerated by elevated urine pH) and for acidosis	i) For acceleration of excretion in drug intoxication (where excretion of the drug into the urine is accelerated by elevated urine pH) ii) For metabolic acidosis secondary to underlying diseases ii) Induction: 0.3- 3mg/kg IV to administered over 10-15 min Maintainece : 0.25-0.50 mg/kg in single IV administration as required.
Risperidone 1 mg/ml Oral Solution Kategori Preskriber : A	Psychoses and schizophrenia Dosage ADULT: 2 mg in 1 - 2 divided doses on 1st day then 4 mg in 1 - 2 divided doses on 2nd day then 6 mg in 1 - 2 divided doses on 3rd day (slower titration appropriate in some patients); usual range 4 - 8 mg daily; dose above 10 mg daily only if benefit outweighs risk (maximum 16 mg daily). Elderly (or in hepatic or renal impairment): initially 0.5 mg twice daily increased in steps of 0.5 mg twice daily to 1-2 mg twice daily. Not recommended in children under 15 years	i) Schizophrenia including first episode psychosis, acute schizophrenic exacerbations, chronic schizophrenia and other psychotic conditions ii) Short term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder in children from age of 5 years and adolescents with subaverage intellectual functioning or mental retardation Dosage i) Initial dose: 2mg/day Maintenance dose : 4 to 6 mg. Max: 16mg/kg Child: Not recommended Elderly: Initial dose: 0.5 mg twice daily Maintenance: 1 to 3 mg twice daily ii) CHILD & ADOLESCENTS, 5-18 years ≥ 50 kg : Initial – 0.5 mg once daily Optimum dose : 0.5mg once daily Dosing should be individualised according to product insert.
Risperidone 1 mg Tablet Kategori Preskriber : B	Psychoses and schizophrenia	i) Schizophrenia including first episode psychosis, acute schizophrenic exacerbations, chronic schizophrenia and other psychotic conditions ii) Short term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder in children from age of 5 years and adolescents with subaverage intellectual functioning or mental retardation
Risperidone 2 mg Tablet Kategori Preskriber : B		Schizophrenia

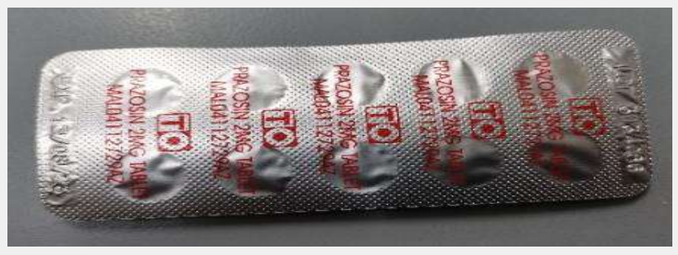
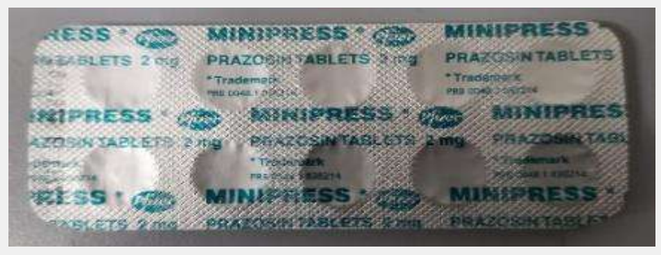
Nama Generik/ Kategori Preskriber	Indikasi / dos dalam FUKKM	
	Asal	Baru
Risperidone 1 mg Tablet Risperidone 2 mg Tablet	Dosage ADULT : 2 mg in 1 - 2 divided doses on first day then 4 mg in 1 - 2 divided doses on 2nd day then 6 mg in 1 - 2 divided doses on 3rd day (slower titration appropriate in some patients); usual range 4 - 8 mg daily; dose above 10 mg daily only if benefit outweigh risk (maximum 16 mg daily). Elderly (or in hepatic or renal impairment): initially 0.5 mg twice daily increased in steps of 0.5 mg twice daily to 1 - 2 mg twice daily. Not recommended in children under 15 years	<u>For 1mg & 2mg</u> i) Schizophrenia ADULT: Initial dose: 2mg/day Maintenance dose: 4 to 6 mg. Max : 16mg/day CHILD: Not recommended ELDERLY: Initial dose : 0.5 mg twice daily Maintenance: 1-2 mg twice daily For 1mg only i) Conduct Disorder ii) CHILD & ADOLESCENTS, 5-18 years ≥ 50 kg : Initial – 0.5 mg once daily Optimum dose : 0.5mg once daily
Oxycodone HCl 10 mg Controlled Release Tablet Kategori Preskriber : A* Oxycodone HCl 20 mg Controlled Release Tablet Kategori Preskriber : A*	Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management.	i) Management of moderate to severe chronic cancer pain non-responsive to morphine in accordance with WHO step-wise ladder of chronic pain management. ii) As a second line treatment of chronic non-cancer pain when treatment with adjuvant analgesics and non-pharmacological approach failed. Prescribing restrictions: Indication(ii) Indicated by Pain or Palliative Specialist only.
Morphine Sulphate 10 mg Controlled Release Tablet Kategori Preskriber : A Morphine Sulphate 30 mg Controlled Release Tablet Kategori Preskriber : A	Prolonged relief of severe pain associated with neoplastic disease; assists in procuring sleep where sleeplessness is due to pain or shock	i) Prolonged relief of severe pain associated with neoplastic disease ii) As a second line treatment of chronic non-cancer pain when treatment with adjuvant analgesics and non-pharmacological approach failed.
Terazosin HCl 1 mg Tablet Kategori Preskriber : A/KK Kaedah Perolehan: LP	Only for treatment of Benign Prostatic Hyperplasia. Not to be used for treatment of hypertension	i) Treatment of Benign Prostatic Hyperplasia. ii) Hypertension
Terazosin HCl 2 mg Tablet Terazosin HCl 5 mg Tablet Kategori Preskriber : A/KK	i) Treatment of Benign Prostatic Hyperplasia. ii) Hypertension	

Nama Generik/ Kategori Preskriber	Indikasi / dos dalam FUKKM	
	Asal	Baru
Terazosin HCl 1 mg Tablet Terazosin HCl 2 mg Tablet Terazosin HCl 5 mg Tablet	Dosing 1mg : Initially 1 mg at night, increased in a stepwise fashion to 2 mg, 5 mg or 10 mg once daily 2mg & 5mg i) Initially 1 mg at night, increased in a stepwise fashion to 2 mg, 5 mg or 10 mg once daily. ii) Initial: 1mg once daily at bedtime, Maintenance: 1-5mg once (morning or evening) or twice daily. Max: 20-40mg/day	i) Initial dose: 1mg at bedtime Maintenance dose: 5-10mg once daily ii) Initial dose : 1mg at bedtime Maintenance dose: 1-5mg once daily. Max : 20-40mg/day
Human Albumin Injection Kategori Preskriber : B	Indication i) Acute hypovolemic shock ii) Hypoproteinaemia iii) Neonatal hyperbilirubinaemia	i) Acute hypovolemic shock ii) Hypoproteinaemia iii) Restoration and maintenance of circulating blood volume in cases of volume deficiency where the use of a colloid is indicated.
	Dosing i) ADULT 25 g. CHILD 0.6 g/kg body weight ii) Maximum daily dose is 2g iii) 1 g/kg before exchange transfusion. Dose is given at rate of 1 ml of 25% solution per minute	Dosing according to product insert/ protocol
Azithromycin 500 mg Injection Kategori Preskriber : A	Only for treatment of severe atypical pneumonia	i) severe atypical pneumonia ii) Treatment of pelvic inflammatory diseases (PID) caused by susceptible organisms in patient who require initial IV therapy
Meropenem 1 g Injection Kategori Preskriber : A*	Indication i. Emperical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent ii. Septicaemia iii. Serious infections in renal impaired patients	i)Nosocomial pneumonia ii) Bacterial Meningitis iii) Emperical treatment for presume infections in patients (adult and children) with febrile neutropenia, used as monotherapy or in combination with anti-virals or antifungal agent iv. Septicaemia v. Urinary tract infection vi) Intra- abdominal infections vii) Gynaecological infections

PRODUCT BRAND CHANGES

PREVIOUS	CURRENT
Tranexamix Acid 250mg Cap.	
 Brand: TREN Manufacturer: Y.S.P. Industries (M) Sdn. Bhd.	 Brand: TRANSAMIN Manufacturer: DAIICHI SANKYO CO., LTD., Tokyo, Japan
Bromhexine 6mg Tab.	
 Brand: REXOM Manufacturer: KCK Pharmaceuticals Industries Sdn. Bhd.	 1) Brand: Biscomin Manufacturer: Malaysian Pharmaceutical Industries Sdn. Bhd.  2) Brand: DYSOLVON Manufacturer: DYNAPHARM (M) Sdn. Bhd.
Sodium Fusidate 250mg Tab.	
 Brand: FUSATE Manufacturer: NORIPHARMA Sdn. Bhd.	 Brand: Fucidin Manufacturer: LEO Pharma

PRODUCT BRAND CHANGES

PREVIOUS	CURRENT
Atenolol 50mg Tab.	
 Brand: Atenol Manufacturer: DUOPHARMA Sdn. Bhd.	 Brand: TERNOLOL 50 Manufacturer: Hovid Bhd.
Prazosin 2mg Tab	
 Brand: PRAZOSIN Manufacturer: IMEKS PHARMA Sdn. Bhd.	 Brand: MINIPRESS Manufacturer: Pfizer (M) Sdn. Bhd.
Spironolactone 25mg Tab.	
 Brand: Spiro Manufacturer: UPHA Pharmaceuticals Mfg. (M) Sdn. Bhd.	 Brand: Spiro Manufacturer: Duopharma Manufacturing (Bangi) Sdn. Bhd.
Celecoxib 200mg Cap.	
 Brand: Hovid-Celecoxib Cap. Manufacturer: Hovid Bhd.	 Brand: CELEBREX Manufacturer: Pfizer Pharmaceuticals LLC

Keputusan Konvensyen Inovasi: Ketiga kategori Inovasi Teknologi Teknologi: Excel Penalty System (Farmasi Logistik)

Pada Tarikh 18 Mac 2021 yang lalu, suatu pertandingan inovasi teknologi telah diadakan bersempena dengan program Konvensyen Inovasi Negeri Johor. Pertandingan ini telah disertai oleh para peserta seluruh Johor dan Farmasi Logistik juga telah turut serta sebagai wakil dari Hospital Segamat. Kategori yang telah disertai adalah kategori Inovasi Teknologi. Pertandingan ini telah dijalankan secara atas talian dan peserta dikehendaki merakam pembentangan mereka dan menghantar video tersebut kepada juri yang telah ditetapkan untuk pemarkahan. Hasilnya, Farmasi Logistik Berjaya merangkul tempat ketiga kategori Inovasi Teknologi dan memenangi hadiah wang tunai sebanyak RM100.

EXCEL PENALTY SYSTEM (XPS)

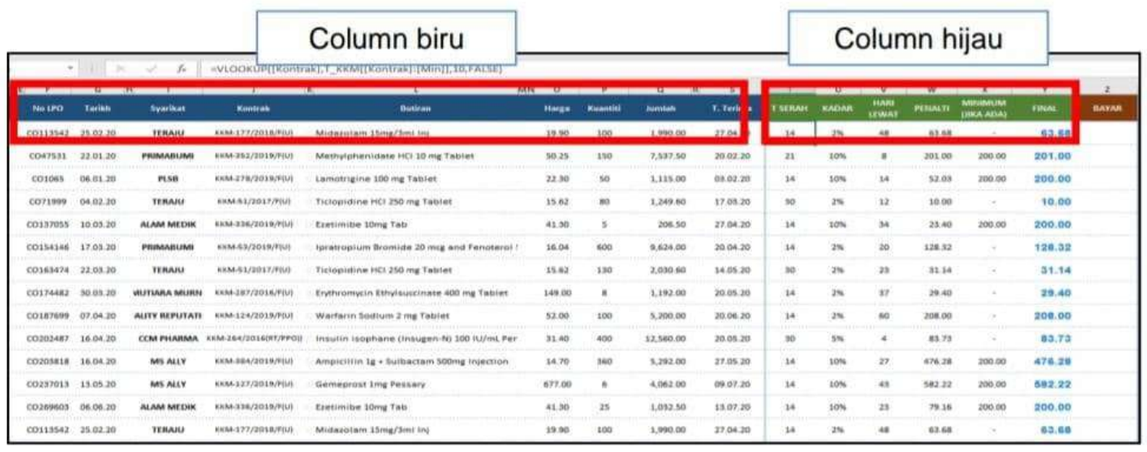
INOVASI TEKNOLOGI

Kumpulan EXtreme

Jabatan Farmasi
Hospital Segamat

Gambar 2: Skrin bagi sheet “Penalty”.

Column biru diisi oleh pengguna manakala *column* hijau dijana secara automatik.



KURSUS KESELAMATAN PENGUBATAN (MEDICATION SAFETY)

Kursus Keselamatan Pengubatan (Medication Safety) telah diakan pada 1 April 2021 yang bertempat di Dewan Asrama Hospital Segamat

TAKLIMAT PROGRAM IMUNISASI VAKSIN KEPADA STAF KONSENSI HOSPITAL SEGAMAT

Taklimat program imunisasi vaksin kepada staf Hospital Segamat telah diadakan pada 4 & 5 April 2021 yang bertempat di Bilik Seminar Patologi dan Dewan Perdana

welcome new staff

Siti Hajar Binti Nor Azharr
Pegawai Farmasi
UF41

Shahir Izwan Bin Md Hanapiah @ Othman
Pegawai Farmasi
UF52

Alyssa Thelan Lawai
Penolong Pegawai Farmasi U29

Nurul Azimah Binti Ampri
Pegawai Farmasi
UF41 (PRP)

Nurul Izzati Binti Zainal Abidin
Pegawai Farmasi
UF41 (PRP)

Nurul Atikah Binti Musa
Pegawai Farmasi
UF41 (PRP)

Nur Azwa Syazwani Binti Ab Rahman
Pegawai Farmasi
UF41 (PRP)

Nurmisaliza Binti Mohd Sapar
Pegawai Farmasi
UF41 (PRP)

MAJLIS PERPISAHAN
MISS TAN CHIEH HSING, MR NG CHYUN YAW
& MISS HELENA SENTIAGOA

Drug Information & Enquiries on Medication

Enquiries on medication may directed to the National Pharmacy Call Centre Toll Free Line 1-800-88-6722 (Mon- Fri, 8.00am to 5.00pm). Questions on medication can also be emailed to online services at Know Your Medicine official website

http://www.knowyourmedicine.gohv.my

Drug Information Centre Hospital Segamat can be reached at 07-9433333 (ext.141) during office hours (Mon to Fri, 8.00am to 5.00pm)