Public Assessment Report
LABETA

INFORMASI PRODUK

Nama obat	:	**LABETA**
Zat Aktif	:	Labetalol hydrochloride 5 mg/ml
Bentuk sediaan	:	Injeksi
Kemasan	:	Dus, 1 Blister @ 5 Ampul @ 5 mL
Pendaftar	:	PT. Kalbe Farma
Produsen	:	PT. Dankos Farma
Kategori Registrasi	:	Registrasi obat dengan zat aktif baru
Indikasi yang diajukan:	:	- *Hipertensi berat, termasuk hipertensi berat pada kehamilan, ketika diperlukan kontrol tekanan darah yang cepat* - *Mendapatkan hipotensi yang terkendali pada anestesia* - *Hipertensi setelah infark miokard akut*
Posologi yang diajukan	:	*Labetalol Injeksi ditujukan untuk penggunaan intravena pada pasien rawat inap. Pasien harus selalu menerima obat dalam posisi terlentang atau lateral kiri. Mengangkat pasien ke posisi tegak dalam waktu tiga jam setelah pemberian Labetalol Injeksi harus dihindari karena hipotensi postural yang berlebihan dapat terjadi.* ***Dewasa*** *Injeksi Bolus* *Jika diperlukan penurunan tekanan darah yang cepat, dosis 50 mg harus diberikan melalui injeksi intravena (setidaknya selama satu menit) dan, jika perlu, dapat diulangi dengan interval lima menit sampai terjadi respons yang diinginkan. Dosis total tidak boleh melebihi 200 mg. Efek maksimum biasanya terjadi dalam waktu 5 menit dan durasi kerja biasanya sekitar 6 jam tetapi bisa juga selama 18 jam.* *Infus Intravena* *Larutan labetalol 1 mg/mL harus digunakan, yaitu delapan ampul (200 mg) diencerkan ke dalam 200 mL larutan Natrium klorida 0.9% atau Dextrose 5%.* ***Hipertensi pada kehamilan** - Infus harus dimulai dari dosis 20 mg/jam, kemudian dinaikkan dua kali lipat setiap 30 menit sampai diperoleh respons yang diinginkan atau dosis 160 mg/jam tercapai. Kadang-kadang diperlukan dosis yang lebih tinggi.* ***Hipertensi setelah infark miokard akut** - Infus harus dimulai dari dosis 15 mg/jam dan ditingkatkan secara bertahap hingga maksimum 120 mg/jam tergantung pada kontrol tekanan darah.* ***Hipertensi karena penyebab lain** - Infus dengan kecepatan sekitar 2 mg/menit sampai diperoleh respons yang diinginkan, kemudian hentikan infus.* *Dosis efektif biasanya tercapai pada dosis 50-200 mg tetapi dosis yang lebih besar mungkin diperlukan, terutama pada pasien dengan feokromositoma. Kecepatan infus dapat disesuaikan dengan respons atas keputusan dokter. Diperlukan pemantauan tekanan darah dan detak jantung setelah injeksi dan selama pemberian infus. Pada kebanyakan pasien, ditemukan sedikit penurunan denyut jantung; bradikardia berat jarang terjadi namun dapat dikendalikan dengan menyuntikkan atropine 1-2 mg secara intravena. Fungsi pernapasan harus diamati terutama pada pasien dengan gangguan pada pernapasan yang sudah diketahui sebelumnya. Setelah penurunan tekanan darah tercapai secara adekuat dengan injeksi bolus atau infus labetalol, harus dialihkan ke terapi pemeliharaan dengan tablet labetalol dengan dosis awal 100 mg dua kali sehari. Labetalol Injeksi telah diberikan kepada pasien dengan hipertensi yang tidak terkontrol yang sudah menerima agen hipotensi lainnya, termasuk obat beta-blocker, tanpa efek samping.* ***Hipotensi Anestesi** - Induksi harus dilakukan dengan agen standar*

		(misalnya natrium thiopentone) dan anestesi dipertahankan dengan nitrous oxide dan oksigen dengan atau tanpa halothane. Dosis awal Labetalol Injeksi yang direkomendasikan adalah 10-20 mg intravena tergantung pada usia dan kondisi pasien. Pasien yang dikontraindikasikan halothane biasanya memerlukan dosis awal labetalol yang lebih tinggi (25-30 mg). Jika hipotensi yang diinginkan tidak tercapai setelah lima menit, dapat diberikan kembali dengan peningkatan dosis sebanyak 5-10 mg hingga tercapai tekanan darah yang diinginkan. halothane dan labetalol bekerja secara sinergis, oleh karena itu, konsentrasi halothane tidak boleh melebihi 1-1,5% karena dapat terjadi penurunan tekanan darah yang intens dan mendadak. Setelah injeksi labetalol, tekanan darah dapat dengan cepat dan mudah disesuaikan dengan mengubah konsentrasi halothane dengan menyesuaikan kemiringan meja. Durasi rata-rata hipotensi setelah 20-25 mg Labetalol Injeksi adalah lima puluh menit. Hipotensi yang diinduksi oleh Labetalol Injeksi dapat segera diatasi dengan atropine 0,6 mg dan penghentian halothane. Tubokurarin dan pancuronium dapat digunakan bila diperlukan bantuan dan kontrol ventilasi. IPPV selanjutnya dapat meningkatkan hipotensi akibat injeksi labetalol dan/atau halothane. ***Anak-anak*** *Keamanan dan kemanjuran pada anak belum diketahui.*

PENGANTAR

LABETA merupakan obat dengan zat aktif baru labetalol hydrochloride, yaitu obat penurun tekanan darah yang masuk ke dalam golongan beta bloker. Labetalol menurunkan tekanan darah terutama dengan menghalangi reseptor alfa-adrenergik arteriol perifer sehingga mengurangi resistensi perifer dan bersamaan dengan blokade beta, melindungi jantung dari dorongan refleks simpatik yang seharusnya terjadi.

Mengingat LABETA merupakan zat aktif baru, saat ini evaluasi difokuskan pada evaluasi data uji non klinik, klinik, dan mutu obat untuk pembuktian efikasi, keamanan, dan mutu obat lebih lanjut.

ASPEK MUTU

LABETA tersedia dalam bentuk injeksi, mengandung labetalol hydrochloride 25 mg/5mL. Obat jadi mengandung eksipien yang terdiri dari *hydrochloric acid, sodium hydroxide, water for injection*

Zat Aktif

Zat aktif labetalol hydrochloride merupakan serbuk kristal putih hingga hampir putih, labetalol hydrochloride telah dilakukan karakterisasi sifat umumnya, diantaranya pemerian, polimorfisme, kelarutan, higroskopisitas, rotasi optik, pH larutan, titik leleh, pKa, dan koefisien distribusi.

Labetalol hydrochloride agak larut dalam air dan etanol (96%), praktis tidak larut dalam methylene chloride. Labetalol hydrochloridebersifat higroskopis, memiliki nilai pH 4,0 – 5,0 pada konsentrasi 1,0% w/v larutan dalam air, dengan rotasi optik -– 0.05° to + 0.05° (dalam air pada suhu 20±0.5°C).

Labetalol hydrochloride dibuat dengan menggunakan KSM-I dan KSM II sebagai bahan awal dan diproses melakui 2 tahap proses reaksi. Telah dilakukan kontrol terhadap tahapan kritis dan intermediate kritikal selama proses sintesa.

Struktur kimia labetalol hydrochloride telah ditunjukkan berdasarkan uji *by elemental analysis, IR spectroscopy, UV spectroscopy, NMR spectroscopy, Mass Spectrum, Differential Scanning Calorimetry, dan XRPD*.

Spesifikasi zat aktif telah ditetapkan terdiri dari *pemerian (visual), identification (IR, test B (chlorides)), loss on drying, pH, residue on ignition, purity (TLC, related substance [high performance liquid chromatography (HPLC)]), dan residual solvents [GC], dan assay.*

Uji stabilitas zat aktif telah dilakukan dan menunjukkan obat stabil ketika disimpan pada suhu 25^{O}C/75% selama 60 bulan. Hasl uji stabilitas *force degradation* dan photostability menunjukkan zat aktif dapat terpengaruh oleh asam kuat, basa kuat, dan oksidasi tinggi, namun tidak ada perubahan ketika dipaparkan cahaya.

Obat jadi

Obat jadi diproduksi dalam bentuk larutan injeksi bening hingga warna kekuningan yang dikemas dalam type 1 ampul kaca 5 mL.

Obat jadi merupakan injeksi steril maka dalam proses pembuatannya dilakukan diltrasi dan sterilisasi akhir dengan menggunakan autoclave. Selain itu, dilakukan identifikasi terhadap tahapan kritikal, termasuk *in-process controls* yang dilakukan pada penimbangan bahan baku, uji pada larutan sebelum filtrasi, uji integritas filter, volume pengisian ampul, sterilitas, dan inspkesi larutan setelah sterilisasi. Hasil validasi proses menunjukan kemampuan proses menghasilkan obat jadi yang memenuhi kriteria penerimaan yang ditetapkan.

Spesifikasi obat telah ditetapkan yaitu pemerian (visual), identifikasi (HPLC), kadar (HPLC), *particulate matter subvisible, particulate matter visible,* sterilitas*, bacterial endotoxine, container content,* dan *pH.* Parameter dalam spesifikasi dipilih berdasarkan acuan monografi chapter di kompendia (USP) untuk Labetalol HCl injeksi dan dan general sediaan injeksi (USP). Metode analisa yang digunakan telah divalidasi. Hasil analisa bets memberikan hasil yang memenuhi spesifikasi yang dipersyaratkan.

Data stabilitas dari 3 bets obat skala pilot yang sama dengan skala produksi produksi telah dilakukan pada zona IVB, yaitu pada suhu 30°C/75% RH selama 24 bulan dan suhu 40°C/75% RH selama 6 bulan dengan hasil yang memenuhi spesifikasi yang dipersyaratkan. Data stabilitas in-use menunjukkan bahwa obat stabil setelah dibuka dan dilarutkan selama 24 jam.

Kesimpulan
Dari aspek mutu, Labeta Injeksi dapat dipertimbangkan untuk diterima.

ASPEK KHASIAT DAN KEAMANAN

Studi Non Klinik

Tidak ada bukti potensi mutagenik dari uji in vitro dan in vivo. Labetalol tidak menunjukkan bukti karsinogenisitas dalam penelitian jangka panjang pada tikus dan mencit.

Studi Klinik

Hasil evaluasi efikasi berdasarkan studi klinik di atas adalah sebagai berikut:

A. Efikasi

Penggunaan labetalol dalam pengobatan hipertensi pada kehamilan didukung oleh satu studi meta analisis yang dibandingkan dengan metildopa, serta 4 studi terpublikasi pada wanita hamil dengan hipertensi berat yaitu 3 studi dibandingkan dengan hidralazin dan satu studi dibandingkan dengan nifedipin oral.

- Hasil meta-analisis menunjukkan hasil sebagai berikut:
  - Parameter primer CHIPS (*perinatal loss or high level neonatal care for >48 hours*) yang menunjukkan hasil sedikit lebih baik pada penggunaan metildopa dibandingkan labetalol [*adjusted odds ratio (aOR* 0,64; 95% CI 0,40–1,00)], serta
  - Parameter sekunder berupa lebih sedikit kejadian bayi dengan *birthweight <10th centile* (aOR 0,54; 95% CI 0,32– 0,92), hipertensi berat (aOR 0,51; 95% CI 0,31–0,83), preeklampsia (aOR 0,55; 95% CI 0,36–0,85), dan kelahiran pada <34 minggu (aOR 0,53; 95% CI 0,29–0,96) atau <37 minggu (aOR 0,55; 95% CI 0,35–0,85) (Magee et al. 2016, n=987).
- Median waktu yang dibutuhkan untuk mencapai target tekanan darah (TD) (TD sistolik 150 mmHg dan TD diastolik 100 mmHg) dibandingkan kelompok hidralazin adalah sama yaitu 22,4 menit. Jumlah pasien yang tidak memerlukan dosis berulang juga sebanding (labetalol vs. hidralazin: 46,66% vs. 50%) (Gaur et al. 2019, n=60).
- Waktu yang dibutuhkan untuk mencapai target TD dibandingkan kelompok nifedipin adalah sebanding yaitu 22,6 ± 13,5 menit vs. 22,09 ± 11,7 menit (Wasim et al. 2020, n= 204).
- Tidak ada studi yang dapat mendukung indikasi hipertensi setelah infark miokard akut.

B. Keamanan

- Profil keamanan labetalol sebanding dengan hydralazine dengan kejadian efek samping yang paling sering dilaporkan (>5%) adalah sakit kepala (17,6 vs. 23,1%), gangguan penglihatan (8,4 vs. 8,5%), nyeri epigastrum (6,9 vs. 7,7%), palpitasi (6,1 vs. 7,7%), dan mual (4,6 vs. 6,2%).
- Laporan adverse event lebih rendah dibandingkan kelompok hidralazin yaitu *maternal hypotension (16,36% vs. 65,45%), abnormal fetal heart rate (0,61% vs. 32,72%),* sakit kepala (1,21% vs. 9,69%) dan

palpitasi (1,81% vs. 7,87%) (Wajid et al. 2018, n=360)

- Frekuensi adverse event maternal hypotension dalam pengobatan *pregnancy induced hypertension* lebih kecil pada kelompok labetalol dibanding kelompok hidralazin (45% vs. 55%) (Tariq et al. 2017, n=100).

C. Tinjauan pedoman penatalaksanaan hipertensi menunjukkan:

- KepMenKes tentang Pedoman Nasional Pelayanan Kedokteran Tata Laksana Hipertensi Dewasa (2021) merekomendasikan penggunaan labetalol intravena (IV) untuk hipertensi berat pada wanita hamil.
- Pedoman Nasional Pelayanan Kedokteran: Diagnosis dan Tata Laksana Pre-eklamsia (Perkumpulan Obstetri dan Ginekologi Indonesia, Himpunan Kedokteran Feto Maternal, 2016) merekomendasikan pemberian labetalol parenteral sebagai salah satu pilihan obat pada pre eklampsia dengan hipertensi berat

KEPUTUSAN

Berdasarkan hal-hal tersebut di atas, Rapat Komite Nasional Penilai Obat merekomendasikan bahwa registrasi obat dengan zat aktif baru Labeta Injeksi diterima dengan perbaikan indikasi sebagai berikut:

INDIKASI

Mengontrol tekanan darah pada hipertensi berat saat kehamilan.

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PRODUCT INFORMATION

Drug name	:	**LABETA**
Active Ingredient	:	Labetalol hydrochloride 5 mg/ml
Dosage form	:	Injection
Packaging	:	Box, 1 Blister @ 5 Ampoules @ 5 mL
Registrant	:	PT. Kalbe Farma
Manufacturer	:	PT. Dankos Farma
Registration Category	:	New active ingredients drug registration
Proposes Indication	:	- *Severe hypertension, including severe hypertension during pregnancy when rapid blood pressure control is needed* - *Controlled hypotension during anesthesia* - *Hypertension following acute myocardial infarction*
Proposed Posology	:	*Labetolol injection is intended for intravenous use in hospitalized patients. Patients should always receive the medication while in a supine or left lateral position. Lifting the patient to an upright position within three hours after administering Labetalol Injection should be avoided, as excessive postural hypotension may occur.* ***Adults*** *Bolus Injection* *If rapid blood pressure reduction is required, 50 mg should be administered by intravenous injection (over at least one minute), and, if necessary, it may be repeated at five-minute intervals until the desired response is achieved. The total dose should not exceed 200 mg. The maximum effect usually occurs within 5 minutes, and the duration of action is typically around 6 hours but may last up to 18 hours.* *Intravenous Infusion* *A Labetalol solution of 1 mg/mL should be used by diluting eight ampoules (200 mg) in 200 mL of 0.9% Sodium Chloride or 5% Dextrose solution.* ***Hypertension during pregnancy** – The infusion should be started at a dose of 20 mg/hour, then doubled every 30 minutes until the desired response is achieved or a dose of 160 mg/hour is reached. Higher doses may occasionally be required.* ***Hypertension following acute myocardial infarction** – The infusion should be started at a dose of 15 mg/hour and gradually increased up to a maximum of 120 mg/hour depending on blood pressure control.* ***Hypertension due to other causes** – The infusion should be administered at a rate of approximately 2 mg/min until the desired response is achieved, then the infusion should be stopped.* *The effective dose is usually achieved at 50-200 mg, but higher doses may be required, especially in patients with pheochromocytoma. The infusion rate may be adjusted according to the patient's response or at the physician's discretion. Blood pressure and heart rate should be monitored after injection and during the infusion. In most patients, only a slight decrease in heart rate is observed; severe bradycardia is rare but can be managed by administering 1-2 mg of intravenous atropine. Respiratory function should be monitored, particularly in patients with pre-existing respiratory disorders. Once adequate blood pressure reduction has been achieved with a bolus injection or labetalol infusion, patients should be switched to maintenance therapy with oral labetalol, starting at a dose of 100 mg twice daily. Labetalol Injection has been administered to patients with uncontrolled hypertension who were already receiving other antihypertensive agents, including beta-blockers, without adverse effects.* ***Anesthesia Hypotension** – Induction should be performed using standard agents (e.g., thiopentone sodium), and anesthesia should be maintained with*

		nitrous oxide and oxygen, with or without halothane. The recommended initial dose of Labetalol Injection is 10-20 mg intravenously, depending on the patient's age and condition. Patients for whom halothane is contraindicated usually require a higher initial dose of labetalol (25–30 mg). If the desired hypotensive effect is not achieved within five minutes, additional doses of 5-10 mg may be administered until the target blood pressure is reached. Halothane and labetalol act synergistically; therefore, the concentration of halothane should not exceed 1-1.5%, as a sudden and intense drop in blood pressure may occur. After labetalol injection, blood pressure can be rapidly and easily adjusted by modifying the halothane concentration or adjusting the tilt of the operating table. *The average duration of hypotension after a 20-25 mg dose of Labetalol Injection is approximately fifty minutes. Hypotension induced by Labetalol Injection can be promptly reversed by administering 0.6 mg of atropine and discontinuing halothane. Tubocurarine and pancuronium may be used when assisted ventilation and control are needed. Subsequent intermittent positive pressure ventilation (IPPV) may enhance hypotension caused by labetalol injection and/or halothane.* ***Children*** *The safety and efficacy in children have not been established.*

INTRODUCTION

LABETA is a medication containing the new active substance labetalol hydrochloride, an antihypertensive drug that belongs to the beta-blocker class.

Labetalol lowers blood pressure primarily by blocking peripheral arteriolar alpha-adrenergic receptors, thereby reducing peripheral resistance, and concurrently through beta-blockade, it protects the heart from reflex sympathetic stimulation that would normally happen.

Given that LABETA contains a new active substance, the current evaluation focuses on the assessment of non-clinical, clinical, and quality data to further establish the drug's efficacy, safety, and quality.

QUALITY ASPECT

LABETA is available in injectable form, containing labetalol hydrochloride 25 mg/5 mL. The finished product contains excipients including hydrochloric acid, sodium hydroxide, and water for injection.

Active Ingredient

The active ingredient, labetalol hydrochloride, is a white to almost white crystalline powder. Its general characteristics have been evaluated, including appearance, polymorphism, solubility, hygroscopicity, optical rotation, solution pH, melting point, pKa, and partition coefficient.

Labetalol hydrochloride is slightly soluble in water and 96% ethanol, and practically insoluble in methylene chloride. It is hygroscopic, with a pH range of 4.0-5.0 in a 1.0% w/v aqueous solution, and an optical rotation of –0.05° to +0.05° (in water at 20 ± 0.5°C).

Labetalol hydrochloride is synthesized using KSM-I and KSM-II as starting materials through a two-step reaction process. Critical steps and key intermediates are controlled throughout the synthesis process.

The chemical structure of labetalol hydrochloride has been confirmed through elemental analysis, infrared (IR) spectroscopy, ultraviolet (UV) spectroscopy, nuclear magnetic resonance (NMR) spectroscopy, mass spectrometry, differential scanning calorimetry (DSC), and X-ray powder diffraction (XRPD).

The specifications for the active ingredient have been established and include visual description, identification using infrared spectroscopy and Test B for chlorides, determination of loss on drying, pH measurement, residue on ignition, assessment of purity using thin-layer chromatography and related substances through high-performance liquid chromatography (HPLC), analysis of residual solvents using gas chromatography (GC), and assay for content determination.

Stability testing of the active ingredient shows it remains stable when stored at 25°C/75% relative humidity for 60 months. Forced degradation and photostability studies indicate that the active substance is affected by strong acids, strong bases, and high oxidation conditions, but shows no changes when exposed to light.

Finished Product

The finished product is manufactured as a clear to yellowish injectable solution packaged in 5 mL Type I glass

ampoules. As a sterile injection, the manufacturing process includes filtration and final sterilization using an autoclave. Critical process steps have been identified, including in-process controls such as raw material weighing, testing of the solution prior to filtration, filter integrity testing, ampoule fill volume, sterility, and inspection of the solution after sterilization. Process validation results demonstrate that the manufacturing process is capable of producing a finished product that meets the established acceptance criteria.

Specifications for the finished product have been established and include: visual description, identification by HPLC, assay by HPLC, subvisible and visible particulate matter, sterility, bacterial endotoxins, container content, and pH. These parameters were selected based on relevant monograph chapters in the pharmacopeia (USP) for Labetalol HCl injection and general injectable preparations. The analytical methods used have been validated. Batch analysis results confirm that the product complies with the established specifications.

Stability data from three pilot-scale batches (equivalent to production scale) have been generated under Zone IVB conditions at 30°C/75% RH for 24 months and at 40°C/75% RH for 6 months, with results meeting the required specifications. In-use stability data demonstrate that the product remains stable for 24 hours after opening and dilution.

Conclusion

From a quality perspective, Labeta Injection can be considered acceptable for approval.

EFFICACY AND SAFETY ASPECTS

Non-Clinical Studies

There is no evidence of mutagenic potential based on in vitro and in vivo testing. Labetalol has shown no evidence of carcinogenicity in long-term studies conducted on rats and mice.

Clinical Studies

The evaluation of efficacy based on the clinical studies is as follows:

A. Efficacy

The use of labetalol in the treatment of hypertension during pregnancy is supported by one meta-analysis comparing it with methyldopa, as well as four published studies involving pregnant women with severe hypertension — three of which compared labetalol with hydralazine and one with oral nifedipine.

- The meta-analysis results were as follows:
    - The primary CHIPS outcome (perinatal loss or high-level neonatal care for >48 hours) showed slightly better outcomes with methyldopa compared to labetalol [adjusted odds ratio (aOR) 0.64; 95% CI: 0.40–1.00].
    - Secondary outcomes showed fewer cases of infants with birth weight <10th centile (aOR 0.54; 95% CI: 0.32–0.92), severe hypertension (aOR 0.51; 95% CI: 0.31–0.83), preeclampsia (aOR 0.55; 95% CI: 0.36–0.85), and births at <34 weeks (aOR 0.53; 95% CI: 0.29–0.96) or <37 weeks (aOR 0.55; 95% CI: 0.35–0.85) (Magee et al., 2016; n=987).
- The median time required to achieve the target blood pressure (systolic BP 150 mmHg and diastolic BP 100 mmHg) was the same as in the hydralazine group, at 22.4 minutes. The proportion of patients who did not require repeat doses was also comparable (labetalol vs. hydralazine: 46.66% vs. 50%) (Gaur et al., 2019; n=60).
- The time required to reach the target BP was also similar to that in the nifedipine group, at 22.6 ± 13.5 minutes vs. 22.09 ± 11.7 minutes (Wasim et al., 2020; n=204).
- There are no clinical studies that support the indication for labetalol in hypertension following acute myocardial infarction.

B. Safety

- The safety profile of labetalol is comparable to that of hydralazine, with the most frequently reported adverse events (>5%) being headache (17.6% vs. 23.1%), visual disturbances (8.4% vs. 8.5%), epigastric pain (6.9% vs. 7.7%), palpitations (6.1% vs. 7.7%), and nausea (4.6% vs. 6.2%).
- Reports of adverse events were lower in the labetalol group compared to the hydralazine group, including maternal hypotension (16.36% vs. 65.45%), abnormal fetal heart rate (0.61% vs. 32.72%), headache (1.21% vs. 9.69%), and palpitations (1.81% vs. 7.87%) (Wajid et al., 2018; n=360).
- The frequency of maternal hypotension as an adverse event in the treatment of pregnancy-induced hypertension was lower in the labetalol group compared to the hydralazine group (45% vs. 55%) (Tariq et

al., 2017; n=100).

C. Review of Hypertension Management Guidelines

- The Ministry of Health Decree on the National Clinical Practice Guidelines for the Management of Adult Hypertension (2021) recommends the use of intravenous (IV) labetalol for severe hypertension in pregnant women.
- The National Clinical Practice Guidelines for the Diagnosis and Management of Preeclampsia (issued by the Indonesian Society of Obstetrics and Gynecology and the Fetal-Maternal Medicine Association, 2016) recommend parenteral labetalol as one of the treatment options for preeclampsia with severe hypertension.

DECISION

Based on the above considerations, the National Committee for Drug Evaluation recommends that the registration of the new active substance drug Labeta Injection be approved, with a revised indication as follows:

INDICATION

To control blood pressure in severe hypertension during pregnancy.