



PHARMACY PRACTICE BULLETIN

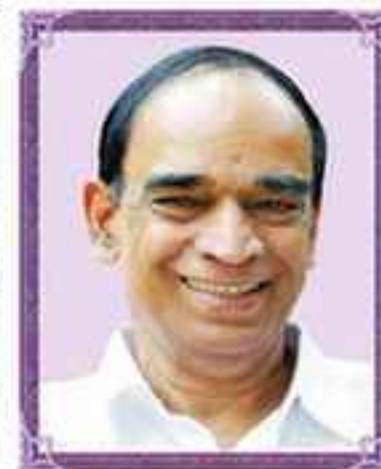
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A Unit of Department of Pharmacy Practice

DEVAKI AMMA MEMORIAL COLLEGE OF PHARMACY, CHELEMBRA, MALAPPURAM, KERALA



In the remembrance of
Sri. K.V. Sankaranarayanan
(01.01.1948 - 12.07.2013)
Founder, Devaki Amma Memorial Institutions

**With His
Heavenly
Blessings**

INSTITUTION VISION:

To be the ultimate destination for training, practice and research in pharmacy education to cater the health needs of the society.

INSTITUTION MISSION:

To provide state-of-art infrastructure, research facilities with eminent faculties to disseminate advanced knowledge in pharmacy education through innovative teaching- learning process with human and ethical values.

ISSUE HIGHLIGHTS

I) List of new drugs approved by Drugs Controller General of India in the year 2022 till date

Sl. No.	Drug Name	Indication
1	Triamcinolone Hexacetonide injectable suspension 20mg/ml	For intraarticular, intra-synovial or periarticular use in adults and adolescents for the symptomatic treatment of subacute and chronic inflammatory joint diseases including rheumatoid arthritis and Juvenile Idiopathic Arthritis, Osteoarthritis and posttraumatic arthritis, Synovitis, tendinitis, bursitis and epicondylitis.
	Gimeracil bulk & Oteracil potassium bulk and Tegafur 15mg/20mg, Gimeracil 4.35 mg/5.8mg and Oteracil 11.8mg/15.8mg capsules	In adults for the treatment of advanced gastric cancer when given in combination with cisplatin

Sl. No.	Drug Name	Indication
3	Nitric oxide nasal spray	For treatment of adult high risk patients with mild Covid-19 having risk of progression of the disease.
4	Vericiguat tablets 2.5mg/5mg/ 10mg	To reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.
5	Inosinepranobex bulk and Inosinepranobex 500mg	As add on therapy for treatment of mild Covid-19 patients with co-morbidities and moderate Covid-19 patients, in light of Covid-19 outbreak for restricted emergency use in the country
6	Desidustat bulk and Desidustat tablets 25mg and 50mg	For treatment of Anemia in adult patients with chronic kidney disease not on Dialysis and on Dialysis.
7	Lumacaftor bulk, Ivacaftor bulk & Lumacaftor and Ivacaftor tablets 100mg /125mg and 200mg/125mg	For the treatment of cystic fibrosis (CF) in patient age 2 years and older who are homozygous for the F508del mutation in the CFTR gene.
8	Liothyronine sodium bulk and Liothyronine sodium tablets 5mcg & 20 mcg	To treat some of the more severe conditions in which the thyroid does not produce enough thyroxine and balance the effect of medicines used to treat an overactive thyroid.
9	Polyhexamethylene guanidine hydrochloride 1.000 lit	For surface disinfection.
10	Finerenone 10mg/20mg film coated tablets	eGFR decline, end stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease associated with type 2 diabetes.
11	Sugammadex sodium bulk and Sugammadex injection 100mg/ml (single dose vial for bolus injection,	Reversal of neuromuscular blockade induced by rocuronium or vecuronium in adults undergoing surgery.
12	Nirmatrelvir bulk and Com-bipack of Nirmatrelvir 300 mg tablets (2x150mg tablets) and Ritonavir tablets 100mg 100mg/ml (single dose vial for bolus injection, IV)	For treatment of adult patients with Covid-19, with SpO2 >93% and who have high risk of progression of the disease including hospitalization or death, in light of Covid-19 outbreak for restricted emergency use in the country.
13	Aviptadil bulk and Aviptadil injection (Each ml vial contains Aviptadil 15 mcg)	For treatment of patients with severe Covid-19 with Acute Respiratory Distress Syndrome, in light of Covid-19 outbreak for restricted emergency use.

Sl. No.	Drug Name	Indication
14	Bempedoic acid bulk and Bempedoic acid tablet 180 mg	Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C. Limitation of use: The effect of the drug on cardiovascular morbidity and mortality has not been established.
15	rdESAT-6 bulk; rCFP-10 bulk and rdESAT-6 and rCFP-10 (Cy-Tb) injection - Each vial (10 dose vial, single dose of 0.1ml) contains: rdESAT-6:0.05 mcg; rCFP-10: 0.05 mcg	For detection of Latent TB for population of 18 years and above.
16	Pralsetinib Capsule 100mg	For the treatment of adult patients with metastatic rearranged during transfection (RET) fusion-positive non-small cell lung cancer. For the treatment of adult and pediatric patients 12 years of age and older with advanced or metastatic RET-mutant medullary thyroid cancer who require systemic therapy. For the treatment of adult and pediatric patients 12 years of age and older with advanced or metastatic RET-fusion positive thyroid cancer who require systemic therapy and who are radioactive iodine refractory (if radioactive iodine is appropriate).

*Prepared by,
Sikha P., Fifth Pharm D.*

II) Medical Hearsay

Managing Migraine in Primary Care: Five Things to Know

Studies say that migraine is second among leading causes of years lived with disability and yet often goes undiagnosed. Here are five things to know about managing migraine successfully in primary care.

◆ It is a chronic neurologic disorder, not an episodic headache

As per the pathophysiology migraine is an inherited, chronic neurologic disease with recurrent episodic attacks. Migraine is a disabling brain condition influenced by both genetics and environment, and it is characterized by attacks of throbbing head pain and sensitivity to movement as well as visual and auditory stimuli. Symptoms of irritability, yawning, fatigue, and difficulty concentrating can precede migraine attacks by 1-2 days; attacks are followed by hours of feeling tired and unwell. They can last for 4-72 hours, with 90% of patients reporting moderate to severe pain and more than 50% reporting severe impairment or reduced productivity. Furthermore, migraine is a chronic disorder across a life span, with age-dependent changes in clinical presentations and prevalence.

◆ Migraine frequently misdiagnosed and undertreated

Migraine is often misdiagnosed as a sinus headache. A study of nearly 3000 patients with self-described or

physician-diagnosed migraine demonstrated that 88% of participants had migraine, not sinus headaches, and had neither a correct diagnosis nor the appropriate treatment with migraine-specific medications. And more recently, in a small study 81.5% of participants were misdiagnosed with sinusitis. Many primary care physicians may be hesitant to prescribe migraine-preventive medications because of unfamiliarity with treatment guidelines and novel therapies. The primary care management of migraine remains suboptimal, resulting in an average 4-year gap between diagnosis and initiation of preventive medications. Out of more than 40% of patients who meet criteria for migraine prevention, roughly 75% are not currently using a migraine-preventive medication or a triptan medication to abort an acute attack. To help improve the management of headache, the American Academy of Neurology developed a set of quality measurements for headache. They include documentation of frequency, counseling, acute management, and preventive management as quality measures specifically for migraine.

◆ Different ways to approach management of migraine

Successful migraine treatment includes a combination of therapies. Patient education about those therapies is the first step toward achieving successful management of this condition. Although not every patient is willing to start pharmacologic therapies, many are willing to try at least one of the treatments recommended by American Academy of Neurology and the American Headache Society. Those treatments include: Abortive medications, Preventive medications, Neuromodulation devices, Biobehavioral therapy, Nutraceuticals, Supplements, Complementary and integrative treatment modalities, and Biofeedback. Decisions about the use of either pharmacologic or nonpharmacologic approaches depend on multiple factors. Treatment plans should be individualized, and selection of the type of treatment is at the clinician's discretion and comfort level.

◆ Prevention would be the cornerstone of management

Prevention is key to migraine management. Migraine is classified as episodic (up to 14 headache days per month) or chronic (15 or more headache days per month). The American Headache Society Consensus Statement recommends offering preventive management for patients with six or more migraine headache days per month. Modern understanding of migraine pathophysiology has changed the treatment paradigm, ushering in a new era of migraine-specific therapies, including 5-hydroxytryptamine 1F (5-HT_{1F}) receptor agonists as well as calcitonin gene-related peptide (CGRP) monoclonal antibodies and receptor antagonists. Targeting the CGRP pathway may be the first focused migraine-specific preventive option in the history of headache medicine, which may revolutionize management.

Successful treatment may consist of a combination of acute and preventive therapies. Preventive treatments can include pharmacologic therapies, neuromodulation devices, and behavioral therapies. Migraine-preventive management may result in improved response to acute treatment; decrease in attack frequency, duration, and severity as defined by patients; reduction in migraine-related disability; improvements in health-related quality of life; and reduction in psychological distress.

◆ Improving migraine education for primary care providers

The American Headache Society has established the First Contact - Headache in Primary Care website to provide guidelines, educational resources, free continuing medical education (CME) credits, and a migraine management flowchart. The National Headache Foundation launched Primary Care Migraine, a free web- and app-based training program that offers primary care physicians free CME credits while learning about the most current migraine treatments and protocols. And the Association of Migraine Disorders offers A Migraine Toolbox, a comprehensive CME course that covers practical approaches to diagnosis and treatment, as well as resources including questionnaires, medication guidelines for clinicians, and patient brochures.



Prepared by,
 Muhammed Adhil P., Fifth Pharm D.

DEPARTMENT HIGHLIGHTS

I) Publications

I. Anilasree B.P., Shamna Noushad, Sahnoon Javeed, Japhia Saji, Unni Krishnan. Off- label use of drug in paediatrics- A prospective observational study. International Journal Pharmacy and Pharmaceutical Research. January 2022; 23 (2): 80-6.

II) Seminars and Conferences Attended

❖ Mrs. Sneha Prakash V., Assistant Professor attended a webinar on "Research and Innovative Technologies for Faculty of Pharmacy Practice" organized by Kerala University of Health Sciences, Thrissur on 17th June 2022

❖ Mr. Sanjay Sreekumar S., Assistant Professors, and with Fourth Pharm. D students attended MedSafeCon 22 - National Conference on Medication Safety at Apollo Adlux Hospital, Angamaly on 21st May 2022.

❖ Mrs. Shantiya K., Assistant Professor attended seminar on "Profession Certificate Programme in Scientific Writing" organized by the Department of Pharmacy Practice, Al Shifa College of Pharmacy, Perinthalmanna on 16th to 17th June 2022.



III) Clinical Activities

❖ As a part of World Kidney Day on 10th March 2022 the Fifth and Sixth Pharm. D students prepared awareness video and patient information leaflet (PIL) for the public.



Handing over PIL to Dr. Rajesh Subhash, Medical Superintendent, PVS Hospital (P) Ltd, Calicut.



Handing over PIL to Dr. Jaikish Jayaraj, Director, PVS Hospital (P) Ltd, Calicut



Handing over PIL to Dr. Rajesh Subhash, Medical Superintendent, PVS Hospital (P) Ltd, Calicut.

❖ Fifth Pharm. D students prepared a health information guidance in the form of a snake and ladder game for the patient and public present in PVS Hospital (P) Ltd, Calicut as a part of service on World Health Day on 7th April 2022.



❖ Free Asthma Camp was conducted in association with PVS Hospital (P) Ltd, Calicut on 9th May 2022 at Mofussil bus stand. Dr. Beena Philip, Mayor, Kozhikode Corporation inaugurated the camp in the presence of Dr. G. Babu, Principal, Devaki Amma Memorial College of Pharmacy; Lt. Col. Ravi Menon, General Manager; Mr. Yazar Arafath N. M., and Mr. Sumesh K. K., PROs, PVS Hospital (P) Ltd, Calicut. Dr. Jaikish Jayaraj, Director of PVS Hospital (P) Ltd, Calicut gave an immense support for the camp.

Dr. Meghna Balakrishnan MBBS, DNB, PVS Hospital (P) Ltd, Calicut was the Pulmonologist- In- Charge for the camp. Fourth and Fifth year Pharm. D contributed a lot in the form of educational charts, posters, patient information leaflets, and awareness video for the public. A total of 78 registrations were made. Special acknowledgement to the Kozhikode Corporation, Kozhikode Kasaba Police Station, Police Aid Post of Mofussil Bus Stand, Press Media and Public.



❖ Fifth Pharm. D students prepared a health information guidance in the form of a snake and ladder game for the patient and public present in PVS Hospital (P) Ltd, Calicut as a part of service on World Health Day on 7th

IV) Social Services

❖ Two Pharm. D students (Interns) are posted on a rotation basis for the Palliative Care Service at Chelembra Palliative Care Unit on all Saturdays.



❖ Two Pharm. D students (Interns) are posted on a rotation basis in Drug Information Service and Healthcare Awareness (DISHA) which is a service for counseling the needy patients and public in our college on all Saturdays.



V) Hospital Visit

❖ Fifth Pharm. D students (2017 Adm.) along with Dr. Siraj Sundaran (Professor), Dr. Anilasree B. P. (Assistant Professor), and Mrs. Jyothisree G. (Assistant Professor), made a hospital visit to the Clinical Pharmacy Service Unit of Indraprastha Apollo Hospital, New Delhi on 7th June 2022.

We thank the healthcare team under the guidance of Dr. Sanjeev Sharma, Clinical Pharmacologist, for their time and support for the sharing of knowledge and allowing us to observe the various areas of clinical pharmacy functions.



Courses Offered

**M. Arch.
B. Arch.**

**Ph.D.
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B. Pharm.
D.Pharm.**

**M. Ed.
B. Ed.
D.Ed. (TTC)**

For Admission details Contact: **9847 77 33 77, 9847 82 20 80**



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The doctors and other health care professionals of PVS Hospital (P) Ltd., Calicut for their support and training given to our students.

For Suggestion, Feedback and Interaction

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