DOCTOR OF PHARMACY

BVDU-PCP Pharmawiz Newsletter

I am delighted to welcome you back to the 3rd Volume, Issue 1 of our newsletter, BVDU-PCP Pharmawiz. I want to thank the guest authors who have contributed to the BVDU-PCP Pharmawiz.

We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity. We welcome the feedback of all the readers and their constructive suggestion.

> Dr. Atmaram Pawar Vice-Principal & HOD

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Pharmacy Informatics

Increased use of technology in the workplace has created a market for skilled practitioners who are able to implement and manage the new systems. The use and integration of data, information, knowledge, technology, and automation in the medication-use process for the purpose of improving health outcomes." This statement, made by the American Society of Hospital Pharmacists (AHSP), is one of the better definitions of the pharmacist's role in informatics.

Healthcare informatics appears to be firmly established and accepted as an integral component of our healthcare system. New opportunities abound for those pharmacists with an interest in the technology side of medication delivery. In today's world of global connectivity and increased communication, pharmacy is yet another profession benefiting from technological advances, which are evident in almost every corner of pharmacy practice. Introduction of the electronic medical record (EMR), computerized physician order entry (CPOE) has eased the pharmacist's work flow considerably, but human input is still required for development, maintenance, and evaluation of these systems. The nature of their training as drug therapy experts and their knowledge of the entire medication use process make pharmacists ideal for these roles. Pharmacists skilled in hospital information system development, management, and effectiveness measurement will be in high demand. Pharmacists today can play a vital role in the development and maintenance of information technology. Input of clinical data must remain under the control of a pharmacist if all the benefits of the technology are to be realized, according to experts. Additionally, pharmacists should be involved in the interpretation of data collected from the new systems. Prevention of errors is a primary reason for use of technology in pharmacy practice.

"As to diseases, make a habit of two things — to help, or at least, to do no harm."- Hippocrates

VILAZODONE A NOVEL ANTIDEPRESSANT

Vilazodone is the latest US Food and Drug Administration approved antidepressant agent available in the India(19/08/2015). Its putative mechanism of antidepressant action enhances the release of serotonin across the brain's serotonergic pathways specifically by inhibiting the serotonin transporter, similar to a selective serotonin reuptake inhibitor (SSRI), and simultaneously stimulating serotonin-1a receptors via partial agonism, similar to the anxiolytic buspirone. This combined activity in the single vilazodone agent has been termed by the authors as being a serotonin partial agonist and reuptake inhibitor or (SPARI).

References: Thomas L. Schwartz, Umar A. Siddiqui and Stephen M. Stahl. Vilazodone: a brief pharmacological and clinical review of the novel serotonin partial agonist and reuptake inhibitor. Ther Adv Psychopharmacol (2011) 1(3) 8187.

Pharmawiz

Editorialdesk.....

India is towards upward growth path in Medical writing and this is probably because of the need to have high quality documents authorized to support timely drug approval. Medical writing is all about presenting clinical and scientific information in variety of formats for communication to different audiences (Regulatory, Medical professional, Paramedical Profession). Stringent regulation requirement and investment of companies on research for noble drugs, medical devices and diagnostic techniques have raised the needs for thorough documentation. Few of the renounced council of companies continuously publish clinical trial status on scientific journals and clinical trial registries.

Special skills are required for well structured documents for which medical writer must have the knowledge of therapeutic areas, the drug development process, pharmacology, drug safety, statistics and regulatory guidelines. A strong command over English language, interpreting critical analytical skills, understanding of ethical and legal issues and literature search techniques are the core skills require for medical writing

Fact: About WARFARIN

Warfarin is an anticoagulant used in prevention of thrombosis and thromboembolism.

It was initially introduced in 1948 as a pesticide against rats and mice, and is still used for this purpose. In the early 1950s, warfarin was found to be effective and relatively safe for preventing t h r o m b o s i s a n d thromboembolism in many disorders.

It was approved for use as a medication in 1954, and has remained popular ever since.



The U.S. (FDA) is warning that the type 2 diabetes medicines sitagliptin, saxagliptin, linagliptin, and alogliptin may cause joint pain that can be severe and disabling. FDA has added a new Warning and Precaution about this risk to the labels of all medicines in this drug class, called dipeptidyl peptidase-4 (DPP-4) inhibitors.

Important Provisions of Pharmacy Practice, 2015

- 1. The new Pharmacy Practice Regulations- 2015 was enforced by Pharmacy Council of India (PCI) to regulate Pharmacy Practice in India.
- 2. As per the rules Dispensing of Drugs should be carried by the Qualified Registered Pharmacists only.
- 3. Renting of Registration Certificated to Pharmacy owners are strictly prohibited.
- 4. The Pharmacists who rented their Registration Certificates without attending dispensing services considered as misconduct and subjected for Cancellation of their Registration Certificates permanently.
- 5. The Pharmacists during working times should wear a white clean apron, black badge plate consists of Name and Registration Number of Pharmacists.
- 6. The Registration Certificates should be displayed visible to the public.
- 7. Along with dispensing services pharmacists should provide their professional services like patients counseling, Adverse Drug Reactions reporting, Primary Care to all uncomplicated illnesses. For this purpose a separate space should be arranged within the Pharmacy.
- 8. Pharmacists may charge consultation fees for their professional services.
- 9. If any case of drugs dispensing carried by unqualified persons instead of qualified Pharmacist, public may lodge their complaints against pharmacist directly to the Registrar state or Central Pharmacy Council under sec 14(b) of Chapter 9 of PPR-2015 for the violation of section 42 of Pharmacy Act 1948.

Drug Information "Helpline" service

Drug	Patients Pediatric	Category of Drug Queries					
queries	Counsele d	Dose Division	Indication	ADR	Administration	Efficacy/ Safety	Others
71	41	45	10	14	08	05	34

We can help you with any questions you might have on the use of drugs or any information regarding the drugs . We assist you with any drug related problems you face in your daily practice. Phone (020) 40555555 Ext. 308 E-mail: bvpcp.dic@gmail.com

1) WE DO NOT PRESCRIBE OR ADVISE TO TREAT ANY DISEASES. IT IS THE ROLE OF PHYSICIANS.

2) WE PURELY PROVIDE INFORMATION ON HOW A PRESCRIBED DRUG WORKS, DRUGS ADMINISTRATION TECHNIQUES, SIDE-EFFECTS, INTERACTION WITH OTHER DRUGS AND FOOD, COUNSEL ON DRUG PROBLEMS AND HEALTH PROBLEMS.

3) GUIDE PUBLIC REGARDING FALSE CLAIM MADE IN AN ADVERTISEMENT A DRUG OR DISEASE CURE METHOD BY DRUGS.

4) DO NOT PROVIDE ANY INFORMATION RELATED TO SURGERIES, ALLIED MEDICAL TREATMENTS. ALWAYS

CONSULT THE RESPECTIVE HEALTH CARE PROVIDER.

5) WE DO NOT ASSIST IN EMERGENCY TREATMENTS.

6) WE DO NOT PROVIDE ANY INFORMATION ON POISONS OR HABITUAL DRUGS

Case report: Prevention and Management of Breakthrough Seizure

A 8 year old female child, a known case of epilepsy was brought in pediatric OPD with one episode of seizure. The seizure was focal to upper and lower limb and tonic clonic in nature lasting for 30 min, followed by loss of consciousness. Her vitals and speech were normal. On taking postpartum history of that child it revealed that she was born preterm weighing around 1-2kg with history of NICU admission for 2 months. First episode of seizure came at the age of 2 years and was hospitalised for 6 days.

In her second seizure attack, EEG was abnormal showing showing focal epileptic

region and was discharged with valproate (20 mg/kg/day).Third seizure attack was at the age of

3 years and valproic acid was increased to 30mg/kg/day as MRI showed abnormalities. As she was k/c/o generalized partial seizure patient, and on intensive communication, it was found that the child was not willing to take medications (sodium valproate) so her mother did not force her and she remained non adherent for 4 to 5 months.

Prognosis:

The prognosis was deemed good. The treatment administered in the hospital was

discharges over right frontal successful in resolving the breakthrough seizures. Oral intake of food also improved. However fever did not ameliorate despite treatment with two fever spikes on the day of discharge. He was discharged with Tab. Valparin (sodium valproate @ 20 mg/kg).

> Treatment given to patient was according to NICE guidelines but the reasons was due to nonadherence to therapy. This issue can be addressed by prescribing suspension form of valproate against the tablet to improve adherence.Hence pharmacist is better placed to intervene to resolve the non-adherence by recommendations.

> > -Sana Shaikh

(Pharm.D Intern)



@Hussain M Gavandhe PharmD (Intern)



FDA Label Change (Ref: FDA CDER September 2015)

Trizivir (abacavir, lamivudine, and zidovudine) Tablets BOXED WARNING: HYPERSENSITIVITY REACTIONS, HEMATOLOGIC TOXICITY, **MYOPATHY, LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY, and EXACERBATIONS OF HEPATITIS B**

The Union health ministry issued a directive to the health departments of all states and Union Territories instructing them to grant or renew licenses for manufacture or sale of drugs only in generic names. Effective implementation of the new order may enable patients to purchase low priced drugs in one therapeutic category with the advice of the pharmacists.

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Departmental News And Activities

Hospital Pharmacist Training



Continuous Pharmacy Education Program has taken an important position in many of the reputed hospitals in Pune.Dr. Aatmaram Pawar, HOD (Pharm D), was invited for conducting CPC for Hospital Pharmacists of Superspeciality private Sahayadri hospital. This educational Program was scheduled for 8 days over the period 8 months, 1 training session per month focusing on various technical and pharmacy practice oriented domains. This was done to improve knowledge and to enhance skills in pharmacy practice. Dosage forms, GPP, OTC, Novel Drug Delivery System (NDDS), medication errors, Drugfood interactions, storage and generics were the focused areas for evaluation and improving knowledge of hospital pharmacist. A pre and post evaluation of training session was performed and found to be effective in enhancing the knowledge in all the

Celebrating Pharmacist Day [25th September]

Ms. Sunita Pawar (Asst. Prof.) from Poona College of Pharmacy was also one the distinguished invited speakers for the "Pharmacist Day "- 2015. She addressed the importance of hospital pharmacist and the evolving roles from conventional dispensing/procuring to patient oriented pharmacist care. Hospital pharmacist can be involved from the admission to the discharge stage of a patient where at every stage, drug management exists. She emphasized that pharmacists should involve in various health care practices, scrutinizing the prescription for identification of medication errors, rationality of drug prescribing, drug administration procedure, counseling and training to nurses for drug administration, contribute and involve themselves in research, training and educational activities to upgrade knowledge and practice skills. She concluded by saying that it is the need of the hour that pharmacist should shift the focus towards patient care to uplift the professional image.



