Greetings on the eve of World Pharmacists Day!

Like the past years Pharmacists of India celebrated 11th World Pharmacist Day on 25th September with great enthusiasm. Pharmacy Council of India has decided that they will celebrate this day as Pharmacists Day in India every year and requested all State Pharmacy Councils, Pharmacy Institutions and professional organizations to celebrate the occasion since 2013. Pharmacists are one of the three main pillars of the health care systems with Doctors and Nurses. Though Doctors Day and Nurses Day are being celebrated since long back, no Pharmacists day was celebrated earlier till 2013 in India. This celebration will be a boost to the pharmacist as a health care provider and certainly recognition to their relentless service to the mankind. As per the sources this day was celebrated with great enthusiasm throughout the country. There is information that Pharmacy Council of India, State Pharmacy Councils, IPA branches, SEARPharm Forum, IPA student Forum, several other Pharmacy associations, Pharmacy Colleges, Hospitals has celebrated the occasion in different ways like- Online interactive discussion, holding health care camps for general public, blood donation camps, Essay & poster competition. Efforts were also made to project the important role played by the pharmacists in health care system to improve therapeutic outcome through print and electronic media. It is expected that this enthusiasm will continue throughout the year and will serve the people. This year’s theme is aptly chosen by the FIP “Pharmacy: Always trusted for your health” is very meaningful in this situation. Pharmacists have taken up this opportunity to serve patients by remaining in the frontline during Covid pandemic. Some of them are martyred now. Hope their sacrifice will facilitate this transformation process.

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Order of the Odisha State Government entrusting Pharmacists to treat patients in Govt. hospitals for restricted list of ailments in India

GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

OFFICE ORDER

File No. PT3-HFW-MSIII-MSNG1M-0028-2016 /H. Date- 21-09-2021

Many of the single doctor hospitals in the state are managed by the pharmacists in absence of doctors due to some reason or other. It is difficult to manage the said hospitals without any specific Govt. orders entrusting the Pharmacists for treatment of patients and list of ailments to be treated by them. In order to over come the difficulties, Govt. after careful consideration have been pleased to decide that in partial modification to this Deptt. Order bearing No.28534, dttd.23.09.2003, Govt. in H & FW Department, the Pharmacists are entrusted to dispense the following drugs for ailments as per the list enclosed for treatment in absence of Doctors.

By orders of Governor
Joint Secretary to Government

Memo. 26317 /Dt. 21-09-2021
Copy along with its enclosure forwarded to the DHS(O), Bhubaneswar / Director Nursing (O), Bhubaneswar for information.

Joint Secretary to Government

Memo. 26513 /Dt. 21-09-2021
Copy along with its enclosure forwarded to all the CDM & PHOs/ all Suptds. of MCHs/ Director, Capital Hospital/ RGH, Rourkela for information.

Joint Secretary to Government

IPC Re-Designated as WHO Collaborating Centre for Pharmacovigilance

Indian Pharmacopoeia Commission (IPC) which is the national co-ordinating centre for Pharmacovigilance Programme of India (PvPi) has been re-designated as the WHO collaborating centre to support Word Health Organisation (WHO) in areas of pharmacovigilance (PV) in public health programmes and regulatory services in low and middle income countries (LMIC) in Asia and beyond. Through this centre, IPC will support WHO to develop relevant tools and guidelines for enhancing Pharmacovigilance (PV) practice in low and middle income countries (LMIC) in Asia. Pharmacovigilance is the science and activities related to the detection, assessment, understanding and prevention of adverse effects due to a medicine or vaccine. IPC is an autonomous institution of the Union Health Ministry tasked to set standards of drugs in the country.
It was first designated on July 18, 2017 for five years and has again been designated until July 18, 2025. It is also aimed at supporting WHO by contributing to its work to build capacity of WHO Member States to establish high quality pharmacovigilance systems for medical products including medical devices.

This will further support WHO by contributing to its work guiding countries in the integration of pharmacovigilance in public health programmes such as Tuberculosis, Neglected Tropical Diseases, Vector Borne Diseases, HIV-AIDS; Immunization Programme and regulatory issues.

There are 7 WHO collaborative centre globally in pharmacovigilance and WHO collaborative centre for PV in public health and regulatory services from India will serve as the 8th centre.

Uppsala Monitoring Centre (UMC) was the first WHO Collaborating Centre to be established for pharmacovigilance when, in 1978, the scientific and technical responsibility of the WHO programme for international drug monitoring was transferred to Sweden.

The WHO programme for international drug monitoring is a group of more than 150 countries that share the vision of safer and more effective use of medicines. UMC has been responsible for the technical and operational aspects of the programme since 1978.

The UMC is involved closely with WHO HQ in initiatives in promoting pharmacovigilance in HIV/AIDS, malaria and tuberculosis treatment programmes that major donors such as Global Fund and Gates Foundation among others are supporting in countries where only rudimentary systems for pharmacovigilance exist.

The WHO Collaborating Centre will work in the areas of pharmaceuticals (including essential drugs and medicines) and health systems research and development. Types of activities involved by the Centre would be training and education, development and application of appropriate technology providing technical advice to WHO.

IPC also regularly updates the standards of drugs commonly required for treatment of diseases prevailing in India. It publishes official documents for improving Quality of Medicines by way of adding new and updating existing monographs in the form of Indian Pharmacopoeia (IP). It further promotes rational use of generic medicines by publishing National Formulary of India. IP prescribes standards for identity, purity and strength of drugs essentially required from the health care perspective of human beings and animals. IPC also provides IP Reference Substances (IPRS) which act as a fingerprint for identification of an article under test and its purity as prescribed in IP.

Source: Financial Express

**ICMR Removes Ivermectin, HCQ from Revised Guidelines on Covid-19 Treatment**

The Indian Council of Medical Research and the Covid-19 National Task Force have dropped the usage of Ivermectin and Hydroxychloroquine (HCQ) drugs from their revised "clinical guidance for management of adult Covid-19 patients".

However, both the medicines can be used with caution in a climax trial setting. According to reports, experts of the government bodies did not find enough evidence of a potential therapeutic effect of the widely used medicines against coronavirus.

A study by the All India Institute of Medical Sciences (AIIMS) had earlier said the antiparasitic medicine Ivermectin did not reduce the viral load or duration of symptoms in patients with Covid-19 even at higher doses. This was found in a randomised controlled trial on 157 patients admitted with mild to moderate disease at the premier hospital during the first surge of infections between July and September last year.

A report in The Hindu Business Line said Hydroxychloroquine was dropped because of no mortality benefit, increased risk of address drug effect (ADE) when co-administered with Azithromycin. Studies also found there was no clarity on mortality benefit, no effect on length of stay and clinical recovery in case of Ivermectin.
Remdesivir and pancreatic toxicity: Signal

(Summery as reported in the WHO Pharmaceutical News Letter, No.3, 2021)

Remdesivir is a novel antiviral which, during the 2020 COVID-19 pandemic, gained emergency approval in several countries for use in hospitalized COVID-19 patients. The knowledge of remdesivir’s safety profile is therefore still limited. On a molecular level remdesivir is an adenosine analogue that competes with endogenous adenosine triphosphate (ATP) resulting in abnormal replication of viral RNA with loss of further replication. A recent analysis by the UMC, focusing on ICSRs from COVID-19 treatments, found that as of December 2020 there were 13 relevant reports with remdesivir and the MedDRA High Level Term (HLT) ‘Acute and Chronic Pancreatitis’, or with related investigations, in VigiBase, the WHO global database of ICSRs. The reports were from five countries in the European and American (Region of the Americas) WHO regions. Remdesivir was the single suspected drug in nine cases of which five mentioned positive dechallenge. In eight of the cases, pancreatic symptoms were the only ones reported. The time to onset ranged from one to nine days (median four). One patient died of COVID-19 infection nine days after positive dechallenge and after recovery from pancreatic symptoms. In two cases, the patients presented with pancreatic symptoms after recovery from COVID-19. Although the cases of positive dechallenge are confounded by concomitant drugs, some of which have been rarely associated with pancreatitis, the series offers evidence for a druginduced, COVID-19-independent onset of pancreatic symptoms. The summary of product characteristics does not contain any information about remdesivirinduced pancreatic effects. Other approved antivirals of the nucleoside analogue class are thought to cause pancreatitis, and their mechanism of toxicity is defined in the literature. The temporality and the positive dechallenge in several of the cases, together with biological plausibility, and analogy with other antiviral drugs, and the uncertainties in relation to COVID-19, support our claim that the hypothesis of a causal relationship between remdesivir treatment and pancreatic toxicity needs to be further monitored.