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Frontline PHARMACISTS

Newsletter

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EDITORIAL

Dear Healthcare Colleagues,

The field of pharmacy practice is undergoing a significant transformation driven by advancements in technology, evolving patient needs, and an increasing focus on holistic healthcare. As we navigate these changes, it is imperative for pharmacists to adapt and embrace new roles and responsibilities to enhance patient care and ensure optimal therapeutic outcomes. Patient-centered care is at the heart of modern pharmacy practice. Pharmacists must prioritize patient education, ensuring that individuals understand their medications, potential side effects, and the importance of adherence. Effective communication skills are essential for building trust and fostering a collaborative relationship with patients. By empowering patients with knowledge, pharmacists can help them make informed decisions about their health and improve their overall well-being. The future of pharmacy practice also involves addressing public health challenges. Pharmacists play a critical role in public health initiatives, such as vaccination campaigns, smoking cessation programs, and opioid stewardship. By actively participating in these initiatives, pharmacists can contribute to the prevention of diseases and the promotion of healthier communities.

I commend the IPA Kerala State branch and the editorial team for their dedication to delivering essential information to the pharmacy community. Ongoing education and knowledge sharing are vital for enhancing medication use and safeguarding patient well-being. Your valuable feedback will help us enhance the quality of this publication.

Please write to “frontlinepharmacists@gmail.com

Best regards
Dr. Kiron SS

INDEX

SAFE DISPOSAL OF DATE EXPIRED AND UNWANTED DRUGS & PHARMACEUTICALS

Mr. Pradeep M.R
Former Deputy Drugs Controller

It is a fact that the consumption of medicines and surgical items is now very high, and a large quantity of drugs are left unused due to many reasons. There must be a standard operating procedure for disposing of unwanted drugs & pharmaceuticals for public safety and the protection of the environment. The usage must be restricted & controlled for the prescribed periods so as to avoid future disposals. The purchase of OTC drugs must be minimal for a calculated period, considering the gravity of the disease.

The potent drugs and other substances that are expired, surplus, or contaminated must be disposed of in accordance with the applicable guidelines & regulations. The unused portions of a potent drug in its container will cause more damage to the environment than the expired or damaged drugs. Solutions formulated using hazardous chemicals like methanol, must be disposed of as a hazardous waste mixture. They must not be poured down a drain for disposal.
Empty bottles of potent drugs must have the label removed or rendered unreadable prior to disposal. They can then be disposed of with non-regulated wastes.

Disposal of medical & surgical materials like needles, syringes, catheters, etc used in the administration of controlled substances must be done according to the regulations and guidelines. Unused drugs must not be left behind in syringes or catheters for disposal. Drugs must be emptied as much as reasonably possible into an appropriate waste disposal container.

Expired drugs must be disposed of safely, without harming people or the environment. Drugs may lose their potency in the degradation process. Physical changes may also lead to reduced absorption, rendering the products less effective. The manufacturer can only be held responsible for any harmful effects of the product within its shelf life and only if the product was transported and stored under the conditions recommended by the manufacturer.

The traders must have useful negotiation with suppliers for return of all types of drugs that are about to expire. Due to constraints in funding for disposal of waste pharmaceuticals, cost-effective management and methods are needed.

Types of pharmaceuticals & their disposal methods

1. All bulk waste pharmaceuticals, particularly antineoplastics, must be Returned to the dealer or manufacturer.

2.Limited quantities of untreated solids, semi-solids and powders. PVC plastics can be disposed of in highly engineered, sanitary landfill. Waste solids, semi-solids and powders, preferably after immobilization may be subjected to engineered landfill. Untreated solids, semisolids, powders, etc are used in an open, uncontrolled, non engineered dump. It must be covered immediately with municipal waste.

3. Solids, semi-solids, powders, liquids, antineoplastics, and controlled substances using Waste Immobilization

4. Solids, semi-solids, powders, antineoplastics, and controlled substances using waste Immobilization by inertization

5. Diluted liquids, syrups, intravenous fluids, and small quantities of diluted disinfectants (supervised) with a Sewer (Fast-flowing watercourse). It is not recommended for antineoplastics, and undiluted disinfectants or antiseptics.

6. Packaging, paper, and cardboard can be burned in open containers. It is not acceptable for PVC plastics or pharmaceuticals.

7. Solids, semi-solids, powders, and controlled substances are subjected to medium temperature incineration in two chamber incinerators with minimum temperature of 850°C. Cement kiln incineration in the absence of high temperature incinerators. Antineoplasticsare best incinerated at high temperatures.

8. Solids, semisolids, powders, antineoplastics, and controlled substances are deactivated at high temperature incineration with temperatures in excess of 1200°C which is an expensive process.

9.Chemical decomposition. It is not recommended unless special chemical expertise and materials are available. Not practical for quantities over 50 kg.

By selecting suitable methods based on the chemical composition and safety aspects, the drugs and pharmaceuticals can be disposed of as per the WHO guidelines.

ROLE OF PHARMACISTS IN PREVENTION OF DENGUE FEVER

Dr. Shamna MS
Assistant Professor of Pharmacy Practice
Govt. College of Pharmaceutical Sciences, Kottayam

Introduction

Dengue fever has rapidly become aglobal health threat since the 1950s, now affecting 40% of the worldpopulation. This mosquito-borne disease is widespread in tropical andsubtropical regions. The alarming reality is that 50-100 M cases are reportedannually, resulting in 22,000 deaths according to the WHO. A study in India(2013) highlighted the significant role pharmacists can play in preventingdengue by participating in health promotion and education campaigns, there

byempowering communities to take preventive measures against disease.

What a pharmacist can do?

Pharmacists can help combat dengue by promoting immunization, advising on safe travel, and providing expert care to reduce symptom severity and improve patient outcomes2. Judilynn's 2013 study in India had examined pharmacist roles in dengue prevention through health education and promotion1. Pharmacists can take part in any health-promotion campaigns against dengue. Pharmacists also need to attend continuing education programs about Dengue control and management. Continuing professional development seminars/workshops will further strengthen their skills to specifically control and manage dengue infections.

Education:

The dengue virus (DENV), transmitted by Aedes mosquitoes has become a major public health threat, causing widespread outbreaks and epidemics across over 100 countries. Effective management and recognition of dengue's clinical presentation are critical to reducing symptom, severity and preventing fatal outcomes. Typically, most individuals infected with dengue experience mild or no symptoms and recover within 1-2 weeks. However, in rare cases, dengue can progress to a severe and potentially life-threatening form. When symptoms do occur, they usually appear 4-10days after infection and last for 2-7 days. These mosquitoes are mainly active during daytime, two hours after sunrise and several hours before sunset.

Symptoms:

High fever, severe headache, pain behind the eyes, muscle and join pains, nausea and vomiting, swollen glands and rashes (Fig.1.2).

Dengue is caused by four types of stereotypes of virus: DEN1, DEN2, DEN3 and DEN41.

Prevention and control:

Awareness can be provided to patients and other health workers on prevention and control. The most effective way to prevent the infection is to avoid mosquito bite when traveling to endemic areas. This can be achieved by using insect repellents and wearing protective clothing such as long sleeve shirts and pants. Other preventive measures like eliminating standing water, plant mosquito-repelling plants.

Medications:

Currently, there is no specific treatments for dengue, but a live vaccine, Dengvaxia has been approved by FDA to prevent dengue in 6-16 aged children. For dengue fever, use acetaminophen to reduce body temperature, avoid NSAIDs that may worsen bleeding risk. Also, provide resuscitation as needed to manage symptoms and prevent dehydration.

Patients with dengue fever often visit pharmacies for over-the-counter fever treatments, but pharmacist should monitor the patients carefully and identify patients who may have dengue fever and advise to take immediate medical care. By this community pharmacists can play a vital role in early detection and prevention of dengue outbreak3.

o Do tell outpatients when to return
o Do recognize the critical phase
o Do closely monitor fluid intake and output, vital signs and haematocrit levels
o Do recognize and treat early shock
o Do administer colloids (such as albumin) for refractory shock
o Do give pRBCs or whole blood for clinically significant bleeding

Conclusion:

Dengue outbreak is a direct result of insufficient efforts to control mosquito breeding. Officials are urging homeowners to take responsibility for managing wastes and implementing measures to prevent mosquito proliferation, thereby reducing the risk of dengue transmission. As the monsoon season approaches, the Local Self Government departments enforcement squad is ramping up inspections across the district to prevent the outbreak of vector-borne diseases and achieving the goal of the 'MalinyaMukthamNavakeralam campaign'. Recent inspections such government offices, KSRTC Alappuzha depot, hospitals and catering units have resulted in fines and notices being issued to several institutions for improper waste management. Additionally, the Kerala government and local authorities often conduct fogging and spraying operations control mosquito operations. Through sustained efforts in prevention, detection, and management, the impact of dengue fever can be significantly reduced, creating a safer and healthier community.

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DRUG PROFILE

VILDAGLIPTIN

Ms.Sajila.V.K,
Pharmacist Gr 2, Taluk Hospital Thamarassery, Kozhikode.

Vildagliptin is an orally active dipeptidyl peptidase 4 (DPP-4) inhibitor used in the management of type 2 diabetes mellitus. Vildagliptin reduces HbA1c, fasting plasma glucose levels, prandial glucose levels, and prandial glucagon secretion and improve ß-cell function. Vildagliptin has a half-life of about 90 minutes; more than 50% of DPP4 inhibition continues 10 hours, allowing for once- or twice-daily dosing.

Mechanism of Action

Incretins (GLP 1 &GIP) are the hormones secreted by gut wall after food intake, which stimulates insulin release from pancreas and inhibit glucagon release. In addition, they slow the rate of absorption of nutrients into the blood stream by reducing gastric emptying and may directly reduce food intake. Dipeptidyl Peptidase 4(DPP-4) is an enzyme responsible for the degradation of incretin hormones. Vildagliptin inhibit DPP -4 enzyme, as a result GLP -1&GIP levels are increased. Consequently Vildagliptin increases insulin secretion, decreases glucagon release, delays gastric emptying and suppresses appetite

Pharmacokinetics

On oral administration, vildagliptin rapidly absorbed, with a peak plasma vildagliptin concentration observed at one to two hours. Oral bioavailability of 85%, and its pharmacokinetics were not affected by food, extensively metabolized, primarily in the liver by hydrolysis, and its major metabolite is pharmacologically inactive. Vildagliptin is largely excreted in the urine; 18-22% of the amount excreted is unmetabolized drug.

Dosage and Administration

25 mg twice daily, 25 mg daily, 50 mg daily, and 100 mg daily.

Adverse Drug Reactions & Drug Interactions

Headache, nasopharyngitis, cough, constipation, dizziness, and increased sweating.

Vildagliptin is not an inducer or an inhibitor of the CYP enzyme systemso limited data are available regarding drug interactions with vildagliptin.

Special population

There are no anticipated dosage adjustments required for patients with renal insufficiency.

Vildagliptin should not be used in patients with hepatic impairment. Rare cases of hepatic

dysfunction have been reported; therefore, liver function tests should be performed prior to initiation of treatment, at 3-month intervals during the first year, and periodically thereafter.

Caution

Patients should inform the medical team if they:
Are pregnant or breastfeeding, have any significant problems with liver e.g. active liver cirrhosis, have had pancreatitis in the past, have renal failure, have heart failure.
During patient counselling the pharmacist should ask the patient about the above said cautions.
Do not need to be taken with meals and can be taken any time of the day so long as they are being taken at the same time.
Take a missed dose as soon as you think about it.
If it is close to the time for next dose, skip the missed dose and go back to normal time.
Do not take 2 doses at the same time or extra doses.
While on this medication in case of difficulty in breathing, or a severe skin reaction, or severe pain in upper abdomen with nausea and vomiting should stop the drug and inform.

References

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PRETOMANID

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PharmD Student
The Dale View College of Pharmacy and Research Centre
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Dr.Sini S.G
Assistant Professor
The Dale View College of Pharmacy and Research Centre
Thiruvananthapuram.

Introduction

The US Food and Drug Administration (FDA) approved PRETOMANID tablets in combination with BEDAQUILINE and LINEZOLID for the treatment of a specific type of highly treatment-resistant tuberculosis of the lungs. PRETOMANIDIN in combination with BEDAQUILINE and LINEZOLID is approved for treating a limited and specific population of adult patients with extensively drug-resistant, treatment-intolerant, or nonresponsive multidrug-resistant pulmonary TB. PRETOMANID is a Nitro imidazo oxazineantimyco bacterial drug.

Mechanismof Action

PRETOMANID inhibits cell wall biosynthesis via blocking the oxidation of hydroxymycolate to ketomycolate. Under anaerobic conditions, PRETOMANID causes respiratory poisoning

of the bacterial cell through reactive nitrogen species.

Administration

Oral administration; take with food; swallowtable whole with water.

It must be used only in combination with BEDAQUILINE and LINEZOLI as part of the recommended dosing regimen. Emphasize the need for compliance with the full course of therapy for patients. Administer the combination regimen of PRETOMANID, BEDAQUILINE, and ZOLID by directly observed therapy.

Misseddose

Missed doses of the regimen for safety reasons can be made up at the end of treatment.

Doses of LINEZOLIDalonemissed owing to LINEZOLID adverse reactions should not be made up.

Discontinuation

If either BEDAQUILINE or PRETOMANIDARED is discontinued, the entire combination regimen should also be discontinued.

LINEZOLID is permanently discontinued during the initial 4 consecutive weeks: BEDAQUILINE and PRETOMANIDshouldalsobe discontinued

LINEZOLID discontinues after the initial 4 consecutive weeks: Continue administering BEDAQUILINE and PRETOMANID.

Adverse Drug Reaction:

The most common ADR observed in patients treated with PRETOMANID in combination with BEDAQUILINE and LINEZOLID included damage to the nerves (peripheral neuropathy), acne, anemia, nausea, vomiting, headache, increased liver enzymes, indigestion, rash, increased pancreatic enzymes, low blood sugar, and diarrhea.

Patients Counselling:

The CDC recommends the use of pretomanid in combination with bedaquiline and linezolid in the treatment of adults with pulmonary extensively drug-resistant, pre-extensively drug-resistant (i.e., resistant to isoniazid, rifampin, and at least one fluroquinolone or a second-line injectable) or intolerant/nonresponsive multidrug-resistant TB disease when a safe and effective treatment regimen cannot otherwise be

Patients receiving BPaL must be monitored closely for adverse events, particularly peripheral and optic neuropathy, myelosuppression, and hepatotoxicity.

Patients should be evaluated for signs and symptoms of TB disease during treatment as an indication of nonresponse to treatment and assessment for acquired

These guidelines will be updated as additional studies are published utilizing pretomanidin short-course regimens for the treatment of patients with multidrug- resistance.

The implementation of recently approved combinations of antitubercular drugs for a shorter, safer, and overall more effective treatment for DR-TB may contribute to reducing the estimated 10-year delay in TB control programs due to the COVID-19 pandemic, although the precise effect of the current Ukrainian crisis, which is expected to increase the percentage of patients living with TB without proper care, has yet to be assessed. In this landscape, attempts to reduce treatment duration for DS-TB and LTBI are fundamental. Given its optimal safety and effectiveness profile, PA, among other drugs, holds the potential to be one of the main actors in future positive developments in TB control and treatment.

Practice Quiz

Dr. Suja Abraham
Professor, Nirmala College of Pharmacy,
Muvattupuzha

1. Grave's disease is due to
   - A. Hyperactivity of adrenal cortex
   - B. Hypoactivity of the thyroid gland
   - C. Hyperactivity of thyroid gland
   - D. Hypoactivity of islets of Langerhans

2. Which of these diseases is not related to thyroid glands?
   - A. Cretinism
   - B. Myxoedema
   - C. Goitre
   - D. Acromegaly

3. Symptom of hypothyroidism is:
   - A. Bradycardia
   - B. Intolerance to cold
   - C. Weight gain
   - D. All of the above

4. Untreated hypothyroidism cause
   - A. High cholesterol level
   - B. Myxoedema coma
   - C. Depression
   - D. All of the above

5. If hypothyroidism is left untreated during pregnancy, which of the following adverse effects occurs?
   - A. Fetal growth retardation
   - B. Miscarriage
   - C. Preeclampsia
   - D. Stillbirth

6. Which of the following is not the metabolic function of thyroid hormones?
   - A. Glycogenolysis
   - B. Gluconeogenesis
   - C. Glycogenesis
   - D. Glucose oxidation

7. Which of the following is the screening test for the diagnosis of thyroid disease?
   A. Thyroid Stimulating hormone
   B. Total T3
   C. Total T4
   D. Free T3

8. Propylthiouracil reduces the synthesis of thyroid hormones by inhibiting the oxidation of
   A. Triiodothyronine
   B. Iodide
   C. Diiodotyrosine
   D. Thyroxine

9. What are the symptoms of menopause? All
   A. hot flashes
   B. mood swings, short term memory loss
   C. urinary incontinence
   D. All of the above

10. Infants are at increased risk of ……..deficiency, if the mother is vegetarian
   A. Vitamin C
   B. Folate
   C. Vitamin B12
   D. Calcium

11. After menopause, woman become more prone to develop osteoporosis because of
   A. Decreased oestrogen level
   B. Increased oestrogen level
   C. Decreased LH level
   D. Decreased FSH level

12. Fibroid uterus is more common in
   A. Nulliparous women
   B. Postmenopausal women
   C. Multiparity
   D. After 35 years of age

13. How many weeks of pregnancy are considered safe for Medical Termination of Pregnancy?
   A. 8
   B. 12
   C. 18
   D. 6

14. Which of the following is the most essential nutrient to prevent birth defects?
   A. Thiamin
   B. Folic acid
   C. Vitamin C
   D. Vitamin E

15. Which micronutrient is required for the synthesis of thyroid hormone?
    A. Cobalt
    B. Copper
    C. Manganese
    D. Selenium

*Please refer the answer key on page number 20

IPA KERALA STATE - ASSOCIATION NEWS

Pool Campus Drive Amrita School of Pharmacy

Amrita School of Pharmacy Kochi and IPA Kerala state Branch jointly hosted a Pool Campus Drive for hiring fresh B.Pharm graduates for the Mylan laboratories, Bangalore on 27th April 2024 at Amrita School of Pharmacy, Kochi. The technical experts from Mylan Laboratories (A Viatris Company) conducted the written test and personal interview to shortlist the best candidates as trainees in production jobs at their plants in Karnataka.

The following candidates are shortlisted by the M/s. Mylan Laboratories, Bangalore after Pool Campus Drive held on 27th April 2024 at Amrita School of Pharmacy, Kochi. These Candidates will be given one year training in Production and Quality Assurance departments and upon successful completion they will be absorbed as per the company policy.

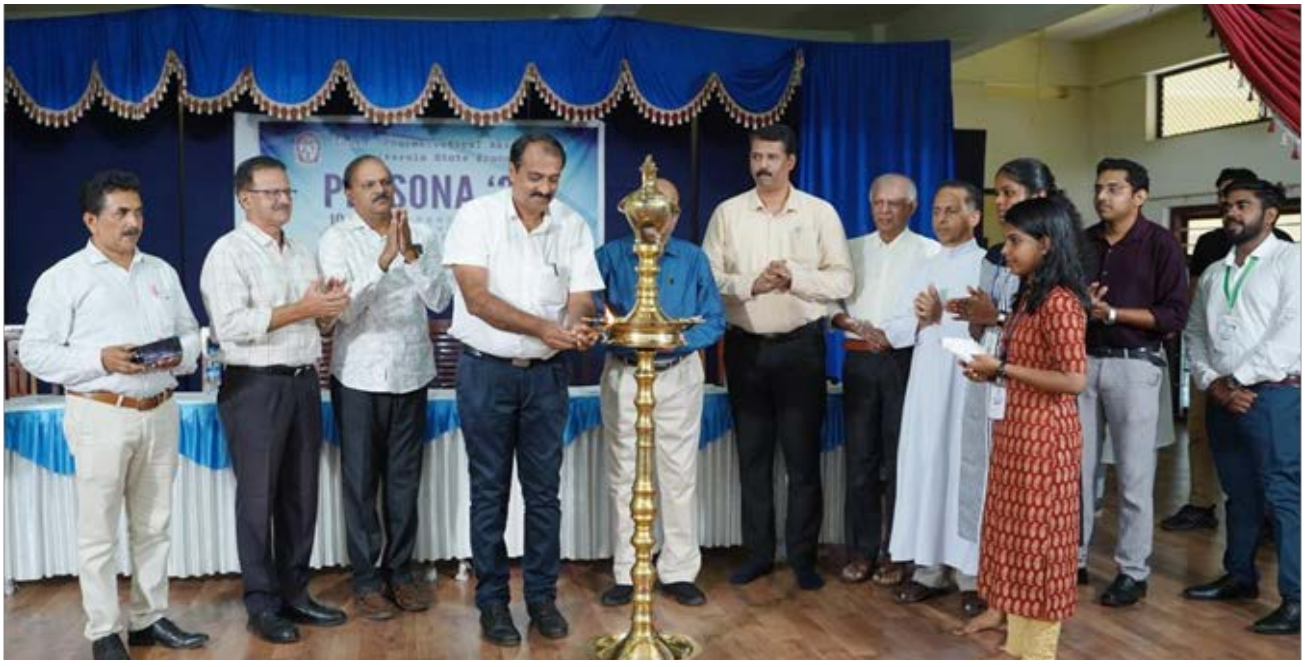
1. Anagha Sugathan, College of Pharmaceutical Sciences
2. Anugraha C Nair, KVM College of Pharmacy
3. Anagha Sasidharan, College of Pharmaceutical Sciences & Research
4. Sona Davis, Elims College of Pharmacy, Thrissur
5. Megha Jose, Nirmala College of Pharmacy, Muvattupuzha
6. Anjali Sidharthan, Department of Pharmaceutical Sciences, Puthupally, Kottayam
7. J. Anugraha, Ahalia College of Pharmacy
8. Anjana.P, College of Pharmaceutical sciences, Medical College, Kottayam
9. Aldrin Sequira, Amrita School of Pharmacy
10. Mohammed Ashiq M.J, Al.Azhar College of Pharmacy
11. Sachin Sanjeev, Department of Pharmaceutical Sciences, RIMSR, CPAS, Puthupally
12. Tharun Rajan M, Nirmala College of Health Science
13. Faheem.V.T , Elims College of Pharmacy
14. AdhilSidheeq, KVM College of Pharmacy

Three-Day Residential Personality Development Program: PERSONA 24

A three- day residential personality development program PERSONA 24 has been organized by the Indian Pharmaceutical Association (IPA) Kerala State in collaboration with Nirmala College of Pharmacy, Muvattupuzha from May 10th to May 12th, 2024 at NESTT Pastoral Centre, Nirmala Campus, Muvattupuzha, Kerala India. The program was designed to equip aspiring pharmacists to achieve their personal and professional goals and overcome career and life challenges.

The program commenced with a grand inaugural ceremony presided over by Dr. P. Jayasekhar, President of IPA Kerala State. Dr. John Joseph, Secretary of IPA, delivered the welcome address. Prof. Dr. Thomas K V, Principal, Nirmala College Muvattupuzha inaugurated the program. Sri M P George, Retired Drugs Controller of the state, provided an overview of the camp. Dr. Badmanaban R, Principal of NCP, conveyed a message, and Fr. Jose Pulloppillil delivered a benevolent address. Sri. M R Pradeep, Retired Deputy Drugs Controller, shared valuable insights with the students. MrShisi A Treasurer of IPA Mr. Freddy Allappattu from Nirmala College of Pharmacy (NCP) and Ms. Rajalakshmi from AIMS have been awarded the travel grant for their participation in 13th National IPA Students congress, Panipat. The first session of the day, on “Effective Personality,” was conducted by Mr. Jaison George, Director and Chief of Success Mine Training Academy. He emphasized the importance of personality in achieving success in both career and life, employing engaging activities to illustrate effective personality traits. The day concluded with powerful artistic performances by the participants.

The second day began with physical activities, including jogging and Zumbatraining The day’s first talk was delivered by Swami Brahmaparananda



Prof. Dr. Thomas K V is inaugurating the 3 day personality development program

from the SreeramakrishnaAdvaitaAshramam, Kalady, on the topic of "Purpose of Life," highlighting the individualistic nature of life's purpose. Session 2 of the camp was facilitated by Mr. Arun Jose, a Corporate Trainer from See Change Mantras, who delved into the topic of 'Goal Setting and Getting Things Done'. Mr. Arun provided a comprehensive plan for goal setting, supplemented with a range of engaging activities designed to empower participants in effectively defining and achieving their objectives. This was followed by a session led by Ms. Obiya Jolly, who focused on the crucial aspect of positive image building. Ms. Jolly elaborated on the significance of cultivating a positive image, offering insights into strategies and practices that can enhance one's personal and professional reputation. The last session was conducted by Adv. JohnyMethippara, a Notary Public arbitrator, who addressed the theme of 'Responsible Youth' and underscored the importance of abiding by laws to lead a fulfilling and hassle-free life. Dr. Harish Kumar H, MD & Chief Physician at HarishriHomeopathy, led Session on 'Stress and Conflict Management'. Drawing from various compelling case studies, Dr. Harish Kumar elucidated the root causes of stress and conflict, offering practical strategies for effective management. Participants gained insights into identifying triggers, coping mechanisms, and fostering resilience in navigating challenging situations.

The third day activities started with Yoga training commenced the final day, led by Sr. Infant Treesa. This was followed by a session, on "Interpersonal Relationships and Effective Communication," was facilitated by Mr. Sibin Antony M Varghese, Managing Partner of Synergy. Mr. Varghese delved into the intricacies of interpersonal relationships and effective communication. The session was enriched with engaging group activities and brainstorming sessions, providing participants with practical tools and strategies to foster meaningful connections and enhance communication skills.

The final session of the camp was led by Mr. Sony Akkara, an International Certified Career Coach and Executive Director. Mr. Akkara delved into the critical topic of 'Effective Career Building,' offering invaluable insights and guidance to help participants navigate the complexities of career development. Through interactive discussions and expert advice, Mr. Akkara equipped participants with the knowledge and resources needed to make informed career choices, set achievable goals, and embark on a path to success. The program culminated with a valedictory function at 3:00 PM, during which certificates were distributed to the participants.

National Elocution Competition (NEC) 2024

State Round of National Elocution Competition 2024 was held on 31th May 2024 at St James College of Pharmaceutical Sciences, Chalakkudy . The topic of elocution was "The Role of Indian Pharma for Global Wellbeing". There are 10 contestants from various colleges. The panel of judges were Dr. P. Jayasekhar (Academia) Dr,C. SSatheesh Kumar (Regulatory) and Dr. David Joseph (Industry) . The winners were given cash prizes and certificates of Appreciation. Ms. Breeze N Babu Pharm D students of St James College of Pharmaceutical Sciences, Chalakkudy bagged first prize whereas Ms.HibaThehsin, B.Pharm students of Moulana College of Pharmacy, Perinthalmanna secured second prize. They will be representing Kerala state in the Final round to be held in IPC Hyderabad Dr. K. Krishnakumar , Principal St James College of Pharmacy was the State Coordinator of NEC 2024 .Dr Prasanth B , Professor of Pharmacognosy and Dr.MeenaChandran Associate Professor of Pharmaceutical chemistry SJCPS organized the event in the college meticulously

First Prize

Ms. Breeze N Babu
5th year pharm-D
St James College of Pharmaceutical Sciences
Chalakudy

Second Prize

Ms.HibaThehsin
Final Year B.Pharm
Moulana College of Pharmacy
Perinthalmanna

Dr. K. Krishnakumar (NEC coordinator), Dr. CS Satheeshkumar, Dr. P. Jayasekhar and Dr. David Joseph with Participants

One-Day Conference on "Revised Schedule M"

The Kerala State branch of the Indian Pharmaceutical Association (IPA) and Kerala Pharmaceutical Manufacturers Association (KPMA) jointly organised a one-day conference on "Revised Schedule M" for the benefit of drug manufacturers on 1st June 2024 in Hotel Ashoka Inn, Thrissur, Kerala .In the lines of the transformation that happening in the Pharma sector in other states, the industry in Kerala needs to be changed to the standards prescribed by the CDCSO. The objective of the conference is to create an 'industry-regulatory-academia' tie-up for empowering the pharmaceutical sector of Kerala.

Sri.Purushothaman N , President , KPMA and Director Chethana Pharmaceutical Pvt Ltd. welcomed the gathering and urged the drug manufacturers to be geared up to transform the manufacturing facilities as per the Revised schedule M. Dr P Jayasekhar, President, IPA Kerala State branch presided over the inaugural session. In his address he mentioned that the manufacturing operations & process to be updated as per Revised Schedule M for producing quality and safe medicines. He highlighted the need for academic -industry partnership in research and training. Mr.Saju John, Deputy Drugs Controller Kerala while inaugurating the workshop assured all support from the Drugs control department in speedy implementation of Revised Schedule M. Mr. EA Subrahmaniam, Managing Director of Kerala state Drugs and Pharmaceuticals Ltd Alappuzha was the keynote speaker. Total quality management system in all facets of medicines manufacturing and business is the need of the hour. He outlined the importance of safety and qualify concept Pharmaceutical manufacturing. Mr. TP Balakrishnan, MD, Variety Pharmaceuticals Pvt Lts. Dr.John Joseph, Hon. Secretary IPA and Mr.Saju R Assistant Drugs controller, Thrissur gave felicitations. Dr. David Joseph Payaloor, Director , Variety Pharmaceuticals Pvt Ltd proposed vote of thanks. Mr. S. Sreedhar, vice-president, Medopharm, Malur Karnataka presented a talk entitled 'Revised Schedule M: Set to Revolutionise Pharma Industry ' . The session was moderated by Mr. Thomas Alexander, Sangrose Laboratories, Mavelikara. An Overview of the revised Schedule M and its implementation was presented by Dr. L. Ramanathan, General manager of Apex Lab Chennai and the session was moderated by Mr.Joby Paul, Sance laboratories, Kottayam. This was followed by a talk by Mr. TK Reghuraman, deputy general manager of Quality Assurance at Apex Lab, Chennai on the topic Challenges in Revised Schedule M in comparison with the previous Schedule M. Mr. Ashok Kumar K , MD, MegasysBiotek Pvt Ltd. Thrissur moderated the session.

All the speakers gave detailed steps about the implementation of the new GMP. The participants gained practical solutions for a lot of technical problems encountered in the manufacturing process, which include from procurement of APIs, excipients, water , packaging materials, processing as finished products etc.Their talks were focussing on improving the current facilities to the revised model.

The post lunch session was a Panel Open Discussion on "Empowerment of Pharmaceutical Industry in Kerala". The panellists wereMr. ChandrasekharanAmbat MD, Lab Indus, Palakkad, Dr. L. Ramanathan, Mr. S. Sreedhar, Mr. TK Raghuraman, Mr.Saju , Mr.Santhosh TR Production Manager KSDP and Mr.Purushothaman. Mr.PrabhakaranAmbat, Labinduss Ltd, Palakkad.effectively moderated the discussion

There were 75 participants from various pharmaceutical firms for the seminar and Panel discussion. Members representing management and technical personnel from the departments of production, quality control and regulatory affairs from Chethana Pharmaceuticals, Variety Pharmaceuticals, MegasysBiotek, Labinduss, Sangrose Laboratories. Sance Laboratories, KSDP Ltd, Vetas Pharmaceuticals, OrginsPharma,

Southern Union Pharmaceuticals Pvt Ltd etc were major participants in the conference

The major outcome of the seminar and panel discussion was to create an awareness among stakeholders about the revised schedule M . The management and technical personnel got a roadmap to implement the new regulation. They decided to prepare the SOPs, carry out the gap analysis and documentation of the entire manufacturing process as the first phase. The experts agreed for visits by GMP auditors in resolving the issues and arrange site visits as required. All participants appreciated the effort of IPA and KPMA in organizing such an effective seminar and panel discussion by experienced experts

IPA Infectious Disease Pharmacists Fellowships: 2024-25.

Two Pharm D graduates of Amrita School of Pharmacy, Kochi, were selected for the prestigious IPA Infectious Disease Pharmacists Fellowships 2024-25. They are posted at Aster Medicity, Kochi for 1 year IPA Infectious Disease Fellowship 2024-25.

Dr. Jina Raj
Pharm D 2021

Dr. Mahima Bharathi
Pharm D 2023

There were 10 Pharm Ds selected for one year Fellowship are placed in respective hospitals under mentorship of Infectious Disease Physicians. The fellowship was supported by an Education Grant from Pfizer. Curriculum, dedicated software, resource repository etc. have been developed for their intensive training. Such types of Fellowships aim to reduce AMR alongside increased opportunities for Pharm Ds and further development of Clinical Pharmacy in India. Hoping for the expected outcomes

9th June, 2024
Webinar on Prescription Audit

Mrs. Antriya Tome
Associate Professor Pharmacy Practice,
Nirmala College of Pharmacy Muvattupuzha

The Pharmacy Practice Forum of IPA Kerala State Branch has organised a webinar on 9th June, 2024 on Prescription Audit for the benefit of working pharmacists and students. Mrs.Antriya Tome. Associate Professor Pharmacy Practice, Nirmala College of Pharmacy Muvattupuzha was the resource person. The session was very useful to the participant and a lot of doubts were clarified by the speaker . Dr.KironS.S,Professor of Pharmacy Practice,College of Pharmaceutical Sciences, Govt. Medical College, Kannur welcomed the gathering and session was moderated by Mrs.Manju C.S, Associate Professor of Pharmacy Practice, College of Pharmaceutical Sciences , Govt. Medical College , Kozhikode . Dr.Shamna Assistant Professor of Pharmacy Practice, Govt. College of Pharmaceutical Sciences Kottayam proposed vote of thanks, Mrs, RemyaGayathri , Assistant Professor of Assistant Professor Pharmacy Practice, Chemist College of Pharmaceutical Sciences & Research Ernakulam was the master of ceremony

NDDS Monthly Webinar and Discussion (May –June 204)

Indian Pharmaceutical Association, Kerala State branch is initiating steps to foster a research culture among the pharmacy faculty and students in various disciplines of Pharmaceutical sciences. Discussion Groups of the Research Faculty are being created to organize webinar series on cutting edge research by inviting scientists from Pharmaceutical industry, Research institutions, and Academic institutions of excellence from India and abroad. These groups serve as a hub and catalyst for nurturing new ideas, partnerships and offer a neutral space for stakeholders to advance critical thinking and discussion on various topics of interest. One such group formed is on the development of Novel Drug Delivery Systems. PG, Ph.D students and interested Pharmaceutics faculty from institutions are invited to join the group.

1. To identify the cutting-edge research topics and experts for the webinar series and discussions
2. To share knowledge and skills among faculty and research scholars interested in NDDS
3. To schedule webinars and discussions periodically
4. To use dedicated social media handles for communication and discussion P.G / Ph. D students and Pharmaceutics faculty can join the dedicated Discussion Group and enjoy the benefit of participation in an elite group of researchers.

The Discussion Group is organizing 2-3 webinars per month about innovative ideas, and methodologies for the development and optimization of Novel Drug Delivery Systems. The registered participants will get an opportunity to interact with the invited speakers and bring their research into discussion with the NDDS steering group. After the successful completion of the webinar series, all participants will be given a Certificate of Participation. There are 78 PG and Ph.D students of Pharmaceutics from various colleges registered for the Discussion Group

The following webinar were conducted during May and June 2024

14th May 2024

Topic: Research key Elements in Novel Drug delivery Systems

Resource Person

Prof. RoopkrishenKhar
Former Dean & Head, JamiaHamdard University, New Delhi

Chairperson

Dr. Sabitha M
Principal, Amrita School of Pharmacy, Kochi

Topic: Cutting edge Nano particulate Delivery technologies Based on metallic nanoparticles

Resource Person

Dr. V. Sankar
Vice Principal.
PSG College of Pharmacy Coimbatore

Chairperson

Dr. Sujith S Nair
Vice Principal
Crescent College of Pharmacy, Kannur

21st May 2024

Topic:Bio-intelligence Bio-pharmaceuticals (Drug Discovery to Delivery)

Resource Person

Dr. Thirumurthy Velpandian
Professor & In-charge, Ocular Pharmacology & Pharmacy, AIMS, New Delhi

Chairperson

Dr. Boby Johns G
Professor & HoD Department of Pharmaceutics
St, Joseph's College of Pharmacy, Cherthala

12th June 2024

Topic: Macro to Nano drug delivery approaches to treat ocular diseases

Resource Person

Dr. Nirmal J
Associate Professor of Pharmaceutics,
Birla Institute of Technology Sciences,
Pilani, Hyderabad Campus

Chairperson

Dr. B. Dineshkumar
Professor & HOD Pharmaceutics
St. James College of Pharmaceutical Sciences, Chalakudy

Answer key for the Practice Quiz
1.C, 2. D, 3.D., 4.D, 5.B, 6.C, 7.A, 8. B, 9.D , 10.C, 11.A, 12.A, 13.B, 14.B 15.D.

25th June 2024

Topic: Advanced Drug delivery using Nanotechnology

Resource Person

Dr. Sanyog Jain
Professor, Department of Pharmaceutics
NIPER Mohali, Punjab

Chairperson

Dr. Anjana John
Professor of Pharmaceutics & Principal
JDT Islam College of Pharmacy, Kozhikode

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