

Issued by:

The Team, Department of Pharmacy Services, Ghurki Trust Teaching Hospital (GTTH)

Department of Pharmacy Services is pleased to take another initiative of publishing Pharmacy Newsletter, a biannual periodical publication aimed to disseminate information to physicians, nurses and other hospital staff on most economical, therapeutically effective utilization of

prescription medications, formulary update Pharmacy and Therapeutic Committee Meeting (P&TC) updates and to provide an insight into our services. We look forward to your input and participation.

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Inception of state-of-the-art Department of Pharmacy

With the blessings of Almighty ALLAH, Department of Pharmacy Services started working in April 2017 as integral part of patient healthcare with affirmative determination to provide core services of safe medication use, Inventory management, Dispensing, Clinical pharmacy services and Drug information by superlative approach. Since start, Pharmacists are worked as adjunct faculty from the Department of Pharmacy Services and actively involved in teaching and training of Pharmacy Students of Lahore Pharmacy College, LMDC. Currently, Department of Pharmacy encompasses a team of more than 70 staff members including 34 qualified pharmacists and 26 pharmacy technicians/assistants. Aseptic Pharmacy Services, Therapeutic Drug Monitoring including Antimicrobial Stewardship Program has been planned and will be functional by the end of this year.



Pharmacy and Therapeutic Committee Meeting Updates



Formulary Update

Formulary Addition	Formulary Deletion
Tab Empagliflozin / Metformin 5/850mg,5/1000mg,12.5/500mg,12.5/850mg,1 2.5/1000mg	Inj Ranitidine 50mg/2ml, Tab Ranitidine 150mg, 300mg
Tab Empagliflozin 10mg,25mg	Inj Menadione 10mg/ml

P&TC Decisions

Generic and Online Prescribing

P&TC has approved a generic policy for hospital formulary to ensure safe, cost effective and quality use of drugs. Hence, all prescribers are responsible to prescribe the medications through Hospital Management Information System (HMIS) for all patients.

Febuxostat vs Allopurinol in Gout

The use of febuxostat, compared with allopurinol, is generally associated with a significantly increased risk of adverse cardiovascular events so, higher doses of febuxostat have a greater impact *. However, it was decided in P&TC that use of febuxostat will be initiated when allopurinol is ineffective at achieving desired uric acid levels (or in individuals who are intolerant to allopurinol). An appropriate counseling will be initiated to all relevant patients and advise them, to seek medical attention immediately if they experience any symptoms.

Domperidone _Safety Alert

The use of Domperidone should be restricted to adults and adolescents over 12 years of age and weighing more than 35Kg. The indication in children has been discontinued due to unfavorable benefit/risk ratio (prolongation of QT due to cardiac pathologies and drug interaction).

* White, W.B., et al., Cardiovascular safety of febuxostat or allopurinol in patients with gout. 2018. **378**(13): p. 1200-1210.

* Ju, C., et al., Comparative cardiovascular risk in users versus non-users of xanthine oxidase inhibitors and febuxostat versus allopurinol users. 2019

Medication Error and ADR Reporting Awareness Session

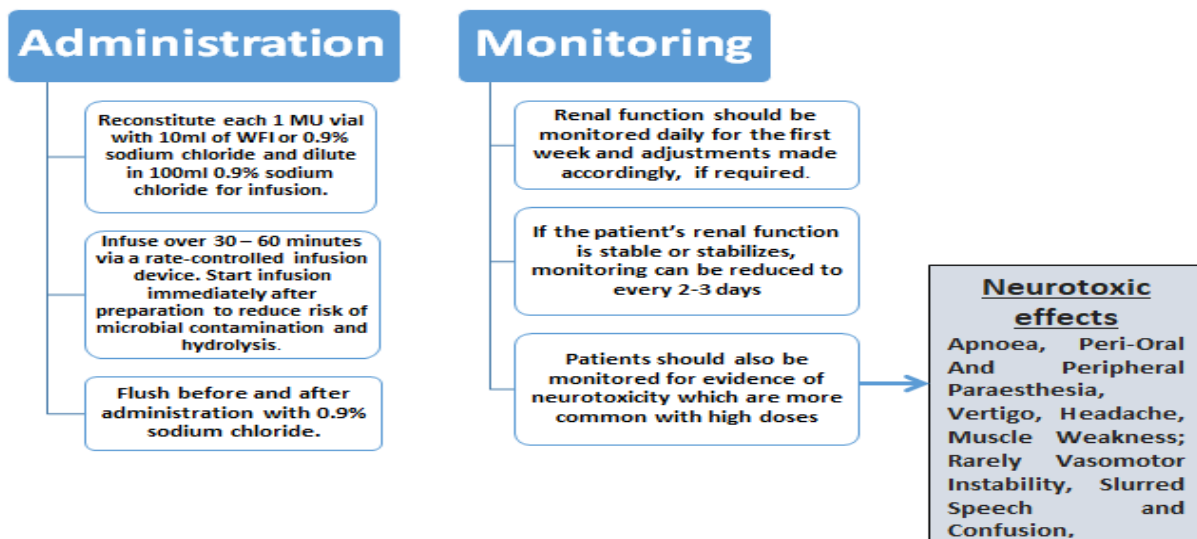
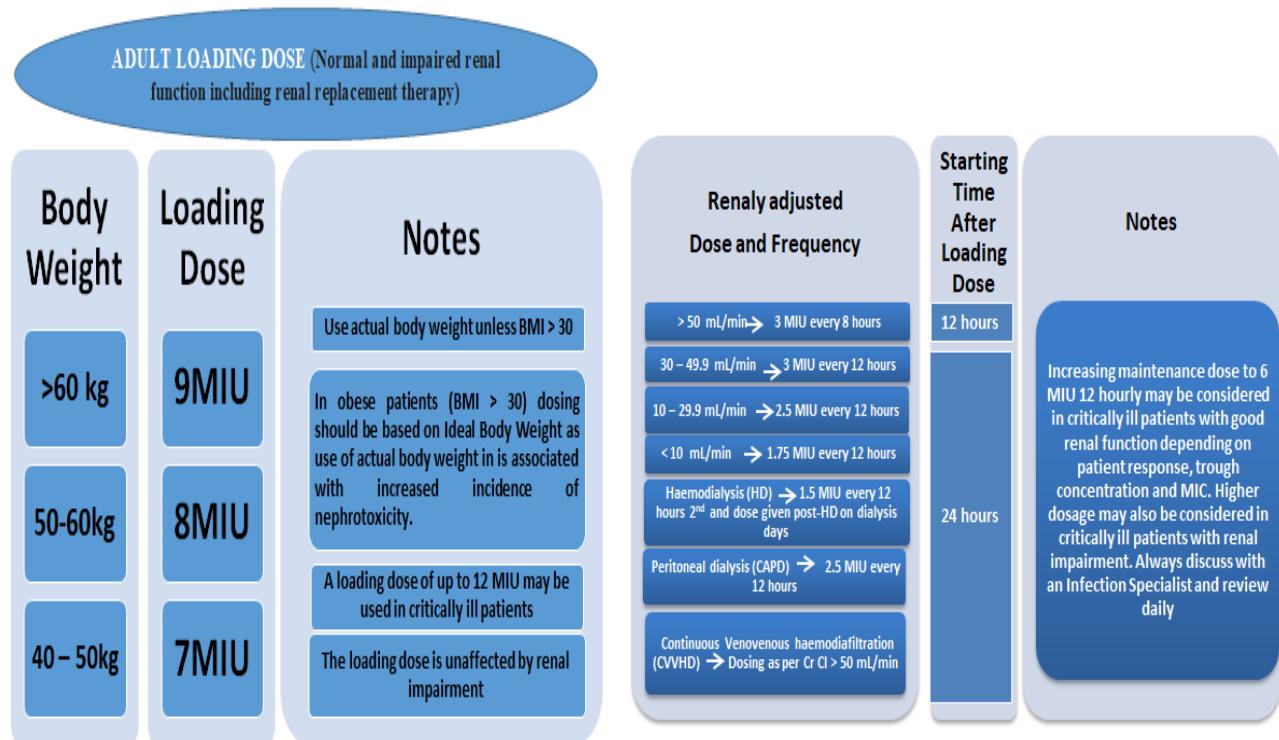


Pharmacy Department believes that awareness session always helps in improving the Health care professional attitudes towards compliance of procedures. Highlights from the awareness session conducted on Medication Errors and ADR Reporting with doctors and nursing staff at GTTH.



A standard approach to understand the dosing guidelines of Colistimethate Sodium (CMS) for critically ill patients*

The standard dosage of intravenous CMS is 2.5–5 mg/kg per day, divided into two to four equal doses. Dosage is expressed in terms of colistin base activity (CBA). International units (IU) labeled in the parenteral products of CMS as: One Million International Unit (MIU) corresponds to ~80 mg of the chemical CMS which provides ~33 mg CBA.



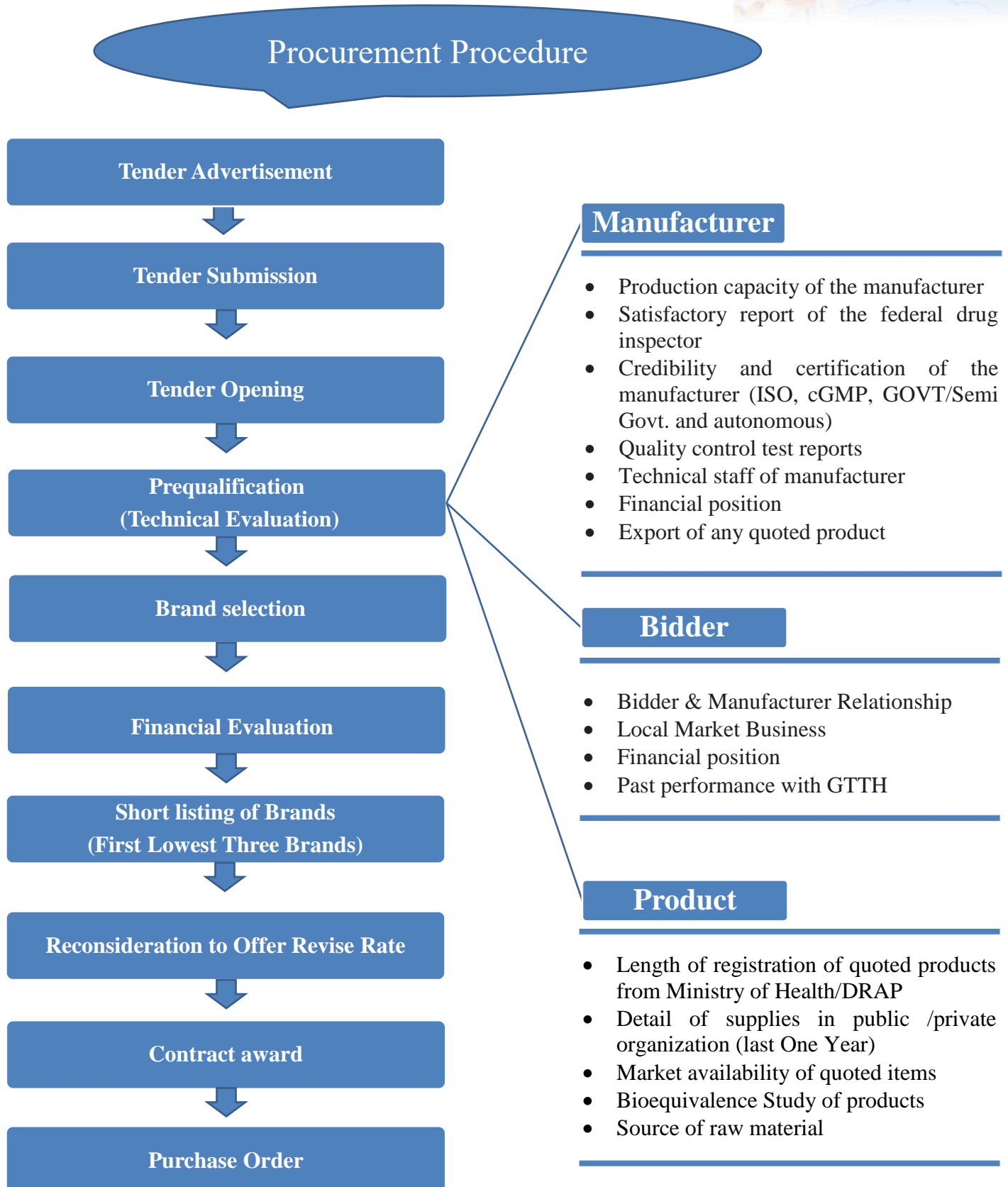
*Gauthier, T.P., et al., Incidence and predictors of nephrotoxicity associated with intravenous colistin in overweight and obese patients. 2012. **56**(5): p. 2392-2396.

*Garonzik, S., et al., Population pharmacokinetics of colistin methanesulfonate and formed colistin in critically ill patients from a multicenter study provide dosing suggestions for various categories of patients. 2011. **55**(7): p. 3284-3294.

*Kift, E.V., G. Maartens, and C.J.S.A.M.J. Bamford, Systematic review of the evidence for rational dosing of colistin. 2014. **104**(3): p. 183-186.

Medication Quality _ Top Priority

P&TC plays a vital role in the procurement of quality medicines for the patients of GTTH. The following exhibit showing the mechanism adopted by P&TC to ensure the availability of high quality and cost-effective medicines throughout the hospital.



Highlights of 1st Hospital Pharmacy Conference

1st Hospital Pharmacy Conference on **“BEST PRACTICES IN MEDICATION SAFETY”** was held on Saturday, 22nd February, 2020 at LMDC Auditorium. This conference was jointly organized by Department of Pharmacy Services GTTH and Lahore Pharmacy College in collaboration with Pakistan Society of Health System Pharmacists (PSHP). Distinguished speakers (Mr. Abdul Latif Sheikh, Dr. Muhammad Tahir Aziz, Dr. Tahir Mehmood Khan, Mr. Omar Akhlaq Bhutta, Ms. Saima Qasim and Ms. Sidra Andleeb) discussed various topics on “Best Practices in Medication safety”. The purpose of this conference was to create awareness and educate both emerging and practicing pharmacists regarding advanced medication safety practices across the globe.



