PHARMACY NEWSLETTER

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Issued by:

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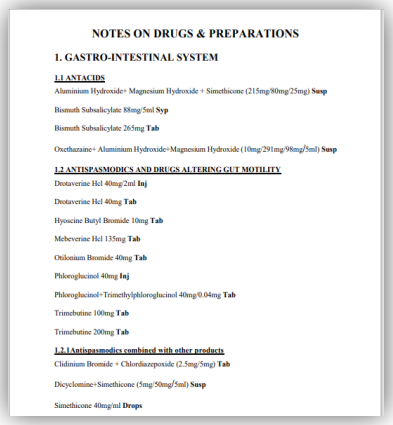
1. Pharmacy and Therapeutics Committee (P & TC) Updates

Addition as (Regular formulary item)	
Amino acid Mixture 8% / Sorbitol 5% - Infusion 500 ml	Hyaluronic Acid Sodium Injection Pre-filled 20mg/2ml
Doripenem Injection 500 mg	Sodium Polystyrene Sulfonate Powder 15g
Ertapenem – Injection 1000mg	Naproxen+Esomeprazole Tablet 500/20 mg
Ferric Carboxymaltose – Injection 500/10 mg	Permethol Mouth Wash
Filgrastim – Injection 30 MIU	Permethol Tooth Paste
Gadopentetate – Injection 10 ml and 20 ml	Protamine Sulfate Injection 50mg
Deletion	
Acetylsalicylic Acid Tablet 100mg	Glyceryl Trinitrate Patch 10 mg
Albumin Infusion 25 % w/v 50 ml and 100 ml	Gonadotropin Injection 1000 IU
Amino acid Mixture Infusion 8% and 10 %	Haloperidol Tablet 1.5 mg
Bisacodyl Tablet 5 mg	Indapamide Tablet 2.5mg, SR 1.5mg
Bismuth subsalicylate (Tablet 265 mg) and (Syrup 88 mg/ 5 ml)	Mirabegron Tablet 25 mg and 50mg
Ceftriaxone Injection (I/M) 250 mg	Mycophenolate Mofetil Tablet 500 mg
Cefuroxime Injection 1.5 g	Nitazoxanide Syrup 100 mg per 5 ml
Cephalexin Capsules 250 mg and 500mg	Ofloxacin Tablet 200mg and 400mg
Clomipramine Tablet 25 mg	Soyabean Oil+ Triglycerides + Egg Lecithin Inf
Co-dergocrine Mesylate Tablet 1.5 mg and 4.5mg	Diclofenac Potassium Tablet 75mg and 100mg
Fenticonazole (Vaginal Ovules 1 g) and (2 % Cream)	

P&TC decision:

Ensure that all healthcare providers have full access to the **Ghurki Hospital Formulary.** This is now available.


NOTES ON DRUGS & PREPARATIONS

1. GASTRO-INTESTINAL SYSTEM

1.1 ANTACIDS

Aluminium Hydroxide+ Magnesium Hydroxide + Simethicone (215mg/80mg/25mg) **Susp**

Bismuth Subsalicylate 88mg/5ml **Syp**

Bismuth Subsalicylate 265mg **Tab**

Oxethazaine+ Aluminium Hydroxide+Magnesium Hydroxide (10mg/291mg/98mg/5ml) **Susp**

1.2 ANTISPASMODICS AND DRUGS ALTERING GUT MOTILITY

Drotaverine Hcl 40mg/2ml **Inj**

Drotaverine Hcl 40mg **Tab**

Hyoscine Butyl Bromide 10mg **Tab**

Mebeverine Hcl 135mg **Tab**

Otilonium Bromide 40mg **Tab**

Phloroglucinol 40mg **Inj**

Phloroglucinol+Trimethylphloroglucinol 40mg/0.04mg **Tab**

Trimebutine 100mg **Tab**

Trimebutine 200mg **Tab**

1.2.1Antispasmodics combined with other products

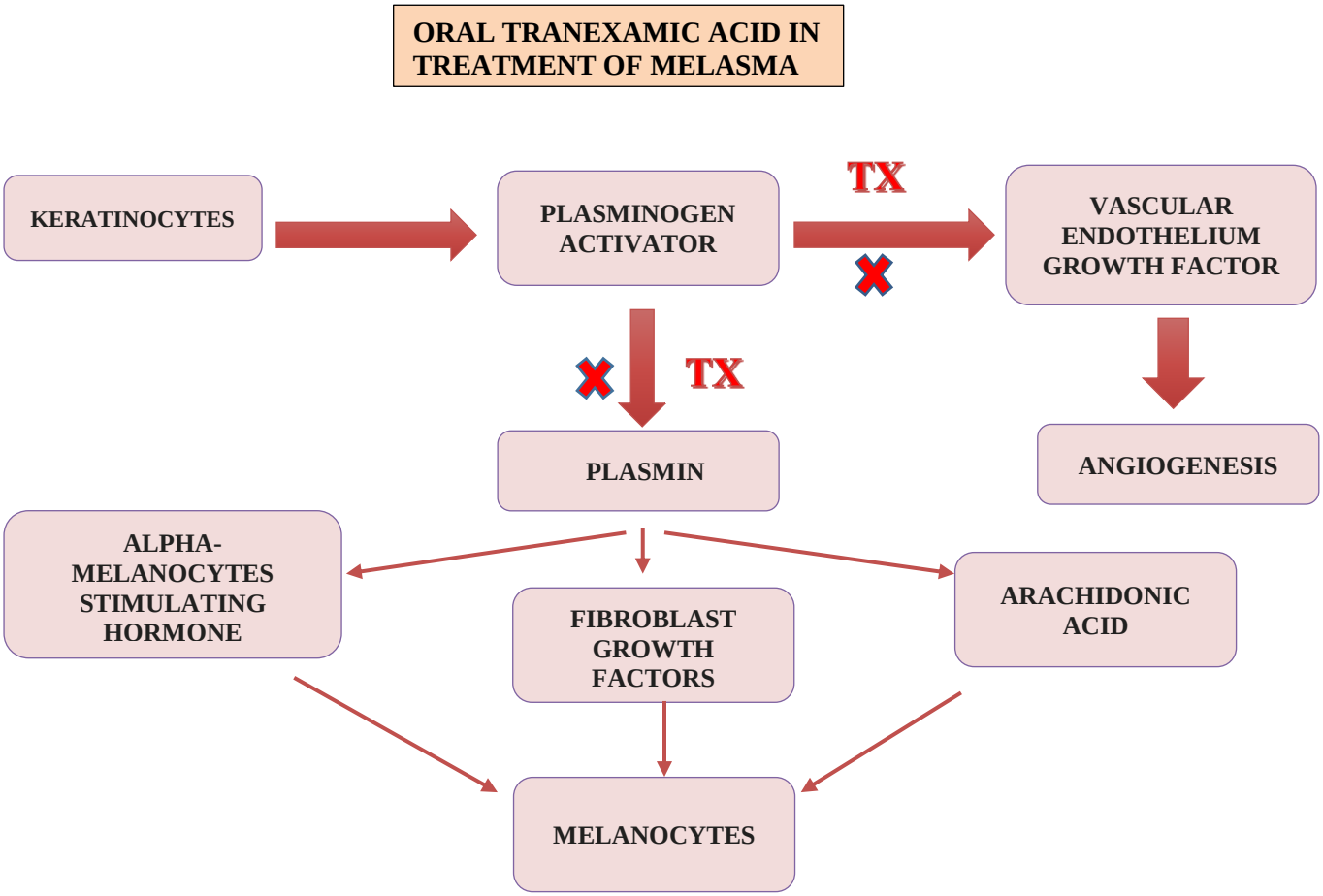
Clidinium Bromide + Chlordiazepoxide (2.5mg/5mg) **Tab**

Dicyclomine+Simethicone (5mg/50mg/5ml) **Susp**

Simethicone 40mg/ml **Drops**

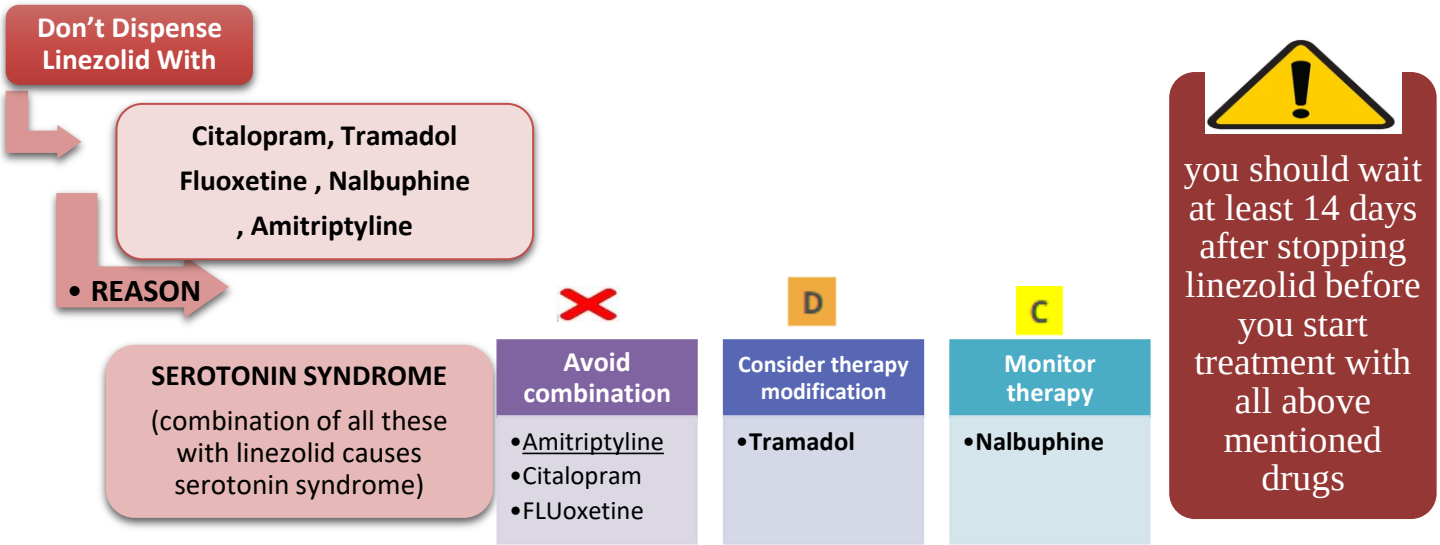
2. Oral Tranexamic Acid in Treatment of Melasma (OFF Label Use)

Nijo Sadako in 1979 discovered the effect of tranexamic acid (TXA) on melasma when he used tranexamic acid in treating an urticarial patient who also had melasma and observed that melasma severity reduced after 2-3 weeks of therapy. Tranexamic acid is believed to reduce melasma by preventing the activation of melanocytes by Ultraviolet light or other factors as well through the inhibition of the plasminogen activator system present in epidermal basal cells and keratinocytes. According to researchers, a low dose (500mg/day) of (TXA) is effective in reducing melasma.

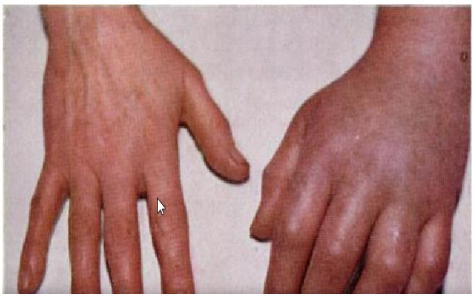


References: The Australian Journal of General Practice **(https://www1.racgp.org.au/ajgp/2021/december/melasma)**

3. Counselling Consideration Points While Dispensing Linezolid



4. Role of Calcitonin in Sudeck Atrophy



Complex regional pain syndrome (**CRPS**), also known as **Sudeck Atrophy** is a condition that can affect the extremities in a wide clinical spectrum and occurs in hands and feet distal to the injury. It is a form of chronic pain that usually affects an arm or leg. CRPS typically develops after an injury, surgery, stroke, or heart attack. Patients present after an initiating event with symptoms of more than 6 months duration such as **edema, changes in skin blood flow, abnormal motor activity, allodynia, or hyperalgesia**. Symptoms are often out of proportion to the initiating event and are not limited to a single peripheral nerve.

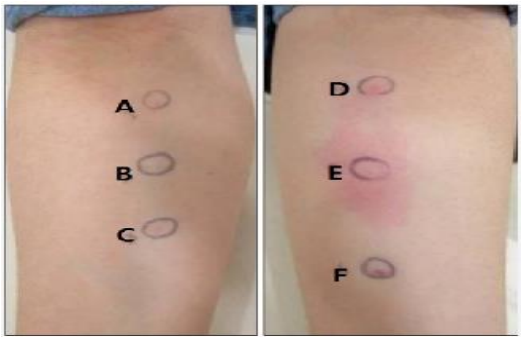
Calcitonin is a polypeptide hormone regulating the metabolism of calcium in the body. For many years, calcitonin has been used to maintain and improve bone mineral density and to reduce the fracture rate. Many studies showed that calcitonin had an analgesic role in several painful circumstances. The ability of calcitonin to relieve pain should be irrelevant to the osteoclastic inhibitory effect and may involve other mechanisms i.e. It could inhibit the signals associated with receptor melastatin-8 and ankyrin-1 which contributes to the analgesic function of calcitonin in peripheral neuropathy. It can also regulate primary afferent nerve excitability in peripheral nervous tissue by controlling the transcription of the sodium channel.

Another important role of calcitonin is the endorphin-mediated mechanism, i.e. it increases the level of endorphin which is a natural painkiller. Due to its major effects, it can widely use in **Sudeck Atrophy.**

Dose of Calcitonin in Sudeck Atrophy:

Daily one injection containing 100 IU for 28 days

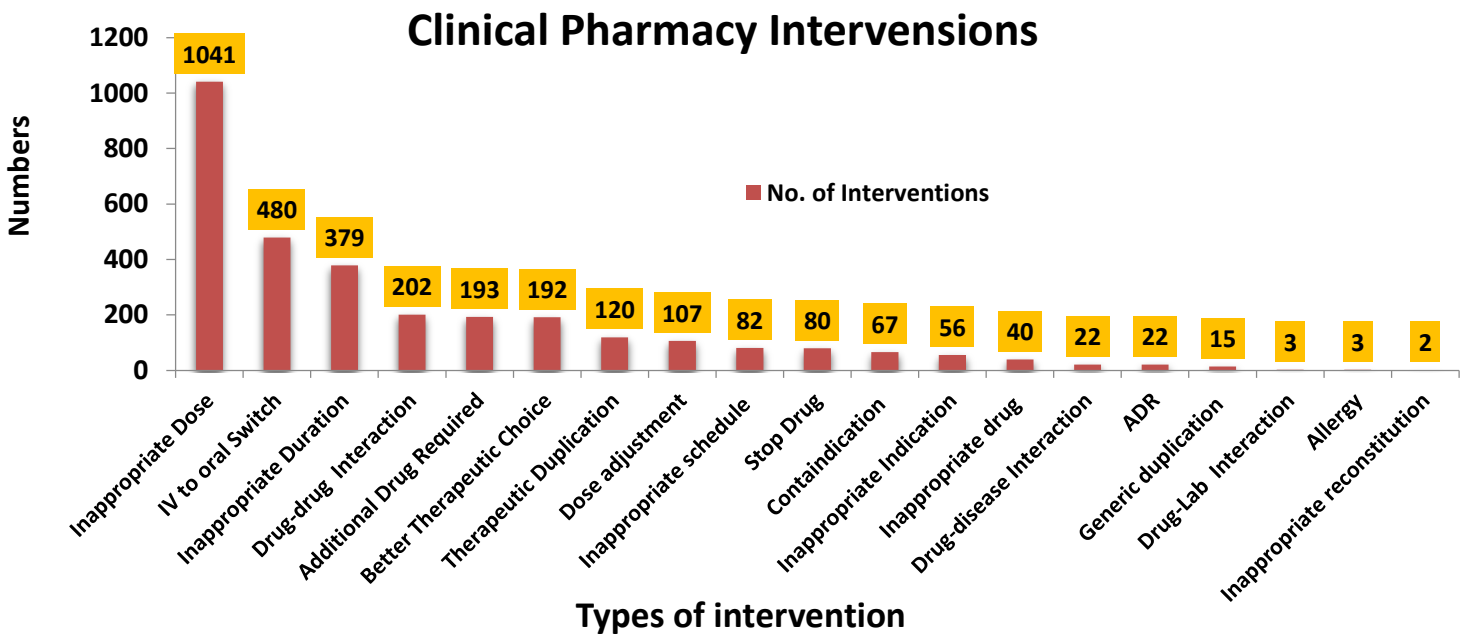
5. Vancomycin Hypersensitivity and Test Dose



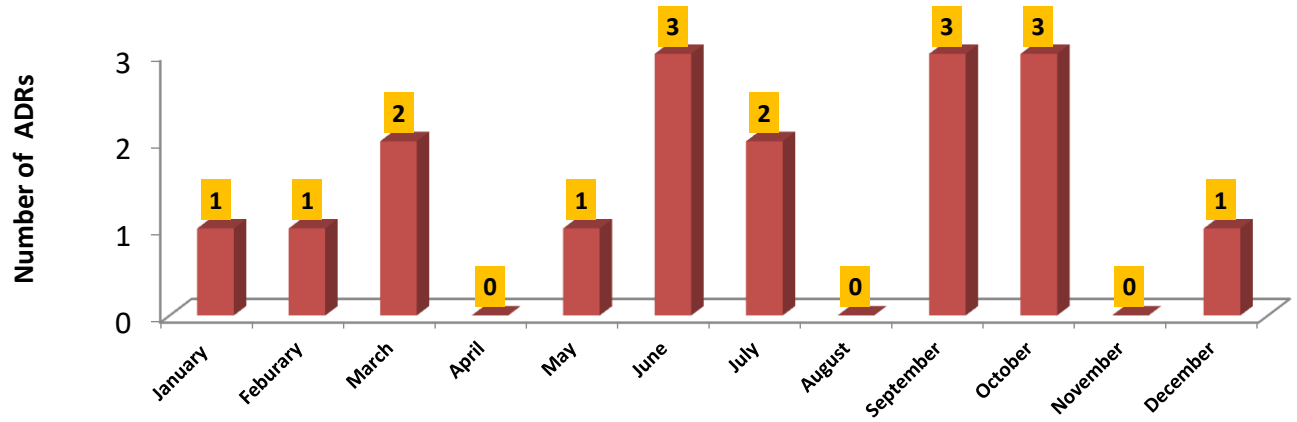
Vancomycin causes several different types of hypersensitivity reactions, ranging from localized skin reactions to generalized cardiovascular collapse. Most vancomycin reactions are non-IgE-mediated reactions and vancomycin infusion reactions (VIR). VIR is a rate-dependent infusion reaction, not a true allergic reaction. However, rare IgE-mediated reactions to vancomycin are reported and should be suspected in patients who have received repeated administrations. If an IgE-mediated reaction is suspected, then skin testing with a maximum intradermal testing concentration of **10 micrograms/mL** is appropriate. Skin testing with vancomycin has not been validated, and the positive and negative predictive value of the results is not known, so skin testing is usually not performed. **A positive skin test at concentrations of 1 mcg/mL or lower is strongly suggestive of drug allergy, in the setting of an appropriate clinical history.**

The management of patients with non-IgE-mediated reactions is based upon the use of antihistamine premedication and slower rates of infusion. Most patients can tolerate repeating administration using these techniques. The use of desensitization protocols is an option for patients with recurrent reactions, despite slower rates of administration and premedication.

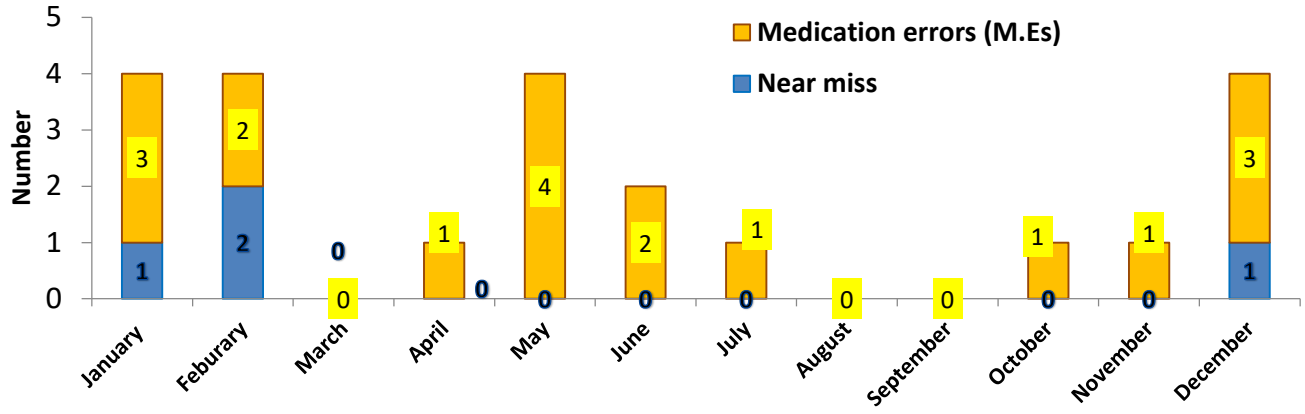
6. Clinical Pharmacy Interventions (2022)



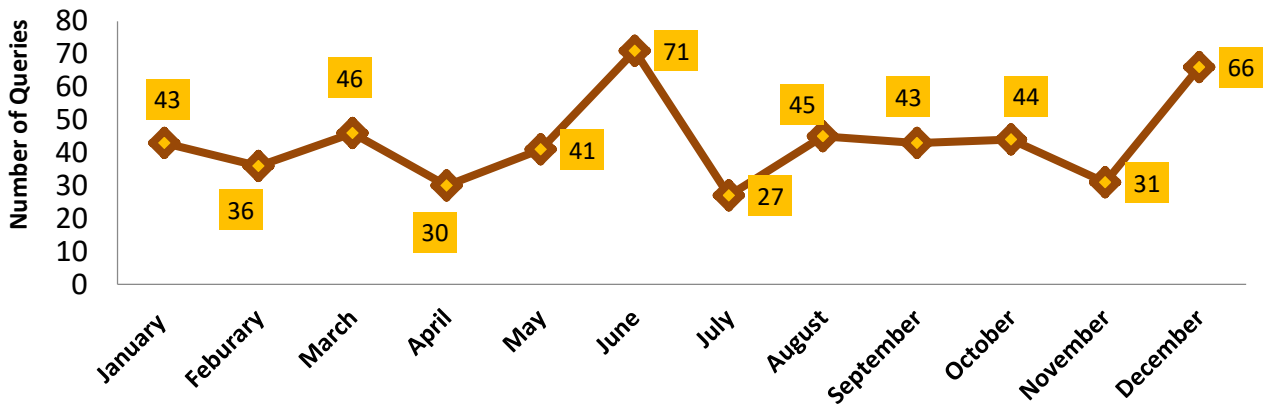
7. Adverse Drug Reaction (ADRs) (2022)



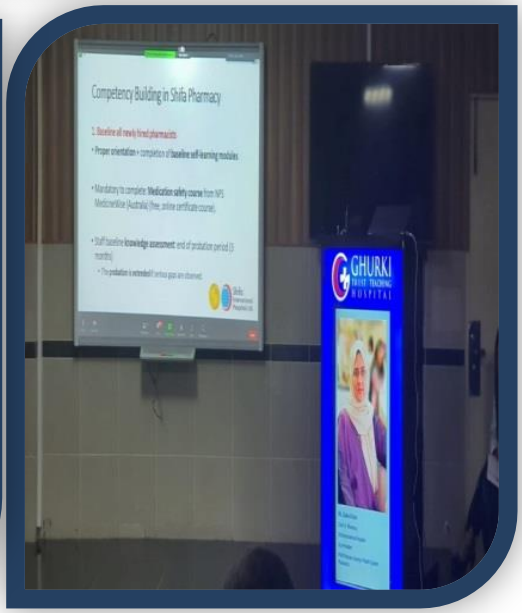
8. Near Miss and Medication Errors (2022)



9. Drug Information Activity: Handling of Queries (2022)



Hospital Pharmacy Conference-II (28th May 2022) "Best Practices in Medication Safety"



World Pharmacist Day Celebration, 25th Sep 2022

World Antimicrobial Awareness Week, 18-24 Nov 2022

World Patient Safety Day, 17th Sep 2022