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VISION

To emerge as one of the premier pharmacy colleges in the country and produce pharmacy professional of global Standards.

MISSION

- To deliver quality academic programs in Pharmacy and empower the students to meet industrial standards.
- To build student community with high ethical standards to undertake R&D in thrust areas of national and international standards.
- To extend viable outreach programs for the health care need of the society.
- To develop industry institute interaction and foster entrepreneurial spirit among the graduates

A PROSPECTIVE STUDY OF CLINICAL PATTERNS AND ASSESSMENT OF CAUSALITY AND SEVERITY OF CUTANEOUS ADVERSE DRUG REACTIONS IN A TERTIARY CARE HOSPITAL

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Pharm D Intern

BACKGROUND:

Cutaneous ADR s are the most common occurring ADR among others as innovation in medicine occurs and new drugs continue to be developed , there is a potential for the occurrence of an increasing number of cADRs . This may vary from widely discomforting to those they are life threatening . Use of multiple drugs is associated with higher incidence of drug reactions as observed with increased frequency in hospitalized patients.

OBJECTIVES :

The main objective of this study was to evaluate the clinical patterns and risk factors for cutaneous adverse reaction with causality , severity and preventability assessment in tertiary care hospital

METHODS:

A prospective study was conducted to assess the cADRs by systemic agents in the department of dermatology , SVIMS-SPMC(W) . A predesigned data collection form were used to collect the information about the patient .Patients were examined for cADRs . The adverse effects were assessed usually causality , severity and preventable scales .

RESULTS:

Out of 26 patients 11 male and 15 female patients were affected with cADRs due to systemic agents . 11-20 yrs age groups patients were highly affected by systemic agents .FDE, were the common cADRs in the study followed by acneiform eruption ,psoriasiform dermatitis . Antibiotics are highly involved in occurance of cADRs . Coricosteroids takes next place .

CONCLUSION:

This study concentrated on observing and documenting the various clinical patterns of cADRs and drugs that causing cADRs . This information can helps in PvPI center for ensuring safe drug use and to improve quality of patient . Thus steps are also taken to reduce the impact of cADRs by issuing alert card that includes description of reaction and culprit drug with dose which will be helpful for further prevention in individual patients.

A REVIEW ON FISH ODOUR SYNDROME – AN ORPHAN DISEASE

K.Harini , Pharm D , IV Year

INTRODUCTION :

ABOUT ORPHAN DISEASE : A disease that has not been adopted by the pharmaceutical industry because it provides little financial incentive for the private sector to make and market new medications to treat or prevent it. An orphan disease may be a rare disease (according to US criteria, a disease that affects fewer than 200,000 people) or a common disease that has been ignored because it is far more prevalent in developing countries than in the developed world. Orphan diseases are often serious or life threatening.

ABOUT FISH ODOUR SYNDROME [FOD] : Also called as Trimethylaminuria is a condition characterized by the presence of trimethylamine (TMA)—a tertiary amine whose odor is described as resembling that of rotting fish—in the urine, sweat, and expired air. The cause of the syndrome is rooted in the dysfunctional metabolism of TMA, which is normally oxidized by flavin monooxygenase 3 (FMO3) into non-odorous trimethylamine-N-oxide (TMAO).

ETIOLOGY :

- Trimethylaminuria is typically caused by mutations to the FMO3 GENE
- Most patients with FOS are eventually diagnosed with primary trimethylaminuria, which is caused by a deficiency in FMO3 that is inherited in an autosomal recessive fashion.

SYMPTOMS :

- The main symptom of trimethylaminuria is a strong fishlike odor. The body releases excess trimethylaminuria through : breath , sweat, urine, reproductive fluids.
- Trimethylaminuria seems to be more common in females than in males. Although there is not yet a clear reason for this, researchers suggest that female sex hormones, such as estrogen and progesterone, could play a role.

Females may experience more severe symptoms:

- during menstruation
- after taking oral contraceptives
- around menopause.

MANAGEMENT :

• There is currently no cure for trimethylamine, so treatment focuses on managing and reducing symptoms.

• taking a small dose of antibiotics, which can reduce bacteria in the gut to help prevent the production of trimethylamine

• taking a laxative to lessen the time that food takes to pass through the digestive tract, which can help reduce the amount of trimethylamine that the gut produces

• if possible, avoiding situations or activities that cause excessive sweating, such as heavy exercise or emotional upset and stress

• Riboflavin, or vitamin B2, may help increase any existing FMO3 enzyme activity in the body. People can take the recommended dosage of 30–40 mg between three and five times a day with meals.

DRUG MONOGRAPH OF ZYNYZ[retifanlimab]

M.MUKUNDA PRIYA,B.SREE VIDHYA*

Pharm D IVth year.

Approved by FDA

Approved date: March 2023

Manufacturer company: Incyte

Dosage form: Injection

Drug class: Anti-PD-1 monoclonal antibodies

Indications: Zynyz is used for the treatment of adult patients with a type of skin cancer called Merkel cell carcinoma that is metastatic (cancer has spread to other parts of the body) or is recurrent locally advanced (cancer has returned).

Dosage and administration: The recommended dosage of ZYNYZ is 500 mg administered as an intravenous infusion over 30 minutes every 4 weeks until disease progression, unacceptable toxicity, or up to 24 months. Administer ZYNYZ as an intravenous infusion after dilution.

Mechanism of action: Retifanlimab is a programmed death receptor-1 (PD-1)–blocking antibody that potentiates T-cell activity and boosts the immune response against cancer cells. PD-1 is found on the surface of T-cells, and when it binds to its ligands, programmed death-ligand 1 (PD-L1) and programmed death-ligand 2 (PD-L2), it inhibits T-cell proliferation and cytokine production. In normal conditions, cells produce PD-L1 and PD-L2 to maintain self-tolerance and ensure that the immune system does not attack health cells. However, in certain types of cancers, PD-L1 and PD-L2 are upregulated, contributing to a lower active T-cell immune surveillance of tumors

Retifanlimab binds to the PD-1 receptor and blocks its interaction with PD-L1 and PD-L2. By preventing the activation of this inhibitory pathway, retifanlimab promotes immune reactivity and enhances anti-tumor immune response.

Pharmacokinetics

Absorption : The pharmacokinetics of retifanlimab were assessed in patients with different types of solid tumors, including Merkel cell carcinoma (MCC). From 375 mg to 750 mg (0.75- to 1.5-fold of the approved recommended dose), the Cmax and AUC of retifanlimab increased in a dose-proportional manner. In patients given 500 mg of retifanlimab every 4 weeks, steady-state concentrations are reached at cycle 6 (approximately 6 months) with a 1.3-fold systemic accumulation.3 Factors such as age, sex, body weight, race, albumin level, renal function and mild hepatic impairment did not have a clinically significant effect on the pharmacogenetic profile of retifanlimab. The pharmacokinetics of retifanlimab have not been evaluated in patients with moderate or severe hepatic impairment. is degraded to small peptides and amino acids.

Volume of distribution-At steady-state, retifanlimab has a mean volume of distribution of 6L

Metabolism-As a monoclonal antibody, retifanlimab is expected to be metabolized by proteases throughout the body.

Pharmacodynamics: The exposure-response relationship and pharmacodynamic response for safety and effectiveness of retifanlimab have not been fully characterized.3 Since retifanlimab targets the programmed death receptor-1 (PD-1) and blocks the PD-1/PD-ligand 1 (PD-L1) pathways, it has the potential to induce immune-mediated adverse reactions. The use of retifanlimab may lead to the development of immune-mediated pneumonitis, colitis, hepatitis, endocrinopathies, nephritis with renal dysfunction, dermatologic adverse reactions, and other immune-mediated adverse reactions. The use of retifanlimab has also been associated to infusion-related reactions, serious complications during allogeneic hematopoietic stem cell transplantation, and embryo-fetal toxicity.

ADRS: Fatigue,musculoskeletal pain ,pruritis,diarrhea,rash,pyrexia and nausea.

Drug interactions:

Ambroxol

The risk or severity of methemoglobinemia can be increased when Retifanlimab is combined with Ambroxol

Capsaicin

The risk or severity of methemoglobinemia can be increased when Retifanlimab is combined with Capsaicin.

Contraindicationshypersensitivity to drug or ingredient

- **avoid:** breastfeeding during tx and x4mo after D/C

- **caution:** female pts of reproductive potential
- **caution:** thoracic XRT hx
- **caution:** allogeneic HSCT hx
- **caution:** allogeneic HSCT candidates
- **caution:** organ transplant hx
- **caution:** autoimmune disorder
- **Storage conditions:** At room temperature [up to 25°C (77°F)] for no more than 8 hours fromthe time of preparation to the end of the infusion.
- **Reference:** **https://.medscape.com/drug/zynyz-retifanlimab-4000176**

Departmental Activities in March - 2023

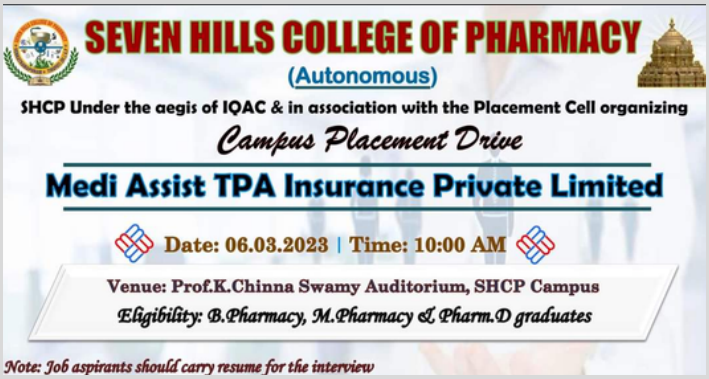
Perfect Clicks

Campus Placement - 15.03.2023

NSS Unit (CQ) had organized special camp in co-ordination and approval with NSS Unit JNTU Anantapur

Current 3D Printing Technologies for Preparation of Drug Delivery system

UGADI Celebration



Campus Placement Drive