

ISSUE II
Volume
09
APRIL -
JUNE
2025



Seven Hills Times

AN OFFICIAL PUBLICATION OF
**DEPARTMENT OF PHARMACY PRACTICE,
SEVEN HILLS COLLEGE OF PHARMACY**

Venkatramapuram, Ramachandrapuram (Mandal), TIRUPATI (Dist), TIRUPATI - 517 561, A.P, INDIA
Accredited "A" Grade by NAAC, Bangalore Awarding University: JNT University Anantapur -
Ananthapuramu Approved by AICTE & PCI, New Delhi, Govt. of A.P. Recognized by
UGC Under Sections 2(f) & 12(B) of UGC Act 1956
IN ASSOCIATION WITH
**SRI PADMAVATHI MEDICAL COLLEGE FOR WOMEN HOSPITAL (SPMCWH)- SVIMS,
Tirupati, AP, INDIA.**

Editorial-In-Chief
Dr. M. Niranjan Babu
Principal & Professor

General Editor
Dr. Jyothi Basini
**Professor &
Pharm.D
Co-ordinator**

Editorial Members
Dr Y Prasanna Raju
Professor

Dr K Saravanakumar
Professor

Mrs. O. Divya Rekha
Associate Professor

Dr. M. Ramya
Assistant Professor

Dr. K. Harini
Assistant Profesor

Student Coordinators

A.Jagadeeshwar
K.Jeevan sai
N. Niharika
Ms.Srilekha
Y.Bhavana
D.Dharani Sai

FDA Expands Use of Artificial Intelligence in Drug and Medical Device Regulation (2025)



Dr.M Ramya
Assistant Professor

Overview

In 2025, the U.S. Food and Drug Administration (FDA) announced broader use of artificial intelligence (AI) to support regulatory review workflows. AI is intended to help reviewers summarize evidence, organize submissions, identify inconsistencies, and improve efficiency. Final scientific and regulatory decisions continue to be made by qualified human reviewers.



Objectives

- Reduce administrative workload
- Improve consistency in document review
- Accelerate review timelines
- Support reviewers with evidence synthesis
- Maintain human oversight and patient safe

Vision

To emerge as one of the premier pharmacy colleges in the country and produce pharmacy professionals of global standards.

Mission

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

Standard Practice

Drug Information Center
Drug Formulary
Management ADR
Reporting Patient
Counseling Drug
Information Resources
Prescription Audit
Medication Error
Reporting Antimicrobial
Stewardship Journal Club
Activities

Potential Applications

- Reviewing large clinical trial datasets
- Summarizing safety reports
- Detecting data anomalies
- Assisting pharmacovigilance
- Supporting medical device evaluations

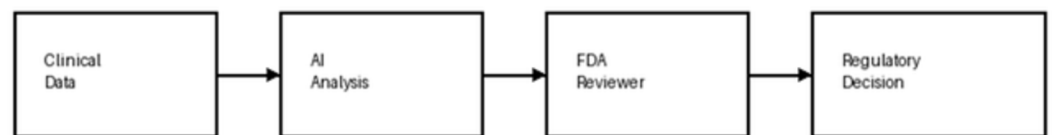
Benefits

AI may reduce repetitive tasks, improve productivity, help identify patterns in large datasets, and enable reviewers to spend more time on scientific evaluation.

Challenges

Challenges include model bias, transparency, data privacy, cybersecurity, validation, and ensuring that AI outputs are verified by experts.

Workflow Diagram



Conclusion

The FDA's increasing use of AI reflects a shift toward more efficient, data-driven regulation while retaining human responsibility for final decisions.

References

- U.S. Food and Drug Administration. FDA announces completion of first AI-assisted scientific review pilot and aggressive agency-wide AI rollout timeline [Internet]. Silver Spring (MD): FDA; 2025 May 8 [cited 2026 Aug 6]
- U.S. Food and Drug Administration. Considerations for the use of artificial intelligence to support regulatory decision-making for drug and biological products: Draft guidance for industry and other interested parties [Internet]. Silver Spring (MD): FDA; 2025 [cited 2026 Aug 6].
- U.S. Food and Drug Administration. FDA proposes framework to advance credibility of AI models used for drug and biological product submissions [Internet]. Silver Spring (MD): FDA; 2025 Jan 6 [cited 2026 Aug 6].
- U.S. Food and Drug Administration. Artificial intelligence for drug development [Internet]. Silver Spring (MD): FDA; 2025 [cited 2026 Aug 6].

BPaLM Regimen: A Game-Changer Against Drug-Resistant TB

N. Niharika
Pharm D IV YEAR



Introduction

Tuberculosis, an infection caused by *Mycobacterium tuberculosis*, has been one of the leading infectious diseases contributing to morbidity and mortality worldwide. According to reports on global infectious diseases, millions of new cases of TB are diagnosed and reported every year, especially in developing countries like India. One of the biggest problems in effectively combating TB has been the emergence of Multi-Drug-Resistant Tuberculosis, whereby the bacteria become resistant to first-line antitubercular agents such as isoniazid and rifampicin. The conventional treatment regimens for MDR-TB are long, toxic, costly, and often accompanied by poor compliance and poor outcomes. In this regard, BPaLM has been a breakthrough in TB therapeutics, providing a shorter, more effective, and patient-friendly approach to treating drug-resistant TB.

Overview of BPaLM Regimen

The BPaLM regimen is a new, all-oral, short-course regimen recommended by the World Health Organization (WHO) for the treatment of MDR-TB and RR-TB patients.

BPaLM stands for

B – Bedaquiline Pa – Pretomanid L – Linezolid M – Moxifloxacin

Mechanism of Action (Combined Effect)

The BPaLM regimen uses a multi-targeted approach, resulting in increased bactericidal activity and a low chance of developing resistance: Disruption of the bacteria's energy production, Inhibition of protein synthesis, Interference with DNA replication, Destruction of cell wall integrity, The BPaLM regimen ensures rapid clearance of bacteria and improved outcomes.

Duration and Administration

6 months Oral administration, No injections are needed. This is a huge improvement from the traditional MDR-TB regimen, which needed a longer period and injections.

Advantages of BPaLM Regimen

Shorter Duration, All-Oral Regimen, Higher Efficacy, Less Toxicity, Better Quality of Life.

Adverse Effects and Monitoring

While this regimen has shown a high level of efficacy, monitoring is still a must.

Drug-Specific Adverse Effects

Linezolid: Peripheral neuropathy, optic neuropathy, and myelosuppression

Bedaquiline: Prolongs QT interval, cardiac risks

Pretomanid: Hepatotoxicity, gastrointestinal side effects

Moxifloxacin: Prolongs QT interval, central nervous system side effects

Monitoring Parameters

LFT, CBC count, ECG for QT prolongation Neurological status

Patient Selection Criteria

BPaLM regimen is recommended for: MDR-TB patients, Rifampicin-resistant TB cases, Patients without extensive drug resistance

Not suitable for: Severe extrapulmonary TB (in some cases), Patients with intolerance to regimen drugs Certain comorbid conditions (requires evaluation)

Global and National Impact

WHO End TB Strategy, Reduction of TB-related mortality, Improvement of TB treatment accessibility

In India (NTEP)

The introduction of new MDR-TB regimens, including BPaLM, is a significant step forward for the National Tuberculosis Elimination Programme (NTEP) in India. This is especially important since the TB burden is high in India, one of the countries with the heaviest TB burden.

Conclusion:

6 months Oral administration, No injections are needed. This is a huge improvement from the traditional MDR-TB regimen, which needed a longer period and injections.

References:

1. World Health Organization. WHO consolidated guidelines on tuberculosis: module 4: treatment – drug-resistant tuberculosis. Geneva: World Health Organization; 2022.
2. World Health Organization. Global tuberculosis report 2023. Geneva: World Health Organization; 2023.
3. Nyang'wa BT, Berry C, Kazounis E, Motta I, Parpieva N, Howell P, et al. A 24-week, all-oral regimen for rifampicin-resistant tuberculosis. *N Engl J Med*. 2022;387:2331–43.
4. TB-PRACTECAL Trial Investigators. Six-month regimens for drug-resistant tuberculosis. *Lancet*. 2022;400:1463–72.

Rimegepant



Ms.Srilekha
Pharm D IV YEAR



Generic Name: Rimegepant

Brand Name: Nurtec ODT

Dosage Form: Orally disintegrating tablet (ODT)

Strength: 75 mg

Initial FDA Approval: 2020

Indication: Acute & preventive treatment of migraine

Approved company: Pfizer

CDSCO Approval in India: 27-3-2025

DESCRIPTION

NURTEC ODT contains rimegepant sulfate, a calcitonin gene-related peptide receptor antagonist. Rimegepant free base has a molecular weight of 534.56. Rimegepant sulfate is a white to off-white, crystalline solid that is slightly soluble in water. NURTEC ODT (orally disintegrating tablets) is for sublingual or oral use and contains 85.7 mg rimegepant sulfate, equivalent to 75 mg rimegepant free base, and the following inactive ingredients: benzyl alcohol, eucalyptol, gelatin, limonene, mannitol, menthol, menthone, menthyl acetate, sucralose, and vanillin

CLINICAL PHARMACOLOGY

Mechanism of Action: Rimegepant is a calcitonin gene-related peptide receptor antagonist.

Pharmacodynamics: The relationship between pharmacodynamic activity and the mechanism(s) by which rimegepant exerts its clinical effects is unknown.

Pharmacokinetics

Absorption:

Following oral administration of NURTEC ODT, rimegepant is absorbed with the maximum concentration at 1.5 hours. The absolute oral bioavailability of rimegepant is approximately 64%.

Effects of Food :

Following administration of NURTEC ODT under fed conditions with a high-fat or low-fat meal, T_{max} was delayed by approximately 1 to 1.5 hours. A high-fat meal reduced C_{max} by 42 to 53% and AUC by 32 to 38%. A low-fat meal reduced C_{max} by 36% and AUC by 28%. NURTEC ODT was administered without regard to food in clinical safety and efficacy studies. The impact of the reduction in rimegepant exposure because of administration with food on its efficacy is unknown.

Distribution :

The steady state volume of distribution of rimegepant is 120 L. Plasma protein binding of rimegepant is approximately 96%.

Metabolism :

Rimegepant is primarily metabolized by CYP3A4 and to a lesser extent by CYP2C9. Rimegepant is the primary form (~77%) with no major metabolites (i.e., > 10%) detected in plasma.

Excretion :

The elimination half-life of rimegepant is approximately 11 hours in healthy subjects. Following oral administration of [14C]-rimegepant to healthy male subjects, 78% of the total radioactivity was recovered in feces and 24% in urine.

Unchanged rimegepant is the major single component in excreted feces (42%) and urine (51%)

Other Specific Populations :

No clinically significant differences in the pharmacokinetics of rimegepant were observed based on age, sex, race/ethnicity, body weight, or CYP2C9 genotype.

DRUG INTERACTIONS:

CYP3A4 Inhibitors:

Concomitant administration of NURTEC ODT with strong inhibitors of CYP3A4 results in a significant increase in rimegepant exposure. Avoid concomitant administration of NURTEC ODT with strong inhibitors of CYP3A4

CYP3A Inducers:

Concomitant administration of NURTEC ODT with strong or moderate inducers of CYP3A can result in a significant reduction in rimegepant exposure, which may lead to loss of efficacy of NURTEC ODT. Avoid concomitant administration of NURTEC ODT with strong or moderate inducers of CYP3A

P-gp Inhibitors :

Concomitant administration of NURTEC ODT with potent inhibitors of P-gp (e.g., amiodarone, cyclosporine, lapatinib, quinidine, ranolazine) may result in increased exposure of rimegepant. Avoid another dose of NURTEC ODT within 48 hours when it is concomitantly administered with potent inhibitors of P-gp

Storage and Handling:

Store NURTEC ODT at controlled room temperature, 20°C to 25°C (68°F to 77°F); with excursions permitted between 15°C to 30°C (59°F to 86°F)

PATIENT COUNSELING INFORMATION

Handling of Orally Disintegrating Tablets

Packaging :

Instruct patients not to remove the blister from the outer aluminum pouch until ready to use the orally disintegrating tablet inside.

Hypersensitivity Reactions :

Inform patients about the signs and symptoms of hypersensitivity reactions and that these reactions can occur days after administration of NURTEC ODT. Advise patients to contact their healthcare provider immediately if signs or symptoms of hypersensitivity reactions occur.

Hypertension :

Inform patients that hypertension can develop or pre-existing hypertension can worsen with NURTEC ODT, and that they should contact their healthcare provider if they experience elevation in their blood pressure.

Raynaud's Phenomenon:

Inform patients that Raynaud's phenomenon can develop or worsen with NURTEC ODT. Advise patients to discontinue NURTEC ODT and contact their healthcare provider if they experience signs or symptoms of Raynaud's phenomenon.

References

1. [DailyMed. NURTEC ODT \(rimegepant sulfate tablet, orally disintegrating\). U.S. National Library of Medicine. Updated August 11, 2025. Available from: DailyMed database.](#)
2. [U.S. Food and Drug Administration \(FDA\). Nurtec ODT \(rimegepant\) NDA 212728. Initial Approval: February 27, 2020. Expanded Indication: Preventive treatment of episodic migraine \(2021\). Latest Label Revision: 2025–2026.](#)
3. [Pfizer Laboratories Division of Pfizer Inc. Nurtec ODT \(rimegepant\) Prescribing Information. Highlights of Prescribing Information, NDA 212728s029. Contains dosage, contraindications, warnings, and adverse reactions.](#)

Unex

pected voriconazole tox nirmatrelvir/ritonavir

A case report on drug-drug interaction and the role of therapeutic drug monitoring



Y. Bhavana

Pharm D IV YEAR

ABSTRACT

Voriconazole is a triazole antifungal used for invasive fungal infections, particularly invasive aspergillosis. Its metabolism is primarily mediated by CYP2C19, with CYP3A4 and CYP2C9 also involved. Nirmatrelvir/ritonavir, an oral antiviral for COVID-19, inhibits CYP isoforms potentially altering the metabolism of co-administered drugs. A case of an immunosuppressed patient with SARS-CoV-2 pneumonia and invasive aspergillosis treated with voriconazole and nirmatrelvir/ritonavir. Unexpectedly, voriconazole plasma concentrations increased significantly (7.78 mg/L) instead of the anticipated decrease, leading to temporary discontinuation. Therapeutic drug monitoring (TDM) guided dose adjustments until optimal levels (2 mg/L) were achieved. After 13 days, the patient recovered from COVID-19, with clinical improvement of aspergillosis. This case scenario highlights about the drug drug interaction in the critically ill patient.

INTRODUCTION

Voriconazole is a triazole antifungal agent indicated for the treatment of invasive fungal infections, particularly invasive aspergillosis. It undergoes a complex metabolism mediated by different isoforms of cytochrome P450. The main enzyme responsible for its metabolism is CYP2C19, although CYP3A4 and CYP2C9 are also involved.

Nirmatrelvir/ritonavir is an oral antiviral agent indicated for the treatment of coronavirus disease 2019 (COVID-19) in adults who do not require supplemental oxygen but are at high risk of developing severe illness. It consists of the combination of nirmatrelvir, a SARS-CoV-2 main protease (Mpro) inhibitor, and ritonavir, which is used for its action as a CYP3A4 inhibitor, which reduces the metabolism of nirmatrelvir and increases its plasma levels.

This report shows a case report of a patient who received concomitant voriconazole and nirmatrelvir/ritonavir during hospitalization.

Nirmatrelvir/ritonavir caused a significant increase in voriconazole plasma concentrations, and the patient developed signs and symptoms of voriconazole toxicity.

Case Report

A 71-year-old man with optic neuromyelitis on rituximab and prednisone who developed severe SARS-CoV-2 pneumonia despite vaccination. He initially improved after a 5-day course of nirmatrelvir/ritonavir but was readmitted six days later with worsening respiratory failure, requiring ICU care and intubation. A second course of nirmatrelvir/ritonavir was initiated under hospital protocol, and invasive pulmonary aspergillosis was confirmed, leading to voriconazole therapy.

Within four days, therapeutic drug monitoring revealed supratherapeutic voriconazole plasma concentrations (7.78 mg/L), contrary to the expected decrease from ritonavir induction of CYP2C19. Voriconazole was withheld, but levels remained elevated until nirmatrelvir/ritonavir was discontinued.

Two days after antiviral cessation, voriconazole concentrations normalized, though reintroduction was delayed due to hypertransaminasemia. Restarting voriconazole at 200 mg every 12 hours achieved stable therapeutic levels (2–2.3 mg/L). The patient showed favorable clinical progression, with resolution of COVID-19 symptoms, negative viremia at 40 days, and recovery from aspergillosis after one month of oral voriconazole. He was discharged to outpatient follow-up with the Infectious Diseases Service. This case underscores the unpredictable nature of drug-drug interactions in critically ill, immunosuppressed patients and highlights the essential role of therapeutic drug monitoring and pharmacist intervention in guiding safe, individualized therapy.

Discussion

Nirmatrelvir/ritonavir was approved by the European Medicines Agency in January 2022 for adults with COVID-19 who do not require supplemental oxygen but are at risk of severe disease, and is now authorized in more than 70 countries. The standard regimen is 300 mg nirmatrelvir plus 100 mg ritonavir twice daily for 5 days, with renal dose adjustments, though off-label extensions to 10 days have been reported in severe pneumonia.

Voriconazole, an antifungal with a narrow therapeutic range, is highly prone to drug-drug interactions, particularly with CYP3A4 substrates, and co-administration with antivirals should be carefully weighed due to risks of toxicity in elderly, polymedicated patients. Therapeutic drug monitoring (TDM) is essential because voriconazole exposure varies with age, liver function, CYP2C19 polymorphisms, inflammation, and drug interactions. Major databases predict that ritonavir induces CYP2C19, lowering voriconazole levels, with studies showing up to 82% reduction in AUC at high ritonavir doses.

However, in this case voriconazole concentrations paradoxically increased, consistent with reports suggesting that ritonavir's rapid CYP3A4 inhibition may dominate early, raising voriconazole levels before CYP2C19 induction develops. Pharmacogenetic variability may also explain the outcome, as poor metabolizers are predisposed to higher voriconazole exposure.

Ultimately, this case emphasizes that while theoretical models predict reduced voriconazole levels, real-world outcomes can differ due to patient-specific factors, making TDM and individualized dosing critical to balance efficacy and safety.

Conclusion:

This case report of unexpected voriconazole toxicity due to nirmatrelvir/ritonavir demonstrates how drug-drug interactions in critically ill, immunosuppressed patients can deviate from predicted pharmacokinetic models.

Although ritonavir is generally expected to induce CYP2C19 and reduce voriconazole exposure, in this patient the rapid inhibitory effect on CYP3A4 dominated, resulting in supratherapeutic voriconazole concentrations and clinical toxicity. The paradoxical outcome underscores the need for vigilant therapeutic drug monitoring (TDM) to guide individualized dosing and ensure patient safety. It also highlights the critical role of pharmacists in identifying and managing complex interactions, and suggests that pharmacogenetic testing may further enhance personalized therapy. Ultimately, this case reinforces that TDM is indispensable in balancing efficacy and safety when managing antifungal and antiviral combinations in high-risk populations.

References

1. Barbarino J. M., Owusu Obeng A., Klein T. E., Altman R. B. (2017). PharmGKB summary: voriconazole pathway, pharmacokinetics. *Pharmacogenet Genomics* 27 (5), 201–209. [10.1097/FPC.0000000000000276](https://doi.org/10.1097/FPC.0000000000000276) [DOI] [PMC free article] [PubMed] [Google Scholar]
2. Butt A. A., Yan P., Shaikh O. S., Talisa V. B., Omer S. B., Mayr F. B. (2024). Nirmatrelvir/ritonavir use and hospitalizations or death in a previously uninfected nonhospitalized high-risk population with COVID-19: a matched cohort study. *J. Infect. Dis.* 229 (Issue 1), 147–154. [10.1093/infdis/jiad393](https://doi.org/10.1093/infdis/jiad393) [DOI] [PMC free article] [PubMed] [Google Scholar]
- Crescioli G., Brilli V., Lanzi C., Buralassi A., Ieri A., Bonaiuti R., et al. (2021). Adverse drug reactions in SARS-CoV-2 hospitalised patients: a case-series with a focus on drug-drug interactions. *Intern Emerg. Med.* 16 (3), 697–710. [10.1007/s11739-020-02586-8](https://doi.org/10.1007/s11739-020-02586-8) [DOI] [PMC free article] [PubMed] [Google Scholar]

Persistent Cholestasis in a Child with Biliary Atresia Following Kasai Portoenterostomy: A Case Report



Dasamanda Dharani Sai
Pharm D IV YEAR

Abstract

Background: Biliary atresia is a rare progressive disease of the bile ducts and a leading cause of pediatric liver transplantation. Although Kasai portoenterostomy improves bile drainage, persistent cholestasis may still occur.

Case Presentation: A 3-year-old male child (7.5 kg) presented with jaundice, yellow discoloration of the eyes, and pale stools for one month. He had undergone Kasai portoenterostomy at four months of age. Examination revealed icterus, while other systemic findings were normal. Laboratory investigations showed total bilirubin 8.5 mg/dL, direct bilirubin 5.8 mg/dL, AST 145 U/L, ALT 132 U/L, ALP 620 U/L, GGT 380 U/L, hypoalbuminemia (3.2 g/dL), and vitamin D deficiency (18 ng/mL). Viral hepatitis markers were negative. The patient was treated with ursodeoxycholic acid, vitamin A, vitamin D, folic acid, zinc, and multivitamins. Clinical condition improved, and the patient was discharged with advice for regular follow-up. Liver transplantation was planned after adequate weight gain.

Conclusion: Persistent cholestasis following Kasai portoenterostomy requires long-term medical management, nutritional support, and timely evaluation for liver transplantation.

Keywords: Biliary atresia, Kasai portoenterostomy, Cholestasis, Ursodeoxycholic acid

Introduction

Biliary atresia is a rare fibro-obliterative disorder of the extrahepatic bile ducts that causes neonatal cholestasis. Kasai portoenterostomy is the standard initial treatment; however, many patients develop progressive liver disease despite surgery and eventually require liver transplantation.

Case Presentation

A 3-year-old male child weighing 7.5 kg was admitted with jaundice, yellowish discoloration of the eyes, and pale stools for one month. The child had previously undergone Kasai portoenterostomy at four months of age. There was no significant family history or known drug allergy.

On examination, icterus was present. Vital signs were stable, and systemic examination was unremarkable.

Laboratory investigations revealed conjugated hyperbilirubinemia (total bilirubin 8.5 mg/dL; direct bilirubin 5.8 mg/dL), elevated liver enzymes (AST 145 U/L, ALT 132 U/L, ALP 620 U/L, GGT 380 U/L), serum albumin 3.2 g/dL, total protein 5.8 g/dL, and vitamin D deficiency (18 ng/mL). HBsAg and HCV tests were negative.

The patient was managed with ursodeoxycholic acid, vitamin A, vitamin D, zinc, folic acid, and multivitamin supplementation. Symptoms improved during hospitalization, and the child was discharged with continuation of treatment and follow-up after two weeks. Liver transplantation was planned after achieving adequate weight.

Case Presentation

A 3-year-old male child weighing 7.5 kg was admitted with jaundice, yellowish discoloration of the eyes, and pale stools for one month. The child had previously undergone Kasai portoenterostomy at four months of age. There was no significant family history or known drug allergy.

On examination, icterus was present. Vital signs were stable, and systemic examination was unremarkable.

Laboratory investigations revealed conjugated hyperbilirubinemia (total bilirubin 8.5 mg/dL; direct bilirubin 5.8 mg/dL), elevated liver enzymes (AST 145 U/L, ALT 132 U/L, ALP 620 U/L, GGT 380 U/L), serum albumin 3.2 g/dL, total protein 5.8 g/dL, and vitamin D deficiency (18 ng/mL). HBsAg and HCV tests were negative.

The patient was managed with ursodeoxycholic acid, vitamin A, vitamin D, zinc, folic acid, and multivitamin supplementation. Symptoms improved during hospitalization, and the child was discharged with continuation of treatment and follow-up after two weeks.

Liver transplantation was planned after achieving adequate weight.

Discussion

Persistent cholestasis after Kasai portoenterostomy indicates progressive liver disease. Ursodeoxycholic acid improves bile flow, while supplementation of fat-soluble vitamins and nutritional support helps prevent deficiencies associated with chronic cholestasis. Early referral for liver transplantation remains the definitive treatment in children with progressive hepatic dysfunction.

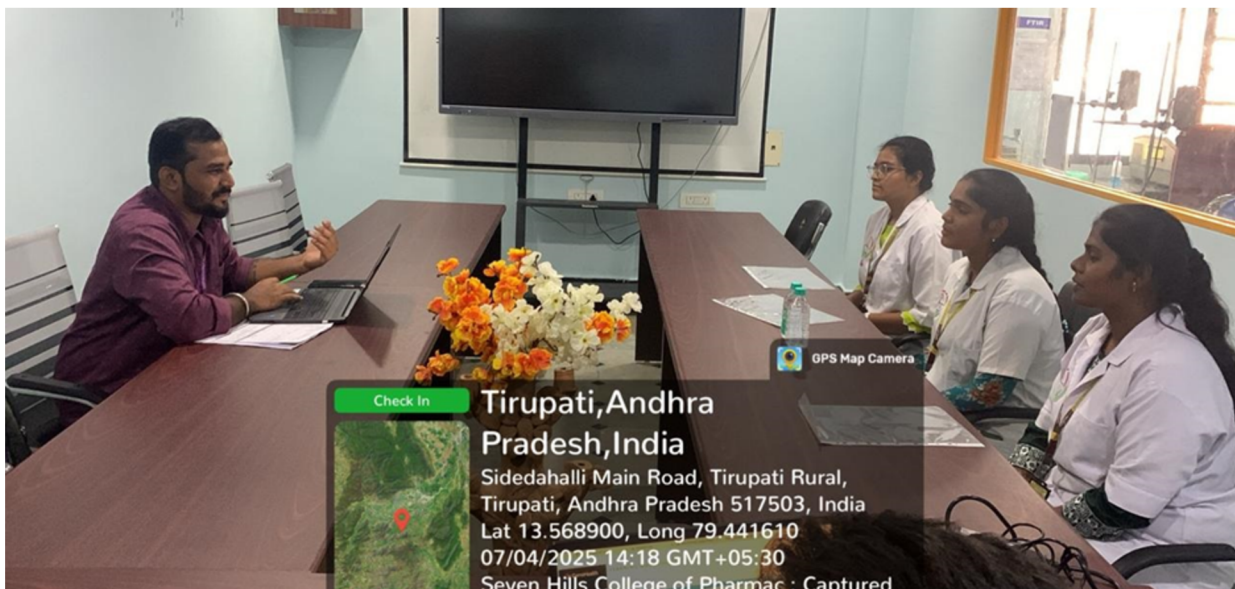
Conclusion

This case highlights the importance of early recognition and multidisciplinary management of persistent cholestasis after Kasai portoenterostomy. Regular monitoring, nutritional supplementation, and timely liver transplantation are essential for improving long-term outcomes.

References

1. Harpavat S, et al. Serum bile acids as a prognostic biomarker in biliary atresia following Kasai portoenterostomy. *Hepatology*. 2022;76(6):1689–1702. doi: 10.1002/hep.32800. Wiley Online Library
2. Chung PHY, et al. Cholestasis after Kasai operation predicts portal hypertension in native liver survivors of biliary atresia: A multicenter study. *Pediatric Surgery International*. 2024;40:196. doi: 10.1007/s00383-024-05775-0.
3. Chong CHQ, Lee YY, Mali VP. Obstruction of the Biliary Limb of the Roux Loop After Successful Kasai Portoenterostomy for Biliary Atresia: Report of Two Cases. *American Journal of Case Reports*. 2026;27:e950980. doi: 10.12659/AJCR.950980.

Corro Health Campus Interview Drive on 07-04-2025



Our college successfully organized the CorroHealth Campus Interview Drive on 07-04-2025, providing students with an excellent opportunity to begin their professional careers.

The recruitment drive witnessed enthusiastic participation from eligible students, who underwent various selection rounds, including an aptitude test, group discussion, and personal interview. The event enabled students to demonstrate their knowledge, communication skills, and confidence before industry professionals.

A seminar on Pharmaceutical Packaging and its influence on Drug Safety and Stability



Our college organized an informative seminar on "Pharmaceutical Packaging and Its Influence on Drug Safety and Stability" to enhance students' understanding of the vital role of packaging in the pharmaceutical industry.

The seminar highlighted the importance of pharmaceutical packaging in protecting medicines from environmental factors such as moisture, light, oxygen, and microbial contamination, thereby ensuring their safety, quality, and therapeutic effectiveness. The resource person explained various packaging materials, packaging systems, labeling requirements, and recent advancements in pharmaceutical packaging technologies. The session also emphasized the significance of proper packaging in maintaining drug stability, extending shelf life, preventing contamination, and ensuring patient safety.

Navigating Study Abroad Opportunities for Pharma Graduates



Seminar on “Navigating Study Abroad Opportunities for Pharma Graduates”

Navigating Study Abroad Opportunities for Pharma Graduates

The resource person highlighted the scope of pharmaceutical sciences across different countries and shared guidance on skill development, academic preparation, and future opportunities in areas such as research, clinical pharmacy, regulatory affairs, and healthcare industries.

Students actively participated in the interactive session and gained awareness about global opportunities and the steps required to achieve their academic and professional goals. The seminar served as a valuable platform for motivating students to explore international avenues and enhance their career prospects.

The management, faculty members, and students expressed their sincere gratitude to the resource person for the informative and inspiring session.

Farewell day Celebrations 2025



Our college organized a memorable Farewell Day celebration to bid a warm farewell to the outgoing students. The event was filled with joy, emotions, and cherished memories as students, faculty members, and staff gathered to celebrate the achievements and journey of the graduating batch.

The program included inspiring speeches by dignitaries and faculty members, cultural performances, fun-filled activities, and sharing of memorable experiences by students. Faculty members expressed their heartfelt wishes and encouraged students to pursue their future goals with confidence and dedication.

Bridging Academia & Global Pharmacy Practice



A special session on “Bridging Academia & Global Pharmacy Practice” was organized by our college to provide students with insights into the evolving trends and opportunities in the global pharmacy sector. The session focused on connecting academic learning with real-world professional practices and highlighted the expanding role of pharmacists in healthcare worldwide.

The program emphasized the importance of skill development, clinical knowledge, research capabilities, and adaptability to meet international standards in pharmacy practice. Experts shared valuable perspectives on global healthcare systems, career opportunities, and the competencies required for aspiring pharmacy professionals.



Address: Venkatramapuram (Via) Tanapalli,
TIRUPATI - 517561
Andhra Pradesh (India) Phone: 7702484511,
7702484513 ,9440729490 Fax: 08577-281560

Email: shcp7@yahoo.com
VISITOR COUNTER
Web Counter
CONNECT WITH US
feedback@shcpfeedback@gmail.com