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Shaukat Khanum Memorial Trust (SKMT)

Pharmacy Newsletter

Volume XIII, Issue # 3, 2023

Issued By:

Drug Information Centre, SKMT

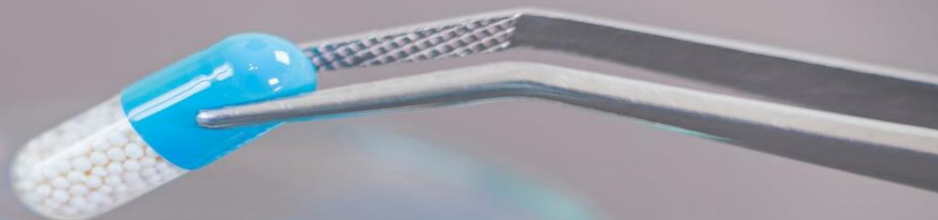
P&TC Updates:

Pharmacy & Therapeutics Committee (P&TC) has approved the following drugs during 2023 at SKMCH&RC:

- **Eltrombopag Tablet** - as regular formulary item – Restricted by Cost (Approved for indigent patients with post-transplant graft failure)
- **Ceftaroline Injection** - as regular formulary item – Restricted by ID
- **Isavuconazole Injection & Capsule** - as regular formulary item – Restricted by ID
- **Valganciclovir Tab** - as regular formulary item – Restricted by Service by ID (Approved for CMV infections)
- **Ciclosporin Cap & Inj** - as regular formulary item for GVHD prevention & treatment in allogeneic BMT patients
- **Ruxolitinib Tab** - Treatment of steroid-refractory or steroid-dependent acute graft versus host disease (GVHD) in allogeneic BMT patients. Approved for 4 patients per year (Acute GVHD Only)
- **Hyoscine Syrup & Inj** - Syrup for hyper salivation induced by radiation / chemotherapy & injection for malignant bowel obstruction
- **Maltodextrin (food additive)** for enhanced recovery after surgery pathway

Drugs deleted from Formulary

1. Echocardiography Contrast (Perflutren Protein Type A) Injection
2. Urokinase Injection
3. Racemic Epinephrine 2.25% Inhalation



Glofitamab – Another Silver Lining?

Recently, the world has witnessed a remarkable discovery in the field of oncology medicine. The drug named “Glofitamab” has been come into recent discussions among oncologists and in cancer centres across the world. Glofitamab is FDA approved in 2023 in US, for relapsed or refractory diffuse large B-cell lymphoma in adults. The treatment is defined to be started with 1000mg IV Obinutuzumab, one week prior to the start of glofitamab 2.5mg as IV infusion, followed by 10mg on day 15. Glofitamab’s Dose is increased to 30mg from cycle 2 and continued till a total of 12 cycles. Glofitamab is sterile, preservative, colorless, clear solution for Intravenous infusion, stable at 2-8 °C protected from light. Extra precautions need to be taken care of, are decreased lymphocytes count and neutrophils count accompanied with disturbed phosphate and uric acid levels. The patient receiving glofitamab is highly susceptible for Cytokine Release Syndrome, a major adverse reaction from golfitamab.

Let’s keep the beacon of hope in our hands that golfitamab proves itself to be a promising candidate for relapsed B cell lymphoma.

Ref: Glofitamab for Relapsed or Refractory Diffuse Large B-Cell Lymphoma

Michael J. Dickinson, M.B., B.S., D.Med.Sc., Carmelo Carlo-Stella, M.D., Franck Morschhauser, M.D., Ph.D., Emmanuel Bachy, M.D., Ph.D., Paolo Corradini, M.D., Gloria Iacoboni, M.D., Cyrus Khan, M.D., Tomasz Wróbel, M.D., Fritz Offner, M.D., Ph.D., Marek Trněný, M.D., Shang-Ju Wu, M.D., Ph.D., Guillaume Cartron, M.D., Ph.D., et al.



Prucalopride and CIC

Prucalopride has been devised important role in treating chronic idiopathic constipation (CIC), especially beneficial for patients showing no response to laxatives.

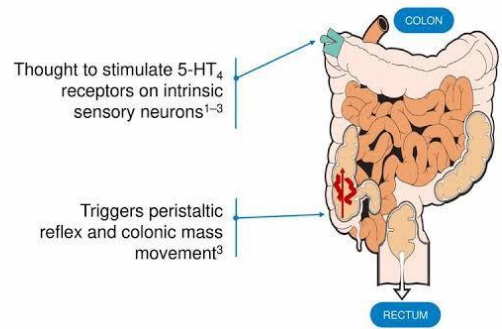
CIC is defined as problems episodes of infrequent super stool, difficulty in defecation that required the need of straining, incomplete defecation and/or hard lumpy stools.

Prucalopride is a 5-HT₄ serotenergic agonist that act

as a gut prokinetic and increases the bowel movement of intestinal tract and help cure CIC. It is prime importance for the patients for whom laxatives have failed to give any results.

Prucalopride can be taken irrespective of food intake, the dose is 2 mg tablet once daily. Dose modification should be consider in renal and hepatic impairment. However, prucalopride should not be taken if the patient is suffering from ulceration, Inflammation in gut wall or megacolon, Crohn’s disease or gut wall damage. It should also be avoided if patient is going on dialysis. It is not advised to use this drug during pregnancy and breastfeeding as well as it should be avoided in children. General side effects include diarrhea, dyspepsia, vomiting, headache, decreased appetite and abdominal pain.

Prucalopride targets 5-HT₄ receptors to increase motility



Viral Conjunctivitis

EYE FLU (CONJUNCTIVITIS)

KNOW ABOUT EYE FLU, ALSO KNOWN AS CONJUNCTIVITIS, ITS CAUSES, SYMPTOMS, AND TREATMENT OPTIONS



Coughing and Sneezing	Infant Feeding Hygiene	Handwashing	Hygiene Fast Facts
			
<p>Help stop the spread of germs by covering coughs and sneezes.</p>	<p>Careful cleaning, sanitizing and storage of bottles can prevent germs from contaminating milk.</p>	<p>Learn about key times to wash your hands, the five steps and more information</p>	<p>Find the latest statistics on access to hygiene services and personal hygiene</p>

HOME CARE FOR EYE FLU

Warm Compress: A warm compress can help relieve inflammation and itching. Apply a warm compress for 5-10 minutes several times a day.

Cold Compress: In some cases, a cold compress can relieve symptoms of conjunctivitis. Use a clean cloth or ice pack wrapped in a towel and apply it to the affected eye for 5 -10 minutes.

Artificial Tears: Over – the – counter artificial tears can help provide relief from dryness and irritation of the eyes.

Cleanse The Eye Area: Use a clean, damp cloth to gently clean the eye area to remove any discharge from the eye. This can also help reduce the risk of spreading the infection.

Fast-Tracked Vaccine Shows Promise in Treating Glioblastoma!

The FDA has granted fast track designation to SurVaxM, an investigational vaccine designed to treat patients with newly diagnosed glioblastoma. SurVaxM is an innovative immunotherapy that activates the immune system to target survivin, a protein found in 95% of glioblastomas. The fast track designation underscores the importance of advancing new therapies for this challenging cancer. In a phase 2 clinical trial, patients will receive SurVaxM in combination with standard temozolomide treatment or temozolomide alone. Previous trial data showed that the vaccine was well-tolerated and associated with improved survival. MimiVax is working to complete the trial and seek FDA approval for SurVaxM.

Ref: FDA Grants Fast Track Designation to SurVaxM in Newly Diagnosed Glioblastoma, <https://www.onclive.com/view/fda-grants-fast-track-designation-to-survaxm-in-newly-diagnosed-glioblastoma>

Indications:

- Dengue shock syndrome not responding to three times of crystalloid administration or 3
- boluses of (1000 ml each) crystalloid solution (N/S)

Dosage of Dextran:

- 10-20 ml/kg

Administration:

- Please send blood grouping and cross matching before instituting Dextran – 40
- IV Infusion over 30 – 60 minutes

Contraindications

- Hypersensitivity to dextran or corn products
- Severe bleeding disorders
- DIC and hypofibrinogenemia

Cautions

- In Pulmonary edema and Heart failure in setting of dengue
- Use 10% Dextran – 40 in Normal Saline in DHF & DSS together with furosemide
- Renal Replacement therapy/CRF (Extreme caution)

Decreased urinary output 2nd to

- Major surgery
- Dehydration
- Active hemorrhage
- Hypernatremia

Adverse Effects:

- Tightness of chest
- Thrombocytopenia
- Anaphylaxis
- Injection site infection/phlebitis
- Congestive heart failure

Monitoring:

- Vital signs (every 15 minutes)
- Urine output

Labs:

- CBC/HCT (Before and after bolus then 4 to 6 hourly)
- Blood Urea / Serum Creatinine

Pneumococcal Conjugate Vaccine (15-Valent)

Pneumococcal 15-valent conjugate vaccine is indicated for the prevention of invasive diseases caused by Streptococcus pneumonia serotypes 1,3,4,5,6A,6B,7F,9V,14,18C,19A,19F,22F,23F and 33F in individuals 6 weeks of age and older.

Vaccination schedule for Children:

- The first injection is given at 2 months old.
- The second injection is given at 4 months old.
- The third injection is given at 6 months old.
- The fourth injection is given at 12 through 15 months old.

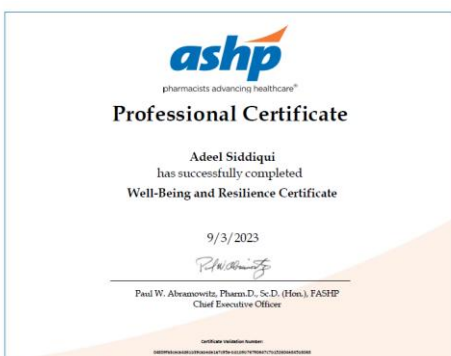


Recommendations for adults age 65 years or older

PRIOR VACCINES	OPTION A	OPTION B
None, unknown, or PCV7 only	PCV20	PCV15 followed by PPSV23 in at least 1 year
PPSV23 only (at any age)	PCV20 at least 1 year after PPSV23	PCV15 at least 1 year after PPSV23
PCV13 only (at any age)	PCV20 at least 1 year after PCV13	PPSV23 at least 1 year after PCV13
PCV13 (at any age) & PPSV23 before age 65 years	PCV20 at least 5 years after last pneumococcal vaccine dose	PPSV23 #2 at least 5 years after previous PPSV23

Ref: CDC, Pneumococcal Vaccines, <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/about-vaccine.html>

Well-Being and Resilience Certification

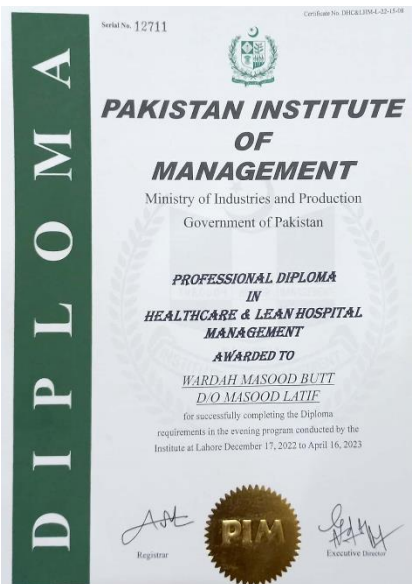


Adeel Siddiqui
Assistant Manager Pharmacy



Mr. Adeel Siddiqui, Assistant Manager Pharmacy, has passed the exam for American Society of Health-System Pharmacists (ASHP)'s Well-Being and Resilience certification. Now, he has become a certified ASHP Well-Being Ambassador (CWBA).

Professional Diploma in Healthcare & Lean Hospital Management



Wardah Masood
Staff Pharmacist



Ms. Wardah Masood, Staff Pharmacist, has passed the exam for Professional Diploma in Healthcare & Lean Hospital Management.

Highest Clinical Interventions by a Pharmacist

Ms. Rabia, Pharmacist, at SKMCH&RC, Lahore, has made the highest number of clinical interventions. Her great efforts have led to supporting fellow pharmacists in reduction of prescription errors, as well as promoting safe and effective use of medicine. 2258 clinical interventions were made by Ms. Rabia in 3rd quarter.



Rabia
Pharmacist

Sharing Is Caring

World Pharmacist Day at UChenab

World Pharmacists Day 2023 was celebrated by the Department of Pharmacy, the University of Chenab, Gujrat. The event featured guest speakers Mr. Adeel Siddiqui, Assistant Manager Pharmacy, and Mr. Hafiz Muhammad Usman, Assistant Manager Pharmacy, from the Pharmacy Department of Shaukat Khanum Memorial Hospital & Research Center, Lahore. Both guest speakers emphasized the crucial role and wide-ranging importance of pharmacists in healthcare. Additionally, a walk was organized in the vicinity of the University of Chenab, and the ceremony concluded with a cake-cutting ceremony.



4th Annual Innovation in Pharmacy Conference GBTPP

Giving back to pharmacy in Pakistan is one of the top non-profit organization working a volunteer group that will focuses on knowledge and transfer of best practices in the field of pharmacy to all pharmacy colleagues in Pakistan.

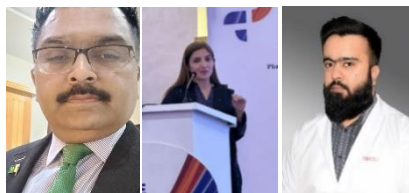
The conference presented a



deep insight on focused workshops in top universities including Central Punjab University (UCP), University of Veterinary & Animal Sciences (UVAS), Capital University of Science & Technology (CUST) and Jinnah Sindh Medical University (JSMU), as well as enriching online presentations delivered by a diverse panel of speakers. Joining among the presenters were Mr Shoaib Shammass, Manager Pharmacy, conducting an extensive workshop on Optimizing Patient Safety, Mr Muhammad Rehan Khan, Deputy Manager Pharmacy, on Navigating the Path to Antimicrobial Stewardship Excellence, Ms Aleeshba Usman, Clinical Pharmacist, giving a though provoking onsite presentation on The Pharmacist's Role in Preventing and Treating Infective Endocarditis, Ms. Zara Hashmi, Clinical Pharmacist, on Takeaways From the Stanford Antibiotic Stewardship Training Program, Mr Humza Khalid, Staff Pharmacist, on Drug utilization review and Ms Nirmal Malik, Pharmacist, as a bite size session on Antibiotic Nephrotoxicity.

Publications

In recent times, following research publication, collaborated & submitted by pharmacists of SKMCH& RC, Lahore, have been accepted and published online, in well-reputed international journals:



Siddiqui A, Shrestha S, Ahmed A, Mazhar S, Bhutta OA. Addressing the opioid epidemic in Pakistan: urgent need for opioid stewardship and comprehensive solutions. *Drugs & Therapy Perspectives*. 2023 Sep 5:1-3. **Impact Factor: 1.2**

Drugs & Therapy Perspectives
<https://doi.org/10.1007/s40267-023-01021-0>

COMMENTARY

Addressing the opioid epidemic in Pakistan: urgent need for opioid stewardship and comprehensive solutions

Adeel Siddiqui¹ · Sunil Shrestha² · Ali Ahmed³ · Saba Mazhar¹ · Omar Akhlaq Bhutta⁴

Accepted: 16 August 2023
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Keywords Opioid epidemic · Pakistan · Opioid stewardship · Prescribing practices · Misuse and overprescribing

The opioid epidemic is a significant crisis with a widespread global impact, including in Pakistan. Despite a dearth of comprehensive statistics regarding the extent of opioid misuse in Pakistan, nearby nations such as India and Afghanistan have documented alarming rates of opioid usage. India holds the highest count of global opioid users, where about 4 million individuals partake in such consumption, and 1 million are contending with opioid dependence [1]. In Afghanistan, opium production and trafficking have been significant drivers of opioid misuse [2, 3]. These trends suggest that Pakistan is also vulnerable to the opioid epidemic, reporting 1.6 million opioid prescription users, and there is a need for urgent action [4]. While opioids are vital in managing acute pain, their role in chronic pain management is more complex. For chronic pain, a comprehensive approach involves pharmacological and nonpharmacological

stewardship programs should optimize treatment by maximizing clinical benefits for the patients and the wider society and minimizing adverse consequences, including overuse, misuse, and diversion. Effective patient-provider communications and involving patients and/or their carers in decision-making are key to implementing any opioid stewardship program by considering evidence-based outcomes that matter to patients. Stewardship programs should also focus on safe procurement, storage, and disposal practices [9].

Overprescribing of opioids is a contributing factor to the opioid epidemic in various countries, including Pakistan [10, 11]. While there are limited data on overprescribing of opioids in Pakistan, studies have highlighted the prevalence of irrational prescription practices in the country [12, 13]. A study conducted in a tertiary care hospital in Karachi found that 54% of patients received inappropriate prescriptions.



Drug Recall

Drug regulatory Authority of Pakistan (DRAP) recalled Bevacizumab (Brand Avastin). Incidents of loss of vision in diabetic patients have been reported following treatment with Altered/Dispensed Avastin injection. Avastin is a registered drug of M/s. Roche Pharma in Pakistan and is available in strength of 100mg/4ml and 400mg/16ml preparations. This drug is indicated for the treatment of colorectal and other metastatic carcinomas as a VGRF (vascular endothelial growth factor) inhibitor. The Regulatory field force raided the premises of M/s Genius Advanced Pharmaceutical Services, Lahore, involved in the repacking and dispensing of Avastin injection under unhygienic/non-sterile conditions. DRAP requests increased vigilance at hospitals and within the supply chains of institutions/pharmacies/healthcare facilities regarding the off-label use of this product. Patients should not use this product for any ophthalmic disease and should contact their physician or healthcare provider if they have experienced any problem related to taking or using this drug product. Suspected Batches batches for Avastin are H0352B11, B7266B20, B7266B07. Pharmacy department SKMT conducted a thorough review of inventory to ensure that the product is not available in stock and the recall notice is saved as official record.



The 2nd International Medication Safety Symposium

Shaukat Khanum Memorial Cancer Hospital and Research Centre

ASHP Accredited

2ND INTERNATIONAL MEDICATION SAFETY SYMPOSIUM

Medication Safety in Transforming Healthcare

Registration Last date 25th Oct 2023

Why I should attend

- Opportunities to meet international delegates & ASHP Residents
- Career Counseling from practicing professionals
- Medication Safety Colloquium
- Hybrid Sessions
- Practicum Workshop
- Certificate on completion

Location
Faletti's Hotel, Lahore
(042) 331 444 333

Event details
11th Nov 2023
09:00-05:00pm Saturday

Registration
Registration fee 2000/- PKR on entry card (25th October)

DEPARTMENT OF PHARMACEUTICAL SERVICES, SKMT

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Join us for the **2nd International Medication Safety Symposium** at Faletti's Hotel Lahore! This exclusive event brings together experts and stakeholders to discuss crucial advancements in medication safety. Register now for an insightful experience that will shape the future of healthcare. Don't miss out! Scan the QR code for more information



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