EZHUTHACHAN COLLEGE OF PHARMACEUTICAL SCIENCES

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Marayamuttom P. O, Neyyattinkara, Thiruvananthapuram-695 124

DEPARTMENT OF PHARMACY PRACTICE

CLINPHARMA GLARE

Highlighting the essence and excellence of Clinical Pharmacy practice and education.

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QUARTERLY NEWS LETTER

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Message from Patron



Smt. Sudha Harikumar
General Secretary

It gives me great pleasure to extend warm greetings to all readers through this edition of our college newsletter. As the General Secretary of this esteemed institution, I take immense pride in witnessing the continued growth, dedication, and accomplishments of our students, faculty, and staff.

Pharmacy is a profession built on a foundation of scientific knowledge, ethical practice, and compassionate service. At our college, we are committed not only to academic excellence but also to the holistic development of our students—fostering leadership, discipline, innovation, and a strong sense of social responsibility.

This newsletter offers a reflection of those values and efforts. It captures academic milestones, student achievements, faculty contributions, and memorable events that collectively define our vibrant campus life.

I extend my sincere gratitude to our Principal for their visionary leadership, to our dedicated faculty for their unwavering commitment, and to our students for their enthusiasm and pursuit of excellence. I also appreciate the editorial team for curating and presenting this publication with such care and creativity.

May this platform continue to inform, inspire, and strengthen the bonds within our academic community, as we collectively strive to uphold the dignity and impact of the pharmaceutical profession.

Message from Chief Editor



Prof. Dr. Shaiju S Dharan
Principal

Dear Well-Wishers,

Warm greetings from Ezhuthachan College of Pharmaceutical Sciences!

It is with great pride and pleasure that I present this edition of our college newsletter—a reflection of our collective pursuit of knowledge, skill enhancement, and personal growth. In a dynamic and ever-evolving field like pharmacy, we remain steadfast in our mission to nurture students who are not only academically proficient but also ethically grounded and professionally competent.

Through active participation in outreach programs, hands-on training, and innovative research, our students continue to demonstrate commendable initiative, resilience, and a passion for learning. These experiences shape them into future-ready professionals capable of making meaningful contributions to healthcare and society.

As we look ahead, I encourage each student to remain focused, curious, and resilient. True success is a journey—one that requires perseverance, dedication, and a clear sense of purpose. Let us uphold our shared values and work together to strengthen the academic and professional legacy of our institution.

I would also like to extend my heartfelt congratulations to all the faculty members of the Pharmacy Practice Department for their sincere efforts in compiling and publishing this newsletter—it truly reflects their dedication and teamwork.

With unity and determination, I am confident that Ezhuthachan College of Pharmaceutical Sciences will continue to reach new heights. I extend my best wishes to all our students as they move forward with purpose and pride.

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY



Dr. Neehar M Shanavas
MBBS,MD, DM, Gastroenterology

DEFINITION

Endoscopic Retrograde Cholangiopancreatography (ERCP) is a specialized diagnostic and therapeutic procedure used primarily to examine and treat conditions affecting the bile ducts, pancreatic ducts, and gallbladder.It combines endoscopic techniques with fluoroscopic imaging(X-ray) to visualize the biliary and pancreatic ductal systems. Although initially developed as a purely diagnostic tool, ERCP is now mainly used for therapeutic interventions due to the advancement of non-invasive imaging modalities like Magnetic Resonance Cholangiopancreatography (MRCP).

INDICATIONS

Choledocholithiasis: Removal of stones from the common bile duct.

Biliary Obstruction: Management of strictures or obstructions caused by gallstones, malignancies, or post-surgical injuries.

Cholangitis: Urgent decompression in cases of biliary infection.

Biliary Indications

Benign Biliary Strictures

Chronic pancreatitis

Primary sclerosing cholangitis

Anastomotic strictures (e.g., after liver transplant)

Malignant Biliary Obstruction

Cholangiocarcinoma

Pancreatic cancer

Metastatic lymphadenopathy compressing bile ducts

Pancreatic Fluid Collections:Walled-off necrosis or pseudocyst drainage (via transpapillary route).



TYPES OF ERCP PROCEDURE

Based on the purpose and approach, ERCP can be classified into different types:
Diagnostic ERCP Primarily aimed at visualizing ductal anatomy. However, its use has declined with the advent of MRCP and endoscopic ultrasound (EUS), which are non-invasive
Therapeutic ERCPF ocused on performing interventions such as: Stone extraction, malignancy and benign tumors.

TYPES OF STENTS



A. Plastic Stents

Materials: Polyethylene, polyurethane, or Teflon
Sizes: Typically 5F to 11.5F in diameter
Shapes: Straight, pigtail, or winged
Duration: Short-term use (up to 3 months)



B. Self-Expandable Metal Stents (SEMS)

Types: Uncovered SEMS: Permanent; prone to tissue ingrowth
Partially Covered SEMS (PC-SEMS): Middle covered; ends uncovered to reduce migration
Fully Covered SEMS (FC-SEMS): Removable; prevents tissue ingrowth
Duration: Longer patency (6–12 months or more); some are removable

COMPLICATION IN ERCP

1. Pancreatitis (Most Common)

Incidence : 3–10% in average-risk patients; up to 20% in high-risk
Mechanism : Mechanical, chemical, hydrostatic, or thermal injury to the pancreatic duct
Symptoms : Abdominal pain, elevated amylase/lipase
Risk Factors : Young age, female sex, sphincter of Oddi dysfunction, difficult cannulation, pancreatic duct injection

2. Infections

Cholangitis : Due to incomplete biliary drainage or stent occlusion
Presents with fever, jaundice, right upper quadrant pain
Pancreatic or hepatic abscesses: Rare but serious

3. Bleeding

Causes : Sphincterotomy, biopsy, or preexisting coagulopathy
Presentation : Hematemesis, melena, drop in hemoglobin
Management : Endoscopic control, angiographic embolization, or surgery

4. Perforation

Types:
Guidewire-induced (ductal or small tears)
Sphincterotomy-related (retroperitoneal)
Duodenal wall perforation (major)
Symptoms: Severe pain, subcutaneous emphysema, peritonitis
Management: Conservative for small leaks; surgery for major perforations

5. Stent-related Complications

Migration : Can cause obstruction or perforation
Occlusion : Leads to recurrent cholangitis
Fracture or breakage : Rare, may require endoscopic or surgical removal.

STENT REMOVAL

1. Completion of Therapy

- Benign Biliary Strictures:After adequate stricture dilation and sustained bile flow.Typically after 3–6 months for plastic stents (may involve serial stenting)
- Bile Leaks: Once imaging confirms leak resolution (usually 4–8 weeks post-stenting)
- Pancreatic Duct Stenting:When ductal disruption or stricture has resolvedUsually within 4–6 weeks for plastic stents.

2. Elective Exchange or Routine Replacement

- Plastic Stents: High risk of occlusion—typically removed or exchanged every 3 months
- Fully Covered SEMS (FC-SEMS): Designed for temporary use—usually removed after 2–6 months depending on indication.

3. Complications or Stent Dysfunction

- Stent Migration (proximal or distal)
- Stent Occlusion causing recurrent jaundice, cholangitis, or pancreatitis
- Infection (cholangitis or pancreatitis) related to stent colonization or blockage
- Bleeding or perforation associated with the stent

4. Diagnostic Re-evaluation

- Removal may be indicated to: Reassess biliary or pancreatic duct status
- Re-biopsy a lesion after stricture resolution

5. Transition to Alternative Therapy

- After initiating surgical or percutaneous management
- In malignancy, when shifting from temporary to permanent drainage method.

STENT EXCHANGE

Stent exchange is commonly performed to maintain patency, manage complications, or continue ongoing therapy. The need varies by stent type and underlying condition.

1. Scheduled Maintenance

- Plastic Stents:

  High risk of clogging due to small diameter

  Routine exchange every 3 months to prevent cholangitis or occlusion

  Especially important in: Benign biliary strictures, Bile leak management, Pancreatic duct stenting

- Fully Covered Self-Expandable Metal Stents (FC-SEMS):

  Typically exchanged or removed within 2–6 months to avoid tissue ingrowth or migration

  Used in benign conditions (e.g., chronic pancreatitis, post-transplant strictures)

2. Stent Occlusion

- **Signs**: Jaundice recurrence, fever, abdominal pain, cholangitis
- **Causes**: Bacterial biofilm, sludge, or tumor ingrowth

  Exchange with same or upgraded stent to restore bile flow

3. Stent Migration

If a stent migrates distally or proximally and causes symptoms or obstruction

Exchange with a longer or differently shaped stent to reduce recurrence

4. Incomplete Therapy

In benign strictures, multiple sequential stent exchanges with increasing number/size help achieve ductal remodeling

Continued therapy requires planned serial exchanges

5. Change in Clinical Strategy

Upgrading from plastic to SEMS if long-term drainage is needed or malignancy is confirmed

DRUG SAFETY ALERT

SL NO	SUSPECTED DRUGS	INDICATIONS	ADVERSE DRUG REACTION
1.	Sulfamethoxazole + Trimethoprim	For the treatement of Urinary Tract Infection; Respiratory-Tract Infection Including Bronchitis, Pneumonia, Infections In Cystic Fibrosis, Melioidosis, Listeriosis, Brucellosis, Granuloma Inguinale, Otitis Media, Skin Infection, Pneumocystis Carinii Pneumonia	Leukopenia
2.	Metronidazole	For the treatment of amoebiasis, urogenital trichomoniasis & giardiasis	Acute generalized Exanthematous Pustulosis(AGEP)

3.	Luliconazole	For the treatment of cutaneous mycosis viz. Tinea pedis, Tinea corporis and Tinea cruris.	Chloasma/ Melasma
4.	Dalteparin	For the extended treatment of symptomatic Venous Thromboembolism(VTE) proximal Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (PE) to reduce the recurrence of VTE in patients with cancer.	Muscle spasms
5.	Gliclazide	Indicated for the treatment of all types of maturity onset diabetes without or with obesity in adults	Erythema multiforme
6.	Tramadol	For the treatment of severe acute and chronic pian, diagnostic measures and surgical pain.	Fixed Drug Eruption
7.	Beta blockers (Metopprolol, Propranolol, Atenolol, Carvedilol)	**Metoprolol** :For the treatment of supraventricular arrythmia, angina pectoris, hypertension, myocardial infarction, migraine prophylaxis, hyperthyroidism, heart failure.	Dysfunction (Reversible)
		Propranolol: For the treatment of cardiac arrhythmias, tachycardia, hypertrophic obstructive cardiac myopathy, pheochromocytoma, thrombosis, management of angina, essential and renal hypertension, prophylaxis of migraine. **Atenolol:** For the tretement of hypertension, angina pectoris, cardiac arrhythmias. **Carvedilol:** To reduce cardiovascular mortality in clinically stable patients, who have survived the acute phase of a myocardial infraction of 40% (with or without symptomatic heart failure). For the treatment of mild to severe chronic heart failure. For the treatment of left ventricular dysfunction following myocardial infarction in clinically stable patients. For the treatment of hypertension For the treatment of congestive heart failure (CHF)	
8.	Beta blockers (Propranolol, Metopprolol)	**Propranolol:** For the treatment of cardiac arrhythmias, tachycardia, hypertrophic obstructive cardiac myopathy, pheochromocytoma, thrombosis, management of angina, essential and renal hypertension, prophylaxis of migraine. **Metoprolol:** For the treatment of supraventricular arrythmia, angina pectoris, hypertension, myocardial infarction, migraine prophylaxis, hyperthyroidism, heart failure.	Psoriasis

Research Spotlight

We are pleased to share that a research study conducted by our Pharm D students, under the guidance of Dr. Shaiju S. Dharan, has been successfully completed and published. The study explores the impact of Calcium Citrate alone versus Calcium Citrate combined with Isoflavones on Bone Mineral Density (BMD) in perimenopausal women.Congratulations to the research team for their valuable contribution to women's health and clinical pharmacy practice!

A Comparative Interventional Study on Effects of Calcium Citrate and Isoflavones on Low Bone Mineral Density in Perimenopausal Women (IJPSR, Vol. 16(6): 1717-1723; DOI:10.13040/IJPSR.0975-8232.16(6).1717-23) R. S. Adithyan, J. A. Amrutha, Dinesh Devika, Dr.Shaiju S. Dharan*Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Neyyattinkara, Trivandrum - 695124, Kerala, India

Introduction

Perimenopause means" around menopause" and refers to the time during which the body makes the natural transition to menopause, marking the end of the reproductive times. Perimenopause is also called the menopausal transition [1]. The loss of ovarian function during the menopausal transition has a deep impact on female skeletal system. Presently it has been estimated that one in every two women will witness an osteoporotic fracture [2]. Low bone mass is the major determinant of osteoporotic fractures. Bone mass in middle aged women is related to the position of peak bone mass reached during teenage and early adulthood, and to the amount of bone loss subsequently [3].

Osteoporosis is currently a major concern but underdiagnosed and undertreated, partly because it's clinically undetected until a fragility fracture occurs. Among adults, 1 out of 3 women and 1 out of 5 men will witness a fragility fracture [4]. Osteoporosis is associated with an imbalance in bone redoing, in which there's fairly lower bone resorption than bone conformation [5].

In each case, the result of the bone redoing process leads to a net loss of bone material because of an imbalance in the process, independent of the rate of bone redoing. Deterioration of cadaverous microstructure and bone strength, both associated with loss of bone material, leads to increased vulnerability to fracture [6].

BMD dimension by Dual Energy X-ray Absorptiometry (DXA) [7]. It is approved by the US Food and Drug Administration (FDA) in 1988, has come as the main system by which fracture threat is assessed in the US [8]. This safe and cost-effective system of bone mass dimension predicts fracture threat as shown constantly in epidemiologic studies and randomized clinical trials[9].

Calcium citrate is a type of calcium supplement commonly used in the treatment of osteoporosis [10]. Calcium is essential for maintaining bone health, and supplementing may help prevent bone loss and fractures in individuals with osteoporosis [11]. Calcium citrate, being a water-soluble form of calcium, is absorbed well in the presence or absence of food [12]. Unlike calcium carbonate, which requires acidic environment for absorption and is better absorbed with food and calcium citrate can be absorbed effectively in various conditions [13].

Isoflavones are compounds found in plants, particularly in soybeans and soy products that have been studied for their potential effects on bone health including in the context of osteoporosis [(14)]. Isoflavones are phytoestrogens, meaning they have estrogen-like effects in the body [15]. Estrogen plays a crucial role in maintaining bone density, and during menopause, when estrogen levels decrease, women are at an increased risk of osteoporosis. Some studies suggest that isoflavones might help counteract bone loss by exerting estrogen-like effects [16,17]. Isoflavones, such as genistein and daidzein found in soy, have a structure similar to estrogen[18]. They can bind to estrogen receptors in the body, exerting weak estrogenic effects [19]. This is particularly relevant in postmenopausal women when natural estrogen levels decline [20]. By binding to estrogen receptors, isoflavones may contribute to maintaining bone density [21]. Estrogen is known to have a protective effect on bones, and isoflavones may help mimic some of these effects [22].

This study aimed to compare the effects of calcium citrate and isoflavones on BMD in perimenopausal women with low BMD.

Materials and methods

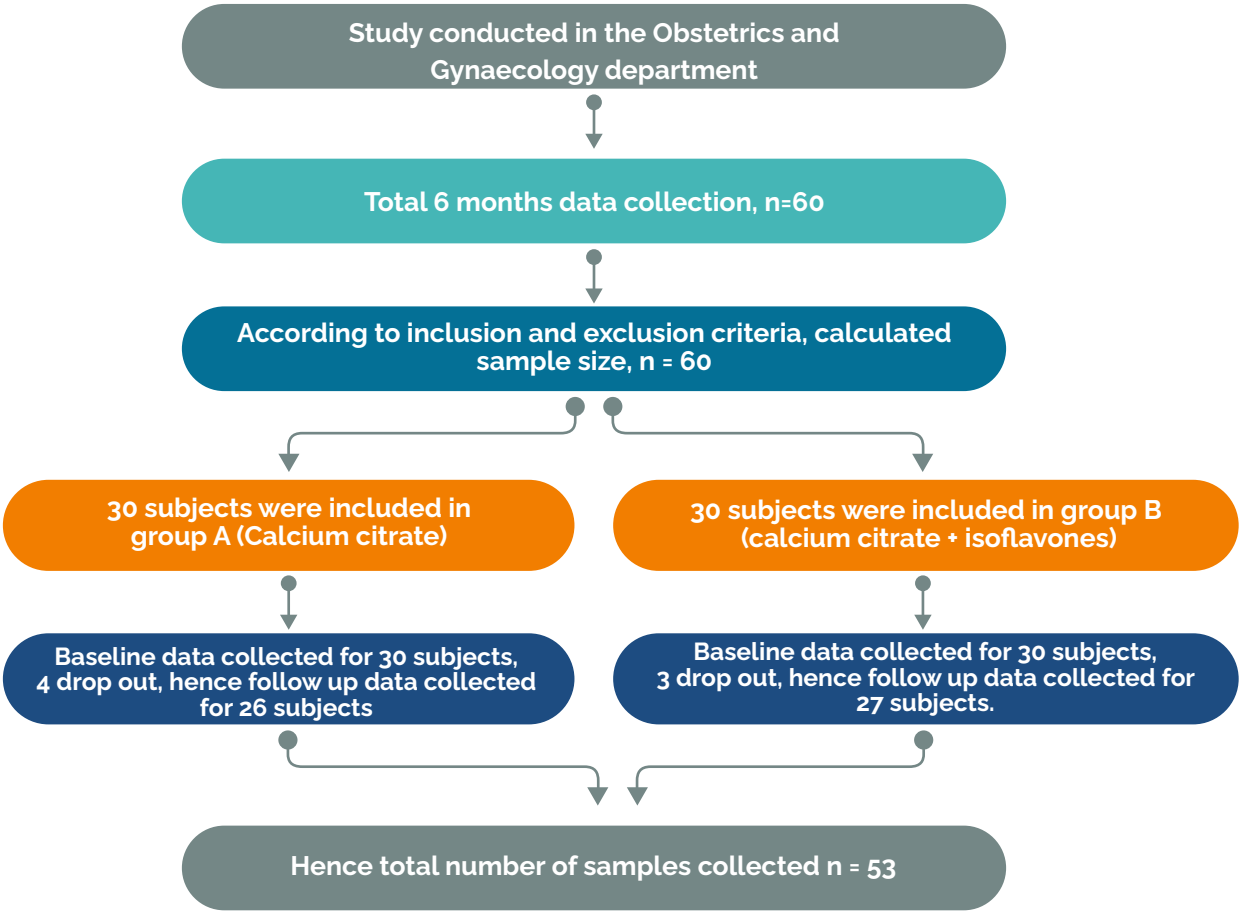
It was a Prospective longitudinal study conducted in Obstetrics and Gynecology department at Sree Krishna hospital Poojapura, Thiruvananthapuram, Kerala, India. The study was conducted for a period of 6 months which include data collection and follow up of the study subjects. The study subjects were enrolled by purposive sampling technique and required sample size was 60.

The participants who had been fulfilled inclusion criteria include female patients having age between 40-55 years, Cases of low Bone Mineral density detected using DEXA, FSH value proving that they are in Perimenopausal stage. The included subjects were randomly assigned to the treatment group A (Calcium citrate) and B (Calcium citrate + Isoflavones). The base line T Score were noted and then follow up score were observed after 6 months.
Informed consent was obtained and confidentiality was ensured to study subjects while collecting data. All the data were entered in Microsoft excel spreadsheet and statistical analysis was done using R version 4.4.0. Corelation was assessed using Pearson corelation, p value of less than 0.05 was considered significant.
The study was conducted after protocol approval by institutional Research Committee of Ezhuthachan College of Pharmaceutical Sciences and Institutional Ethics Committee of NIIMS, Neyyatinkara, Thiruvananthapuram.

Results and Discussion:

A comparative observational study was conducted to compare the effects of calcium citrate and isoflavones on low bone mineral density in perimenopausal women. In this study a total number of 60 subjects were participated.

Fig 1: Allocation of study participants



Here 92.59% of samples were osteopenia and 7.41 % of samples were osteoporotic in both Group A (calcium citrate) and 92.31% of samples were osteopenia and 7.69% were osteoporoticin GroupB (calciumcitrate+isoflavones). It showed a higher level of osteopenia in the sample population.
In Group A, Calcium Citrate. In the baseline data the mean age was found to be 46.38 + 4.352 and BMD was -1.788 + 0.413 with a pvalue of 0.351 which showed that there was no significant correlation between age and BMD. The follow up data showed a mean age of 46.38+4.352 with mean BMD of-1.565 + 0.407 with a p value of 0.392, which showed no significant relation between age and BMD. The Age - BMD correlation of Group B, Calcium Citrate + Isoflavones. In the base line data the mean age was found tobe 49.44 + 4.254 and mean BMD was -1.677 + 0.427 with a p value of 0.033 which showed that there was significant correlation between age and BMD.The follow up data showed a mean age of 49.44+4.254 with mean BMD of -1.304+0.590 with a p value of 0.964, which also showed no significant relation between age and BMD.

Table 5: Comparison of effect of Group A and Group B

TERM	DF	SUM OF SQUARES	MEAN SUM OF SQUARES	F RATIO	p VALUE
BMD	1	7.493	7.493	62.842	0.000
Var	1	0.641	0.641	5.372	0.025
Residuals	50	5.962	0.119	___	___

For comparing the effect of two treatment groups, here the improvement in the BMD values from base line and follow up were assessed. while considering theme an value of both groups, they showed a significant improvement in BMD values in the follow up data. It showed the effect of the drug in the sample population. Also Group B (Calcium citrate + Isoflavones) showed more improvement compared to Group A (Calcium citrate). Group B showed an improvement in the BMD values after follow up.

In the current study the prevalence of low bone mineral density in perimenopausal women were found to be 54.86 %. Here total of 144 samples in perimenopausal age groups were analyzed, out of this n = 79 was found to have low bone mineral density and n = 90 was found to be normal. In this it provides an insight of prevalence of osteoporosis and osteopenia in perimenopausal women.

Conclusion

The study included 60 samples of perimenopausal women aged 40-55 years. They are grouped into two, Group A (Calcium citrate) and Group B (Calcium citrate + Isoflavones). Samples were selected on the basis of FSH values. The study found that 41.66 % of women is suffering from low bone mineral density. Then adherence was checked weekly. Then follow up was done after 3 months and follow up BMD score were taken. Our analysis shown that there was a slight improvement in the BMD scores of Group B.

In conclusion, our comparative interventional study suggests that both calcium citrate and isoflavones have positive effects on low bone mineral density (BMD) in perimenopausal women. However, Calcium citrate together with Isoflavones appeared to be more effective in improving BMD compared to Calcium citrate alone. These findings highlight the potential benefits of calcium citrate supplementation together with Isoflavones in managing low BMD in perimenopausal women. Further research is needed to explore the mechanisms underlying these effects and to determine the long-term impact of these interventions on bone health.

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Drug Profile - Letermovir

Brand Names : Prevymis ,Anvimo
Drug Class : Antiviral (CMV DNA terminase complex inhibitor)

Indications

Prevention of cytomegalovirus (CMV) infection and disease in adult and pediatric patients 6 months of age and older and weighing at least 6 kg who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).

Prophylaxis of CMV infection in high-risk kidney transplant recipients Kidney transplant recipients.

Dosage and Administration

Oral tablet: 240 mg, 480 mg
Oral Pellets: 20 mg or 120 mg per packet
Injection : 240 mg/12 ml Vial and 480 mg/24 ml vial for IV infusion

The recommended dose of PREVYMIS is 480 mg should be taken once daily, starting on Day 0 and continuing until Day 28 post transplantation (either before or after engraftment) after transplantation, and continuing until Day 100. If it is co-administered with cyclosporine, the dosage of oral or intravenous PREVYMIS should be decreased to 240 mg once daily.

Mechanism of Action

Selective inhibition of the CMV DNA terminase complex (pUL56), disrupting viral DNA processing and packaging—thereby halting replication. No activity against other herpes viruses.

Pharmacokinetics

TmaxOral : 0.75–2.25 hr,
Cmax (480 mg): ~13,000 ng/mL
Bio-availability: 94% in healthy subjects; 35% in HSCT recipients; 85% when co-administered with cyclosporine
Volume of distribution : ~45.5 L
Protein binding: 99%; ~56% blood:plasma
Metabolism: UGT1A1/1A3, minor CYP involvement
Elimination half-life ~12 hr (IV)
Excretion: ~93% fecal (~70% unchanged), <2% urinary

Safety Profile

Generally well tolerated. Fewer serious adverse effects compared to older anti virals.
ADRs: Anaphylaxis, Respiratory distress, Facial/oral swelling, Fever, Lymphadenopathy, Tachycardia, Atrial fibrillation, Nausea, Diarrhea, Vomiting, Peripheral edema, Cough, Headache, Fatigue, Abdominal pain

Drug Interactions

- Co-administration of PREVYMIS with drugs that are inhibitors of organic anion-transporting polypeptide 1B1/3 (OATP1B1/3) transporters may result in increases theplasma concentration of letermovir.
- Co-administration of PREVYMIS with drugs that are CYP3A substrates may result in increases in the plasma concentrations of co-administered CYP3A substrates.
- Co-administration of PREVYMIS with drugs that are substrates of OATP1B1/3 transporters may result in aincrease in plasma concentrations of co-administered OATP1B1/3 substrates

Contraindication

- Coadministration with pimozide, ergot alkaloids
- With cyclosporine: Coadministration with pitavastatin, simvastatin

Dosage adjustment & Monitoring

- Accumulation of the intravenous vehicle, hydroxypropylbetadex, may occurIn adult patients with CLcr less than 50 mL/min and in pediatric patients with a similar degree of renal impairment (based on age-appropriate assessment of renal function) receiving PREVYMIS injection.
- No dosage adjustment of PREVYMIS is required for patients with mild or moderate hepatic impairment. PREVYMIS is not recommended for patients with severe hepatic impairment

Clinical Value

Letermovir represents a paradigm shift in CMV prophylaxis with its targeted mechanism, oral and IV options, and favorable safety profile compared to conventional antivirals like ganciclovir and valganciclovir. Its minimal myelosuppression is particularly beneficial in rebound-leukopenic HSCT patients.

Economic Considerations & Access

The high cost—$7,500–8,800 for a 28-day regimen—poses challenges, especially in low- and middle-income countries.
Patient support programs (Merck's coupon, GoodRx, SingleCare) mitigate costs but primarily benefit insured U.S. populations .
In India, access relies on importation and specialty suppliers, increasing logistical and financial barriers.

Implementation in Clinical Practice:

Comprehensive patient selection mandates evaluation of insurance status, ability to adhere to therapy duration (up to 100 days for HSCT, 200 days post–kidney transplant), and the need to monitor potential drug interactions, especially with immune suppressants.
Cost-effectiveness analyses may support use in high-risk cohorts (e.g. seropositive donor/recipient HSCT or those receiving T-cell–depleting regimens), balancing antiviral costs against hospitalization and CMV disease sequelae.

Limitations & Future Directions:

Lack of pediatric approval; emerging data in younger HSCT recipients.
Rare cases of CMV resistance via UL56 mutations highlight the need for resistance surveillance .Drug Profile: Letermovir (Brand Name: Prevymis)

Conclusion

Letermovir (Prevymis) is a scientifically robust and clinically significant advancement in CMV prophylaxis for high-risk transplant patients. Its favorable safety profile and targeted action must be considered alongside the drug's high cost and access challenges. Broader real-world studies and economics evaluations will guide its optimal position in transplant infectious disease protocols.

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FDA APPROVED DRUGS IN 2025

Sl.No	DRUG NAME (BRAND)	ACTIVE INGREDIENT	APPROVAL DATE	INDICATION	COMPANY
1.	Datroway	Datopotamab Deruxtecan-Dlnk	Jan 17, 2025	Unresectable or metastatic HR-positive, HER2-negative breast cancer after prior endocrine + chemo	AstraZeneca (via Daiichi-Sankyo/Far)
2.	Grafapex	Treosulfan	Jan 21, 2025	Prep regimen for stem cell transplant in AML/MDS	Novartis
3.	Journavx	Suzetrigine	Jan 30, 2025	Moderate to severe acute pain	Vertex
4.	Gomekli	Mirdametinib	Feb 11, 2025	Nf1 plexiform neurofibromas	Merck/Novartis
5.	Romvimza	Vimseltinib	Feb 14, 2025	Symptomatic tenosynovial giant cell tumor	Deciphera
6.	Blujepa	Gepotidacin	Mar 25, 2025	Uncomplicated urinary tract infections	GSK
7.	Qfitlia	Fitusiran	Mar 28, 2025	Prevent bleeding in hemophilia A or B	Sanofi
8.	Vanrafia	Atrasentan	Apr 2, 2025	Reduce proteinuria in IgA nephropathy	Novartis
9.	Penpulimab-kcqx [combo]	Penpulimab-Kcqx + Chemo	Apr 23, 2025	Recurrent/metastatic non-keratinizing nasopharyngeal carcinoma	Akeso/Viiv
10.	Imaavy	Nipocalimab-Aahu	Apr 29, 2025	Generalized myasthenia gravis	Johnson & Johnson
11.	AvmapkiFakzynja (co-pack)	Avutometinib & Defactinib	May 8, 2025	KRAS-mutant low-grade serous ovarian cancer	Eli Lilly
12.	Emrelis	TelisotuzumabVedotin-Tllv	May 14, 2025	NSCLC with high c-Met expression	AbbVie
13.	Tryptyr	Acoltremon	May 28, 2025	Dry eye signs and symptoms	Sun Pharma
14.	Enflonsia	Clesrovimab-Cfor	Jun 9, 2025	Prevent RSV lower tract disease in infants	Merck
15.	Ibtrozi	Taletrectinib	Jun 11, 2025	Advanced/metastatic ROS1+ non-small cell lung cancer	Nuvation Bio
16.	Andembry	Garadacimab-Gxii	Jun 16, 2025	Prevent hereditary angioedema attacks	CSL Behring
17.	Yeztugo	Lenacapavir	Jun 18, 2025	HIV pre-exposure prophylaxis (PrEP)	Gilead Sciences

18.	Harliku	Nitisinone	Jun 19, 2025	Alkaptonuria	Cycle Pharmaceuticals
19.	Zusduri	Mitomycin	Jun 12, 2025	Non-muscle invasive bladder cancer	UroGenPharma
20.	Widaplik	Amlodipine/Indapamide/ Telmisartan	Jun 5, 2025	Hypertension	George Medicines
21.	Xifyrm	Meloxicam	June 5, 2025	Management of moderate to mild pain	Azurity Pharmaceuticals
22.	Atzumi	Dihydroergotamine Nasal Powder	April 30,2025	Acute migraine	Satsuma Pharmaceuticals
23.	Khindivi	Hydrocortisone Oral Suspension	May 28, 2025	Pediatric adrenocortical insufficiency	Eton Pharmaceiticals
24.	mNEXSPIKE	Mrna COVID-19	May 30, 2025	COVID-19 prevention	Moderna
25.	Yutrepia	Treprostinil	May 23, 2025	Pulmonary hypertension	Liquidia
26.	Starjemza	UstekinumAb-Hmny	May 22, 2025	Psoriasis, Crohn's	Bio-Thera
27.	Libervant	Diazepam	May 20,2025	Seizure clusters	Aquestive therapeutics
28.	Fabhalta	Iptacopan	May 17, 2025	PNH	Novartis
29.	Nuvaxovid	Protein Based COVID Vaccine	May 16,2025	Prevent COVID-19	Novavax
30	Brekiya	Dihydroergotamine Mesylate	May 14,2025	Acute migraine & cluster headache	Amneal Pharmaceuticals
31.	Zevaskyn	Prademagene Zamikeracel	April 28, 2025	Recessive dystrophic epidermolysis bullosa	Abeona Therapeutics

FDA BANNED DRUGS IN 2025

Sl.No	Drug Name	Banned Date	Indication	Reason
1.	FD&C Red No. 3 (Erythrosine)	January 15, 2025	Colour additive in candies, snacks, pills, and syrups	Shown to cause thyroid tumors in male rats
2.	Compounded Semaglutide	Feb 21,2025	Weight loss, Type 2 Diabetes	Safety concerns; shortage resolved; illegal compounding
3.	Belantamabmafodotin (Blenrep)	March 2025	Relapsed/refractory multiple myeloma	Failed confirmatory trials; safety concerns (eye toxicity)
4.	Ixchiq (Live Chikungunya Vaccine) (paused for elderly)	May 2025	Chikungunya prevention	Severe adverse events including deaths in elderly
5.	Compounded Tirzepatide	Mar 19, 2025	Weight loss, Type 2 diabetes	Safety concerns; shortage resolved; illegal compounding
6.	Ortho Tri-Cyclen	May 9,2025	Birth control pills	Non safety/efficacy

ACHIEVEMENTS



Miss Keziah Elizabeth Dona was awarded Second Prize in the E-Poster Presentation at BIOCLIN 2025



Mr. Rahil S. K. was awarded Third Prize in the E-Poster Presentation at Quality Connect 2024



FIRST PRIZE IN E- POSTER AT AL- AIN UNIVERSITY ABU DHABI, UAE

Mr: ADITHYAN R Sfrom VI year Pharm D secured first prize in poster presentation at Second AAU International Conference on Pharmacy and Biomedical Sciences and Third AAU Healthand Biomedical Postgraduate Symposiyum held at Abu Dhabi. He achieved this remarkable feat by outperforming 109 participants representing 20 different countries.

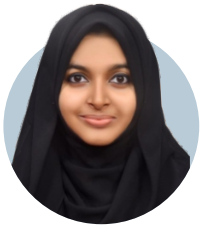


Miss Keziah Elizabeth Dona, VI Year Pharm.D student, has demonstrated exceptional academic and research excellence by securing the Best E-Poster Presentation Award at TOXOCON 20, held at the **All India Institute of Medical Sciences (AIIMS)**, Deoghar, Jharkhand. She was also awarded Second Prize in the E-Poster Presentation at PharmaClin 2025, hosted by S. A. Raja College of Pharmacy; Third Prize in the Scientific Presentation at Pharmacia 2025, organized by Sree Krishna College of Pharmacy; and First Prize in the Oral Presentation at CLINIPHARMACON 2024, conducted by Dale View College of Pharmacy. These accolades reflect her consistent dedication to academic excellence and scientific communication.





Miss Abhirami Rajasekhar has received acceptance and funding for her research proposal under the KPGA Student Funded Project 2024, marking a commendable achievement in student-led research initiatives



Mrs. Suhiara Banu, Pharm.D Intern, was awarded First Prize in the E-Poster Competition under the discipline of Pharmacy Practice at the Second Kerala Pharmaceutical Congress (KPC 2025), held at Caritas College of Pharmacy. She also secured First Prize in the E-Poster Presentation at **CLINIPHARMACON 2024**, demonstrating consistent academic excellence and research acumen.



Miss Amrutha J. A. was awarded Second Prize in the E-Poster Presentation at **CLINIPHARMACON 2024**



Miss Josina Joseph was awarded Second Prize in the Oral Presentation at **CLINIPHARMACON 2024**



Miss Abhirami Rajasekhar secured Second Prize in the Oral Presentation at **RAMCON 2025**

Community Programs





Fit India Campaign

A Fitness Assessment Test was successfully conducted on 25th April 2025 at Ezhuthachan College of Pharmaceutical Sciences. The event was aimed at evaluating the physical fitness levels of students and staff while spreading awareness about the importance of maintaining a healthy and active lifestyle.

Awareness Program on Antimicrobial Resistance: Know,Prevent,Protect

An impactful awareness program on Antibiotic Resistance was successfully conducted at the Community Health Centre, Perumkadavila, Perumpazhuthoor and Balaramapuram

A key highlight of the event was a dedicated awareness class conducted by Pharm D for ASHA workers, focusing on the proper use of antibiotics, the consequences of misuse, and preventive measures against infection.







World No Tobacco Day

On the occasion of World No Tobacco Day, observed on 31st May 2025, the Department of Pharmacy Practice organized an awareness program highlighting the harmful effects of tobacco consumption and industry tactics used to promote nicotine products. A Debate Competition encouraging students to critically discuss the public health impact of tobacco and ways to counter its promotion.



World Hepatitis day

On 28th July 2025, in observance of World Hepatitis Day, the students conducted a Community Awareness Programme in the Marayamuttom area of Thiruvananthapuram.

A group of students visited households individually to provide health education and counselling about hepatitis. They explained modes of transmission, symptoms, and the importance of early diagnosis and vaccination. Educational leaflets were distributed, and interactive discussions were held with community members to address doubts and concerns.



World ORS Day

As part of the ORS Day observance, a health awareness program was organized at SreeKarunya Mission Charitable Special School on 29/7/2025.





World Hypertension Day



On 17th May 2025, in observance of World Hypertension Day, the Department of Pharmacy Practice organized an awareness program in alignment with the theme "Measure Your Blood Pressure Accurately, Control It, Live Longer."The event, included blood pressure monitoring, a counselling section where participants were educated about the importance of early detection and management of hypertension, and stress relief activities aimed at promoting mental well-being.

DID YOU KNOW?

- Coca Cola was invented by John Pemberton, a pharmacist. He carried a jug of the new product to Jacob's Pharmacy, where it was sampled and stated 'brilliant' and kept on sale for 5 cents a glass as a soda fountain drink.
- Warfarin, a blood thinner was originally used as rat poison.
- Zolgensma, used to treat spinal muscular atrophy in children,costs around $2.1 million per dose.
- Drugs like Doxycycline increase sun sensitivity- always wear sunscreen!
- Eating fish atleast twice a week may significantly reduce the pain and swelling associated with Rheumatoid Arthritis.
- Broccoli sprout extract may help to treat diabetes mellitus
- Vitamin D in pregnancy could prevent child asthma.
- Cocoa and dark chocolate are not just treats- they are good for cognition.
- 'Psilocybin' in magic mushrooms lowers anxiety and depression in cancer patient.
- Moringa seeds (drumstick seeds) are used to treat allergies, inflammation, bacteria, neuralgia, abdominal tumors and fever.
- Black seed oil may help to treat high blood pressure and asthma.
- Extra- virgin olive oil preserves memory; protect brain against Alzheimer's
- During the Black Plague, physicians, apothecaries and their assistants wore amulets which were made up of dried blood and ground up toads!
- The liquid part of yogurt that sometimes separates on top, the whey, contains important nutrients such as calcium, potassium, and protein. Don't drain it, mix it!
- Lemons are considered one of the world's healthiest foods - one lemon contains your daily dose of vitamin C, it cleanses the liver, boosts your immunity and aids in weight loss. Try adding it to a mug of warm water to kick start your day!

PUZZLE CORNER (DISEASE INTERLINKED DRUG)

P	E	P	T	I	C	U	L	C	E	R	A	Y	I	P	E
A	V	E	R	A	P	A	M	I	L	I	A	T	M	Y	P
N	M	Q	A	R	C	F	E	W	R	P	B	E	I	X	I
T	L	R	S	R	D	H	I	A	U	X	Y	I	K	O	L
A	O	S	S	H	U	F	L	S	Z	L	N	X	B	D	E
P	M	W	B	Y	X	A	P	O	Q	P	G	N	I	B	P
R	A	M	C	T	M	E	T	C	R	Y	C	A	D	H	S
A	T	Q	V	H	V	N	G	J	Z	O	Z	W	E	A	Y
Z	U	Q	Z	M	K	I	C	W	Y	E	Q	N	G	K	Z
O	B	O	M	I	X	T	F	I	P	Z	Y	U	H	G	J
L	L	P	C	A	Q	N	V	A	S	T	D	A	I	U	T
E	A	S	T	H	M	A	M	K	O	D	P	I	E	N	Y
Q	S	J	K	V	P	M	E	I	J	R	W	M	J	R	E
H	Y	P	E	R	S	E	N	N	O	S	E	E	M	A	I
A	L	Z	H	E	I	M	E	R	U	V	D	N	L	N	U
D	I	O	H	P	Y	T	F	O	L	I	C	A	C	I	D

Answers

Peptic ulcer - Pantoprazole
Malaria – Chloroquine
Epilepsy – Phenytoin
Alzheimer – Memantine
Arrhythmia - Verapamil
Anxiety - Diazepam
Anemia - Folic acid
Asthma - Salbutamol

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