PHARMACIST'S OATH

- I swear by the code of Ethics of Pharmacy Council of India in relation to the community and shall act as an integral part of health care team.
- I shall uphold the laws and standards governing my profession.
- I shall strive to perfect and enlarge my knowledge to contribute to the advancement of pharmacy and the public health.
- I shall follow the system which I consider best for pharmaceutical care and counseling of patients.
- I shall Endeavour to discover and manufacture drugs of quality to alleviate sufferings of humanity.
- I shall hold in confidence the knowledge gained about the patients in connection with my professional practice and never divulge unless compelled to do so by the law.
- I shall associate with organizations having their objectives for betterment of the Profession of Pharmacy and make contribution to carry out the work of those organizations.
- While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of pharmacy respected by all, at all times!
- Should I trespass and violate this oath may the reverse be my lot!

"Money may be the husk of many things, but not the kernel. It brings you food, but not appetite; medicine, but not health; acquaintances, but not friends; servants, but not faithfulness; days of joy, but not peace or happiness."
Henrik Ibsen

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Maharashtra State Pharmacy Council's
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July-Sept' 2011

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MSPC's Drug Information Bulletin has been granted ASSOCIATE MEMBERSHIP of ISDB.

It is our attitude at the beginning of a difficult task which, more than anything else, will affect It's successful outcome."

William James

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From the Registrar's Desk :

Dear pharmacists,

Regards,

Saili S Masal

Registrar

From Editorial Board Member

BANNING OF DRUGS AND ITS REVERSE LOGISTICS

Preamble:

To discuss the present method of banning drugs, the procedure to disseminate information to all concerned that they take appropriate action and the manner in which it can be recalled within stipulated period without any confusion.

We have witnessed in recent past that the Government has banned formulations containing Sibutramine, Phenylpropanolamine. Subsequently within few days, Gatifloxacin formulations for systemic use were banned. The specific order came as a notification and it was to come into force with immediate effect.

It is pertinent to note that when any drug/s which is in market for a long period of time and if it is banned then there arises several issues. Let us address on-by-one in details:

1. **Whether the banned formulations pose immediate life-threatening danger**?
   If the banned drug poses serious danger to life then it is essential that the drug should be withdrawn with immediate effect and every possible care should be taken for its withdrawal from the market within shortest time. However if the said drug do not pose life threatening situation, sufficient time should be given for its systemic withdrawal i.e. first manufacturing should be stopped within 15days of the notification, there after a period of say ninety days its complete ban would be justified. Sudden and immediate withdrawals can lead to national loss as the stocks have to be recalled and destroyed. Thus every aspect such as risk, economic impact, degree of adverse effect on human life etc should be weighed before issuing notification.

2. **If the formulations were in use for last several years, the stocks of such formulations in pipeline may be in very high quantity & requires sufficient time for its withdrawal.**
   If the said formulations are in use for last several years then it is possible that there may be large number of brands and huge quantities of stocks may be in pipe line. Roughly market inventory is about ninety days, thirty days inventory with manufacturer, thirty days with dealer & thirty days with retail chemists. Thus ninety days are ideal for its exhaustion and prevent loss to industry. Else the losses would be surmounted on the existing range of other products giving rise to increase in prices of other medicines.

3. **Many patients may have been prescribed for long term use**
   It is likely that some patients get used to some drugs and it suits their physiology, in that case it becomes very difficult for them to switch over to an alternative overnight. Thus if the drug is not life threatening and if it is in the market for long period of time, then ninety days suggested above would be enough for a physician to change to other medication having similar remedy.

4. **Neither there is any system for dissemination of information of drug banned to all concerned not there is any system for drug re-call**
   As on today, there are no systems prescribed or planned by the authorities for systemic withdrawal or reverse logistics of banned drug. If a drug which is banned poses life threatening situation then it obviates rapid & fool proof action with proper feedback, follow-up and analysis of the activities. However if the banned drug do not pose immediate danger to life then rapid action is not required but necessitates fix time period for its withdrawal.

   Other important aspect is that there should be prescribed format under Drugs and Cosmetics Rules for withdrawal of banned drugs for manufacturer, dealer & chemists. The said format should have all space for relevant details including notification number & date. Thus in the event of withdrawals one can ascertain the date within which appropriate action was taken. Moreover, the data can be uniform and easy for tabulation and collation for analysis.

5. **The information in notification are confusing and needs clear instructions**
   Some time it is found that notification needs elaboration. E.g. recent notification banned formulations containing Gatifloxacin for systemic use in human by any route including oral and injectable. Similarly Nimesulide was banned for human use in children below twelve years of age. In former the words 'systemic use in human by ***any route including*** oral and injectable' was interpreted by all concerned as all the formulations containing Gatifloxacin. Even physicians stopped prescribing the ointments and drops. It was only after a period of three months that a clarification was issued by Drugs Controller General Stores stating that formulations in the form of ointment and eye-drops are out of the purview of notification i.e. it can be prescribed and used for human use. These resulted in chaos and confusion. Thus it would be better if the notifications are clearly worded and so that proper action is taken down the line.

6. **There are more than two hundred thousand brands/stock keeping units (SKUs) and there is no single source of information of its contents, manufacturer, marketing & distributing companies**
   In India, we have about two hundred thousand brands and we do not have single window where we can get its required information. Government should initiate a process of centralizing the data centre where every brand/formulation is registered. This centre should have a website where the details of each formulation can be uploaded by the department. Any person can visit the website and download the information regarding formulation such as its name, contents, name of the brand owner, manufacturer, marketing and distributing companies. This facility will enable the Government to control and stop sound alike and look alike (SALA) formulations and avoid medication errors.

Conclusion:

Thus it can be safely deduced that what we need is a systemic approach to withdrawal of banned drugs. Once it is decided that the drugs are to be banned and withdrawn then first to be ascertained is the time period within which the drug is to be recalled this will depend on degree of threat it poses to human life. If the drug is life threatening then the period should be shortest and action should be immediate. In all other case within ninety days period the drug recall formalities should be completed. What is important is that there has to be proper channels for dissemination of information. Appropriate methodology with paperwork for systemic withdrawals of banned drugs. This will also help post marketing pharmaco vigilance too.

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संपादकीय लेख : औषधांच्या वापरास मनाई व त्याच्या

हेतू: सध्या औषधांच्या वापरास मनाई करण्याच्या पध्दतींवर व याच्याशी निगडित सर्व योग्य त्या लोकांकडे/संस्थांकडे आवश्यक ती माहिती निर्गमित करण्याच्या पध्दतीवर (जेणेकरुन ते यावर योग्य ती कृती करतील) व ठराविक कालावधीत ते औषध जनमानसात कोणताही संभ्रम निर्माण न करता योग्य त्या पध्दतीने पुनश्च वापरात आणण्याची शक्यता याविषयी चर्चा करणे.

नजीकच्या भूतकाळात- शासनाने सिब्युट्रामाईन, फिनाईलप्रोपेनॉलामाईन यासारखी औषधे असणारी सुत्रीकरणाच्या वापरास मनाई केल्याचे आपण पाहिले. त्यानंतर काही दिवसात गॅटिफ्लॉक्झासिन औषधाचे त्वरीत रक्तात मिसळले जाणारे सुत्रीकरण वापरण्यास मनाई केली गेली. याबाबतचा आदेश शासनाच्या सुचनापत्राद्वारे प्रदर्शित झाला व त्याची अंमलबजावणी त्वरीत व्हावी असे त्याद्वारे निदर्शनास आले.

एखादे औषध ब-याच कालावधीपासून जेंव्हा बाजारात उपलब्ध असते व नंतर त्याच्या वापरास मनाई केली जाते त्यावेळेस अनेक मुद्दे् उपस्थित होतात, त्यांचा मुद्दे्निहाय परामर्श घेऊया.

1. वापरास मनाई असलेल्या औषधांच्या सुत्रीकरणामुळे त्वरीत जीवघेणा धोका निर्माण होतो का?

जर वापरास मनाई असलेले औषध जीवास धोकादायक ठरत असेल तर ते औषध त्वरीत बाजारातून मागे घेणे आवश्यक ठरते व कमीत कमी वेळात सदर औषध बाजारातून मागे घेण्याची काळजी घेणे अत्यावश्यक आहे. परंतू जर सदर औषधाच्या वापरामुळे जीवघेणा धोका उत्पन्न होत नसेल तर सदर औषध बाजारातून योग्य त्या पध्दतीने मागे घेण्यासाठी पुरेसा वेळ दिला पाहिजे , म्हणजेच सुचनापत्र जारी झाल्यानंतर 15 दिवसांत सदर औषधाचे उत्पादन बंद केले पाहिजे, त्यानंतर सर्वसाधारणपणे 90 दिवसांच्या कालावधीत त्या औषधावर संपूर्णपणे बंदी येईल. अचानक व त्वरीत पणे औषध बाजारातून मागे घेतल्यास तो देशासाठी खूप मोठा तोटा होईल, कारण उपलब्ध साठा बाजारातून मागे घेऊन त्याचा नाश करावा लागेल, त्यामुळे सूचनापत्र प्रदर्शित करण्यापूर्वी त्या औषधामुळे होणारा जिवित धोका, अर्थकारणावर होणारा परिणाम , विपरित परिणामांची तीव्रता यासर्वांचा तोलून मापून विचार होणे आवश्यक आहे.

2 . **जर एखादे औषधाचे सुत्रीकरण मागील अनेक वर्षे वापरात आहे तर अशा सुत्रीकरणाचा साठा मार्गक्रमणात मोठया प्रमाणावर असतो व त्यास बाजारातून मागे घेण्यासाठी पूरेसा कालावधी लागतो-**

जर एखादे औषधाचे सुत्रीकरण मागील अनेक वर्षापासून वापरात असेल तर त्या औषधाच्या सुत्रीकरणाच्या अनेक उत्पादकांची उत्पादने (Brands) व साठा मोठया प्रमाणात उपलब्ध असण्याची शक्यता असते. सर्वसाधारणपणे बाजारातील उत्पादनाचा साठा 90 दिवसाचा असतो , 30 दिवसाचा साठा उत्पादकाकडे , 30 दिवसाचा साठा ठोक विक्रेत्याकडे, व 30 दिवसाचा साठा किरकोळ विक्रेत्याकडे त्यामुळेच 90 दिवस हा एखाद्या औषधाचे सुत्रीकरण अस्तंगत होण्यासाठी व औषध व्यवसायाचा तोटा टाळण्यासाठी सर्वात योग्य कालावधी ठरतो. अन्यथा सदर तोटा बाजारात उपलब्ध असलेल्या अन्य उत्पादनांच्या वाढीव किमतीच्या माध्यमातून भरुन काढण्याचा प्रयत्न केला जाईल, ज्यामुळे इतर औषधांच्या किमती वाढण्याची शक्यता निर्माण होते.

3 अनेक रुग्णांना एखादे औषध प्रदिर्घ कालावधीसाठी डॉक्टरांनी उपचार म्हणून लिहून दिले असण्याची शक्यता असते -

काही रुग्णांना एखाद्या औषधाची सवय होते व त्यांच्या प्रकृतीमानास ते औषध योग्य ठरते. अशा परिस्थितीत अशा रुग्णांना रातोरात दुसरे औषध देणे खूप कठीण होते. त्यामुळे जर एखाद्या औषधामुळे जीवघेणा धोका उत्पन्न होत नसेल व ते बाजारात ब-याच कालावधीपासून उपलब्ध असेल तर, वर सुचविल्याप्रमाणे डॉक्टरला आपल्या रुग्णाला साधर्म्य असलेला गुण देणारे दुसरे औषध देण्यासाठी 90 दिवसाचा कालावधी पुरेसा ठरतो.

4 **एखादया औषधाचा वापर करण्यास मनाई केली असल्यास त्याविषयी माहिती याबाबत निगडित व्यक्ती /संस्था यांच्यापर्यंत पोचवण्याची कोणतीही पध्दत सध्या अस्तित्वात नाही तसेच एखादे औषध वापरण्यासाठी परत घेण्यास संमती असल्यास त्याविषयीची माहिती प्रसारित होण्याची पध्दत अस्तित्वात नाही.**

आजतागायत एखादया औषधास कोणत्या पध्दतीने वापरण्यास मनाई करावी अथवा वापरण्यास पुनश्च परत घ्यावे याबाबत कोणतीही पध्दत प्रशासनाने ठरवलेली नाही अथवा योजनाबध्द केलेली नाही. जर एखाद्या औषधामुळे जिवीतास धोका उत्पन्न होत असेल व त्याच्या

वापरास बंदी केली तर याविषयी योग्य तो पाठपुरावा करुन माहीती उपलब्ध होणे व घडणा-या प्रक्रियांचे विश्लेषण होणे आवश्यक आहे जेणेकरुन जलद व पूर्ण चपलख अशी प्रक्रिया पूर्ण होईल, परंतू जर मनाई केल्या जाणा-या औषधामुळे जीवितास विशेष धोका उत्पन्न होणार नसेल तर शीघ्र कृती आवश्यक नसून, सदर औषध बाजारातून मागे घेण्यासाठी कालावधी निश्चित करणे गरजेचे आहे.

दुसरा महत्वाचा मुदद् म्हणजे **औषधे व सौदर्य प्रसाधने कायद्याच्या** नियमाअंतर्गत मनाई असलेले औषध बाजारातून मागे घेण्यासाठी उत्पादक, रोख विक्रेते व किरकोळ विक्रेते यांच्या करीता प्रारुप आराखडा असणे आवश्यक आहे. सदर आराखडयांमध्ये यासंबधातील आवश्यक संदर्भ उदा. सुचनापत्र क्रमांक, तारीख इ. असतील. त्यामुळे जेंव्हा एखादे औषध बाजारातून मागे घेतले जाईल त्यावेळेस त्या तारखेपासून आवश्यक ती कृती केली गेली हे निश्चित करता येईल. तसेच सदर माहिती एकसारखी असून त्याचे तक्ता स्वरुपात विश्लेषण करणे सापे होईल.

5 सुचनापत्रामधील माहिती ब-याच वेळेस गोंधळ निर्माण करणारी असते व स्पष्ट सूचना आवश्यक असतात-

काही वेळेस सुचनापत्रातील सूचना विस्तृतपणे देणे आवश्यक आहे असे आढळते. उदा. अलिकडेच जारी केलेल्या सुचनापत्राद्वारे गॅटिफ्लॉक्झासिनचे तोंडाद्वारे व इंजेक्शनद्वारे देण्यात येणारे सुत्रीकरण ज्याचा संपूर्ण मानवी शरीरावर परिणाम होतो त्याच्या वापरास मनाई केली होती. यामधील शब्दांचा असा अर्थ काढला गेला की सर्व सुत्रीकरण ज्यामध्ये गॅटिफ्लॉक्झासिन आहे अशा सर्वांच्या वापरास मनाई केली आहे .अनेक डॉक्टरांनी सदर औषध असलेली मलमे व ड्रॉप पेशंटसाठी उपचाराकरीता लिहिणे बंद केले. यानंतर तीन महिन्याच्या कालावधीनंतर DCGI यांनी याबदद्लची संदिग्धता दूर करणारे सुचनापत्र जारी केले ज्यामध्ये गॅटिफ्लॉक्झासिन असणारी मलमे व डोळयात टाकायचे ड्रॉप अशी सुत्रीकरणे या मनाई केलेल्या औषधांच्या यादीच्या सुचनापत्रामध्ये समाविष्ट नव्हती म्हणजेच हे सुत्रीकरण डॉक्टर रुग्णांसाठी देऊ शकतात. व मानवामध्ये याचा वापर होऊ शकतो. या सर्वांमुळे गोंधळ व संभ्रम निर्माण झाला, म्हणून सुचनापत्र जारी करतांना ते स्पष्ट शब्दांत असेल तर अधिक चांगले ठरते व त्यापुढे योग्य ती कृती करता येते.

6. सध्या 2 लाखांपेक्षा अधिक ब्रॅन्डस् / स्टॉक उपलब्ध आहेत परंतु त्यांच्यात असणारे घटक, उत्पादक व वितरण व विपणन करणा-या संस्था याची एकछत्राखाली माहिती देणारा स्त्रोत उपलब्ध नाही.

भारतात सध्या 2 लाख उत्पादने अस्तित्वात असून त्यासंबधी सर्व माहिती मिळणारा एकच असा स्त्रोत उपलब्ध नाही. शासनाने सर्व माहिती एकाच केंद्रावर संकलित करण्याची यंत्रणा चालू करण्यासाठी पावले उचलणे आवश्यक आहे , जेणेकरुन तेथे प्रत्येक ब्रॅन्ड /औषधाचे सुत्रीकरण याची नोंदणी होईल. या केंद्राचे स्वतःचे संकेतस्थळ असेल जेथे प्रत्येक विभाग औषधांच्या सुत्रीकरणाची माहिती अपलोड करेल. कोणतीही व्यक्ती या संकेतस्थळास भेट देऊन एखाद्या सुत्रीकरणाचे नाव,घटक , ब्रॅन्डचा मालक , उत्पादक, विपणन व वितरण करणा-या संस्था याची माहिती डाऊन लोड करु शकेल. अशा प्रकारच्या सुविधतेचा शासनाला SALA (SOUND ALIKE LOOK ALIKE) म्हणजेच ज्या औषधांच्या नावात, उच्चारात व दिसण्यात साधर्म्य आहे, अशांच्या सुत्रीकरणास नियंत्रण करण्यास व प्रतिबंध करण्यास मदत होईल व त्यामुळे घडणा-या चुका व येऊ घातलेले विपरीत परिणाम टळू शकतील.

निष्कर्ष: त्यामुळे यावरुन आपण असे म्हणू शकतो की एखादे वापरास मनाई असलेले औषध बाजारातून मागे घेण्यासाठी आपल्याला पध्दतशीर मार्गाचा वापर करणे आवश्यक आहे .एकदा एखादया औषधाच्या वापरास मनाई करणे व ते बाजारातून मागे घेणे हे निश्चित झाले तर त्यांनंतर सदर प्रक्रियेसाठी लागणारा वेळ निश्चित करावा लागेल व हे त्या औषधामुळे होणा-या विपरित परिणामाच्या तीव्रतेवर अवलंबून असेल, जर विपरित परिणाम हे मानवी जीवितास धोका पोचवणारे असतील तर हे औषध मागे घेण्याचा काळ कमीतकमी असला पाहिजे व त्यावरील कृती त्वरित झाली पाहिजे. बाकी सर्व प्रकरणात 90 दिवसांत सदर औषध बाजारातून मागे घेण्याची प्रक्रिया पूर्ण केली पाहिजे. तसेच यासंबधी माहिती दूरगामी पसरवणारी यंत्रणा असणे महत्वाचे आहे . योग्य पध्दती व त्या अनुषंगाने कागदपत्रांचे कामकाज, हे एखादे वापरास मनाई असलेले औषध बाजारातून मागे घेण्यासाठी आवश्यक ठरते. या सर्वांची औषधाच्या विपणनानंतरच्या सावध निरिक्षणासाठी मदत होते

जयेंद्र पंडया
अरिहंत डिस्ट्रीब्युटर्स (फार्मा), मुंबई

QUERY OF THE QUARTER…………………

Que: About Sodium Cromoglicate its dose , its bioavailability, its drug Interaction Compatibility with Polymers

From : Ashish Ghuge, Pharmacist

Ans: Sodium Cromoglycate

Dosing:

Adult:

1. Allergic rhinitis: NASAL INHALATION, 1 spray/nostril 3-6 times/day
2. Asthma; Prophylaxis; ORAL INHALATION, 20 mg 4 times/day (nebulizer) or 2 puffs (800 mcg/spray) 4 times/day (metered inhaler) then 344 times/day3
3. Keratitis; 1 to 2drops in each eye 4-6 times daily at regular intervals
4. Systemic mast cell disease; ORAL, 200mg 4 times/day 30 minutes before meals and at bedtime
5. Vernal Conjunctivitis; 1 to 2 drops in each eye 4-6 times daily at regular intervals
6. Vernal Keratoconjunctivitis: 1 to 2drops in each eye 4-6 times daily, at regular intervals

Paediatric; 1. Allergic rhinitis: NASAL INHALATION (2 years and older), 1 spray/nostril 3-6 times/day

2. Asthma; Prophylaxis: ORAL INHALATION, 20mg 4 times/day (2 years and older; nebulizer) or 2puffs (800 mcg/spray) 4 times a day (5 years and older; metered inhaler), then 3-4 times/day
3. Keratitis; 4 years and older, 1 to 2 drops in each eye 4 to 6 times daily, at regular intervals
4. Systemic mast cell disease: ORAL (13 years and older),200mg 4 times/day 30 minutes before meals and at bedtime
5. Systemic mast cell disease: ORAL(ages 2 to 12 years) 100mg 4 times daily 30 minutes before meals and at bedtime
6. Vernal Conjunctivitis; 4 years and older, 1 to 2 drops in each ee 4-6 times daily, at regular intervals
7. Vernal Keratoconjunctivitis; 4 years and older, 1 to 2 drops in each eye 4-6 times daily, at regular intervals.

Bioavailability:

It is poorly absorbed from gastrointestinal tract, with reported bioavailability of only 1 percent.

Following inhalation as affine powder only 8-10 percent of a dose is deposited in the lungs from where it is rapidly absorbed and excreted unchanged in the urine and bile. Less than 7 percent of an intranasal dose appears to be absorbed. The majority of an inhaled or an intranasal dose is swallowed and excreted unchanged in the faeces. Approximate 0.03 percent of an ophthalmic dose is reported to be absorbed.

The elimination half life has been reported to be about 20-60 mins. Following IV administration, but elimination half life following oral administration or inhalation is longer, being stated to be about 80 mins.

Drug Interactions:

1. Over-the -counter medicines that may increase the effect of Sodium Cromoglycate (Cromolyn), and dietary supplements like vitamins, minerals and herbal, so that the doctor can warn you of any possible drug interactions.
2. Sodium Cromoglycate (Cromolyn) can interact with other eye medications.

Compatibility with polymers; Is compatible with following polymers like

Hydroxyl propyl methyl cellulose, methyl cellulose and gelatin for development of ophthalmic formulations

Refrences : MICROMEDEX (R) Healthcare Series Vol.148

तिमाहितील प्रश्न:

प्रश्न: सोडियम क्रोमोग्लायकेटची मात्रा व त्याचे रक्तातील उपलब्धतेचे परिणाम इतर औषधाशी त्याची क्रिया-प्रक्रिया, पॉलिमर्ससोबत सुसंगती

प्रश्नकर्ता: आशिष घुगे, औषध निर्माता

उत्तर: सोडियम क्रोमोग्लायकेट

मात्रा: मोठया व्यक्तींसाठी

1. **ॲलर्जिक -हायनायटिस(सर्दी)** - नाकाने दयावयाचे इनहेलेशन -प्रत्येक नाकपुडीत 1स्प्रे, दिवसातून 3-6 वेळा
2. द**मा- प्रतिबंधात्मक उपाययोजना**- तोंडाने दयावयाचे इनहेलेशन- 20 मिग्रॅ दिवसातून 4 वेळा (नेब्यूलाझरद्वारे), 2 फुकांरे (800 मायक्रोग्रॅम /प्रत्येक स्प्रेमागे-मीटर्ड इनहेलरद्वारे, दिवसातून 3-4 वेळा)
3. **केराटायटीस-**प्रत्येक डोळयात 1-2 थेंब दिवसातून 4-6 वेळा एक ठराविक वेळेनंतर
4. **सिस्टमिक मास्ट सेल्सचा आजार** - तोंडाद्वारे -200 मिग्रॅ दिवसातून 4 वेळा, 30 मिनिटे दुपारच्या व रात्रीच्या जेवणाआधी
5. **व्हर्नल कंजंक्टीविंटीस**- प्रत्येक डोळयात 1-2 थेंब, दिवसातून 4-6 वेळा , ठराविक वेळेनंतर
6. **व्हर्नल केरॅटोकंजंक्टीविंटीस**- प्रत्येक डोळयात 1-2 थेंब, दिवसातून 4-6 वेळा , ठराविक वेळेनंतर

लहान मुलांमध्ये:

1. **ॲलर्जिक -हायनायटिस(सर्दी)-** नेसल इनहेलेशनद्वारे - 2 वर्षे व अधिक वयाच्या मुलांमध्ये प्रत्येक नाकपुडीत 1 स्प्रे, दिवसातून 3-6 वेळा
2. द**मा- प्रतिबंधात्मक उपाययोजना**-तोंडाद्वारे इनहेलेशन- 20 मिग्रॅ दिवसातून 4 वेळा (दोन वर्षे व अधिक वयाच्या मुलांमध्ये) किंवा 2 फुंकारे (पफस्) (800 मायक्रोग्रॅम/स्प्रे) दिवसातून 4 वेळा (5 वर्षे व त्यापेक्षा अधिक वयाच्या मुलांमध्ये - मीटर्ड इनहेलरद्वारे) - दिवसातून 3- 4 वेळा
3. **केराटायटी**स- 4 वर्षे व त्यावरील वयाच्या मुलांकरीता 1-2 थेब प्रत्येक डोळयात , दिवसांतून 4-6 वेळा ठराविक वेळानंतर
4. **सिस्टमिक मास्ट सेल्सचा आजार-** तोंडाद्वारे 13 वर्षे व अधिंक वयाच्या मुलांकरीता 200 मिग्रॅ दिवसातून 4 वेळा दुपारच्या व रात्रीच्या जेवणाआधी 30 मिनिटे
5. **सिस्टमिक मास्ट सेल्सचा आजार-** तोंडाद्वारे 2-12 वर्षाच्या वयोगटाकरीता 100 मिग्रॅ दिवसातून 4 वेळा , दुपारच्या व रात्रीच्या जेवणाआधी 30 मिनिटे
6. **व्हर्नल कंजंक्टीविंटीस**-4 वर्षे व त्यापेक्षा अधिक वयोगटांकरीता 1-2 थेंब प्रत्येक डोळयात, दिवसातून 4- 6 वेळा ठराविक वेळेनंतर
7. **व्हर्नल केरॅटोकंजंक्टीविंटीस-**4 वर्षे व त्यापेक्षा अधिक वयोगटांकरीता 1-2 थेंब प्रत्येक डोळयात , दिवसातून 4-6 वेळा ठराविक वेळेनंतर

औषधाची रक्तातील उपलब्धता:

सोडियम क्रोमोग्लायकेट हे औषध जठर व आतडे याच्यांमार्गातून अतिशय कमी प्रमाणात शोषले जाते. त्याची रक्तातील उपलब्धता फक्त 1टक्का एवढीच नोंदवलेली आढळून येते - ज्यावेळेस अत्यंत भुकटीस्वरुप पावडरच्या रुपात इनहेलेशनद्वारे हे औषध जेंव्हा दिले जाते त्यावेळेस दिलेल्या मात्रेच्या फक्त 8-10 टक्के एवढेच फुफुसांमध्ये जाऊन साठते व तेथून ते जलद

गतीने शोषले जाते व त्यानंतर मुत्र व पित्तरस यामाध्यमातून विसर्जित केले जाते . नाकाद्वारे दिलेल्या मात्रेपैकी 7 टक्क्यापेक्षा कमी रक्तात शोषले जाते इनहेलरद्वारे व नाकाद्वारे दिलेल्या मात्रेपैकी बराचसा अंश गिळला जातो व तसाच्या तसा शौचाद्वारे बाहेर टाकला जातो . डोळयाने दिलेल्या मात्रेपैकी अंदाजे 0.03 टक्के भाग शोषला जातो.

इंजेक्शनद्वारे दिल्या गेलेल्या औषधाचा एलिमिनेशन हाफ लाईफ 20-60 मिनिटे एवढा दर्शविला आहे , परंतू तोंडाद्वारे अथवा इनहेलेशच्या माघ्यमातून दिल्यास एलिमिनेशन हाफ लाईफ हा अधिक प्रदिर्घ असून तो 80 मिनिटे एवढा नमूद केला आहे.

औषधांशी क्रिया-प्रक्रिया:

1. जी औषधे प्रिस्क्रिप्शनशिवाय, ओव्हर द काउंटर (OTC) दिली जातात त्यांच्यासोबत सोडियम क्रोमोग्लायकेट दिल्यास सोडियम क्रोमोग्लायकेटचा परिणाम अधिक वाढू शकतो, तसेच क्षार, जीवनसत्त्वे वनौषधी यांसोबत दिल्यास असा परिणाम दिसू शकतो. डॉक्टर त्याच्या क्रिया-प्रक्रियेविषयी तुम्हांला सुचना करु शकतात.
2. सोडियम क्रोमोग्लायकेट हे औषध इतर डोळयात घालायच्या औषंधाबरोबर प्रक्रिया करु शकते.
3. पॉलीमर्ससोबत सोडियम क्रोमोग्लायकेटची असलेली सुसंगती - खालील पॉलीमर्ससोबत सदर औषधाची सुसंगती आढळून येते

   हायड्रॉक्सी प्रोपील मिथाईल सेल्यूलोज, मिथाईल सेल्यूलोज व डोळयाच्या वापरासाठी तयार करण्यात येणा-या औषधांच्या सुत्रीकरणामध्ये वापरात येणारे जिलेटिन

FACTORS AFFECTING DRUG RESPONSE ………????

The therapeutic response to a drug maybe modified due to various factors. Use of concomitant drugs as in a polypharmacy, disease state of the patient, geriatric and paediatric patients , patients with liver and kidney impairment etc can all alter the response to a medicine a patient is taking. Be alert while taking medications especially if they have been brought over the counter .

Hereditary Hemolytic Anemias :-

General Information about Anemia

Anemia is a condition in which the oxygen carrying capacity of the blood is reduced due to decreased red blood cells or hemoglobin. We all know that in normal individuals anemia is caused by factor such as inadequate or poor diet (nutritional anemia) or excessive loss of red blood cells through bleeding (hemorrhagic Anemia) also another type of anemia known as Aplastic Anemia arises due to destruction or inhibition of the red bone marrow.

There is another form of anemias known as hemolytic anemias caused either due to premature rupture of RBC plasma membranes either due to infection of parasites such as malaria, etc; or due to antibodies incompatibility (Rh -ve mother and Rh+ fetus) causing hemolytic disease of the new born, or due to hereditary factors.

Out of all these hemolytic anemias, infectious causes can be eliminated with therapeutic treatment where as the deaths due to hemolytic disease of the new born is now prevented with an injection of gamma globulin to mothers. But even today the hereditary hemolytic anemias poses a big health problem & do not have a permanent solution.

Let us see the **hereditary hemolytic anemias** in detail as follows :-

1) Sickle -Cell Anemia

The Red blood cells of a person with sickle-cell anemia contain an abnormal kind of hemoglobin. When such as erythrocyte gives up its oxygen to the interstitial fluid, the abnormal hemoglobin forms long, stiff, rod like structures that bend the erythrocyte into sickle shape. The sickled cell rupture easily. Even through the body's mechanism of producing new red blood cells is stimulated by the loss or destruction of the cells; it is not enough to cope up with the pace of destruction or hemolysis. Thus the individual suffers from hemolytic anemia and as a result reduces the amount of oxygen that can be supplied to the tissues. Prolonged oxygen reduction may eventually cause extensive tissue damage.

Sickle cell anemia is inherited. A person with only one of the sickling genes is said to have **sickle cell trait**. Only people who inherit a sickling gene from both parents get sickle cell anemia. Blood

2) Thalassemia :-

This is another blood disorder that passes through families (inherited) in which the body makes an abnormal form of hemoglobin which results in excessive destruction of red blood cells which leads to anemia.

Thalassemia is classified into two types :-

a) Alpha thalassemia

b) Beta thalassemia

A hemoglobin molecule consists of a protein called globin composed of four polypeptide chains out of which two are called alpha & two as beta when genes related to the alpha protein is mutated it is called Alpha thalassemia & when genes related to the beta protein is mutated or is missing it is called Beta thalassemia . Both alpha & beta thalassemia include the following two forms :-

1) Thalassemia Major.
2) Thalassemia Minor

When a person receives the defective gene from both the parents it results in development of thalassemia major. Thalassemia minor occurs when a defective gene is received from only one parent. Persons with Thalassemiaa minor are carriers of the disease and generally do not have symptoms.

Symptoms:-

Severe form of thalassemia major causes still birth (death of the unborn baby during birth the late stages of pregnancy. Children born with beta thalsssemia major also know as Cooley's anemia are normal at birth but develop severe anemia during the first year of life; other symptoms includes fatigue growth failure, shortness of breath. Persons with the minor forms of alpha or beta thalassemia have small red blood cells which can be observed under microscope.

Diagnosis :-

Both sickle cell anemia anemia as well as Thalassemia can be detected by test called as hemoglobin electrophoresis which shows the presence of an abnormal form of hemoglobin; along with it a complete blood count (CBC) reveals anemia. Sometimes a alpha thalassemia can be detected by mutational analysis which is difficult to detect by electrophoresis. Red blood cells of persons suffering from thalassemia appears small & abnormally shaped under a microscope.

Treatment :-

Blood transfusion & removal of excess of iron from the body is the only available treatment.

Prevention / Importance of screening :-

Wide spread awareness for screening test is necessary for prevention in order to prevent development of thalassemia major in the child of parents having thalassemia minor. Persons with a family history of thalassemia should undergo a screening test, Thus a marriage of two persons with thalassemia minor can be avoided. Prevention of this disorder can save the hardships & Pain caused to the children of thalassemia minors.

Most of the thalassemia centers established by government or private charitable trust & NGO's perform screening free of cost or at nominal fees.

Drug Of The Quarter: PIDOTIMOD

Pidotimod Tablet 400 mg/800 mg & Oral Solution 400 mg/800 mg per 7ml is approved for infections of the respiratory system in secondary and primary immunodeficiency with alteration in maturation of T cells in adults only in February 2011 by CDCSO

Place in Therapy

Based on available data, it appears that immune-restoring effects of pidotimod may provide benefit to some but not all patients. Due to this limitation, the drug should be reserved at present for children with recurring infection or adults with chronic bronchitis in whom a cell-mediated immune deficiency can be documented. Further studies investigating clinical and immunological criteria that may predict clinical response to pidotimod are needed.

Mechanism of Action/Pharmacology

1) Pidotimod is a biological response modifier (immunostimulant) in the treatment of infections associated with immune deficiency it is unrelated chemically to other immunomodulating agents.
2) Pidotimod has been shown to affect cell-mediated immune responses by stimulating interleukin-2 production

In vitro data and studies in animals and humans have reported that pidotimod is capable of increasing polymorph nuclear neutrophil chemo taxis and phagocytes, enhancing T-cell blast genesis, enhancing anti-CD3 activity and potentiating the activity of natural killer There is some evidence of the ability of pidotimod to prevent experimental viral and bacterial infections

3) Immune deficits are also speculated to contribute to development and worsening of chronic bronchitis and chronic obstructive pulmonary disease (COPD), and have led to the use of pidotimod in these patients. One study reported a significant increase in T-cell blast genesis in COPD patients receiving oral pidotimod 800 mg twice daily for one month

Adult Dosage

Oral route

1) In adult patients with bacterial exacerbations of CHRONIC BRONCHITIS, oral pidotimod has been given in a dose of 800 milligrams twice daily (morning and evening) for 8 days in combination with amoxicillin/clavulanic acid (1 gram twice daily)
2) As prophylaxis against acute exacerbations of chronic bronchitis, pidotimod 800 milligrams orally once daily (before breakfast) has been administered for up to 2 months

1) Dosage in Renal Failure

Dose reductions are not deemed necessary in these patients

2)Dosage in Geriatric Patients

The dose reductions in older patients do not appear to be required.

Onset

Initial Response in-

a) Chronic bronchitis: 4 days

b) Recurrent respiratory infections: 4 days

Peak Response in-

a) Chronic bronchitis: 9 days

b) Recurrent respiratory infections: 8 days.

c) Recurrent urinary tract infections: 10 days

Duration

1) Multiple Doses

A) Chronic bronchitis: 2 to 3 months

B) Chronic obstructive pulmonary disease: 5 weeks

C)Recurrent respiratory infections: 2 to 3 months

Bioavailability

1) Oral: 43% to 45%

Effects of Food - clinically significant

a) The rate and extent of absorption of pidotimod are reduced significantly when given with food. Oral bioavailability is decreased up to 50% after administration with food, and peak serum levels occur up to 2 hours later, compared to administration in the fasting state. To optimize absorption, pidotimod should be given two hours before or two hours after meals.

Excretion

A) Kidney Renal- Excretion (45%)

Contraindications

Hypersensitivity to pidotimod

Precautions

A) Concurrent or recent past use of other agents which could interfere with immunologic actions of pidotimod (e.g., immunomodulatory drugs, corticosteroids, viral vaccinations)

B) Renal impairment

Adverse effects

1. Skin rash and/or pruritus and facial oedema
2. Flushing
3. Nausea, vomiting, heartburn, diarrhoea, anorexia, and abdominal pain have been observed with relative infrequency (less than 5% of patients) during oral therapy with pidotimod
4. No adverse changes in white cell counts, haemoglobin, hematocrit, or platelets have been observed during pidotimod administration
5. Uncommon- Headache, drowsiness, vertigo

Refrences : MICROMEDEX (R) Healthcare Series Vol.148

http://cdsco.nic.in

तिमाहितील औषध: पिडोटिमोड

फेब्रुवारी 2011 मध्ये CDSCO तर्फे पिडोटिमोड गोळया 400 मिग्रॅ/800 ग्रॅम व प्रत्येक 7 मिली द्रवामागे (तोंडाद्वारे देण्यात येणारे द्रव्य) 400 मिग्रॅ/800 मिग्रॅ पिडोटिमोड या सदर औषधाच्या सुत्रीकरणास प्रौढ वयोगटांचे असे रुग्ण ज्यांमध्ये 'टी' पेशींच्या फेरफारीमुळे रोगप्रतिकारक शक्तीची उणीव निर्माण होऊन श्वसन मार्गाचे संसर्गजन्य आजार उद्‌भवले आहेत अशांसाठी वापर करण्यास मान्यता दिली आहे.

उपचारातील या औषधाचे स्थान:

उपलब्ध माहितीवरुन असे दिसून येते की पिडोटिमोड या औषधाचा रोगप्रतिकारक शक्ती पुर्ववत करण्यासाठीचा परिणाम काही रुग्णांमध्ये उपचारास योग्य ठरु शकतो पण सर्वामध्ये नाही, या मर्यादेमुळे सध्या याचा वापर मुलांकरीता व काही प्रकारच्या जुनाट श्वासनलिकेंचे आजार असलेल्या प्रौढ रुग्ण्यासाठी राखून ठेवावा. या औषधबाबाबत प्रतिकारक्षमता व रोगाशी संबधित अभ्यास अधिक होणे गरजेचे आहे

हे औषध कशाप्रकारे काम करते?

1. पिडोटिमोड रोगप्रतिकारक क्षमतेस उत्तेजन देणारे आहे, असा परिणाम असणा-या इतर औषधांशी रासायनिक दृष्टया हे संबधित नाही.
2. पिडोटिमोड हे इंटरल्युकिन-2 च्या उत्पत्तीस उत्तेजना देते त्यामुळे पेशींच्या माध्यमातून प्रतिक्षमता वाढवण्याचा परिणाम साधते.

   याबाबत उपलब्ध असलेली शरीराबाहेर केलेल्या चाचण्यांची माहिती व प्राणी व मनुष्यात केलेल्या अभ्यासावरुन असे निदर्शनास आले आहे की पिडोटिमोड या औषधामुळे पॉलीमॉर्फ न्युक्लिअर व इतर काही प्रकारच्या पांढ-या पेशी वाढवण्याची क्षमता आहे यामुळे "T" पेशींची उत्पत्ती अधिक होते , CD 3 च्या विरुध्द हालचाल वाढते व रोगजंतूवर नैसर्गिक घातक परिणाम वाढतो.

   प्रयोंगांमधून विषाणू व जिवाणू संसर्ग थोपविण्याचे सामर्थ्य पिडोटिमोड मध्ये आहे असे पुरावे उपलब्ध झालेले आहेत.
3. रुग्णाच्या रोगप्रतिकारक शक्तीमध्ये तूट/उणीवा असल्यामुळे त्याचे जुनाट श्वसनविकाराचे आजार अधिक गंभीर रुप धारण करतात व अशा रुग्णांमध्ये पिडोटिमोड चा वापर केला आहे. एका अशा रुग्णामध्ये पिडोटिमोड 800 मिग्रॅ दिवसांतून दोनदा, महिनाभर दिले असता, त्यामध्ये "टी" पेशींची वाढ लक्षणीय झाल्याचे दिसून आले आहे .

प्रौढामध्ये देण्यात येणारी मात्रा :

तोंडाद्वारे:

1. प्रौढ रुग्णांमध्ये ज्यांना जुनाट श्वसनविषयक आजार जीवाणूंच्या संसंर्गामुळे झाला आहे अशांमध्ये तोंडाद्वारे पिडोटिमोड 800 मिग्रॅ, दिवसांतून दोनदा (सकाळी व संध्याकाळी) 8 दिवस ॲमॉक्सीसिलीन व क्लॅव्हुलॅनिक ॲसिड (1 ग्रॅ, दिवसातून दोनदा) सोबत.
2. जुनाट श्वसनविकाराच्या रोगाच्या तीव्र पडसादाप्रसंगी- प्रतिबंधात्मक उपाययोजना म्हणून, पिडोटिमोड 800 मिग्रॅ, दिवसातून एकदा (नाश्त्याआधी) 2 महिन्यांपर्यंत

1. मुत्रपिंड निकामी झाल्यास मात्रा:

अशा रुग्णांमध्ये मात्रा कमी करण्याची आवश्यकता नाही.

2. वयोवृध्द रुग्णांमध्ये:

वयोवृध्दांमध्ये मात्रा कमी करण्याची आवश्यकता नाही.

आरंभ-

आरंभिक प्रतिसाद:

- जुनाट श्वसनविषयक संसंर्गात - 4 दिवस
- वारंवार उद्‌भवणा-या श्वसनविषयक संसंर्गजन्य आजारात - 4 दिवस

अत्युच्च प्रतिसाद:

1. जुनाट श्वसनविषयक संसर्गात- 9 दिवस
2. वारंवार उद्भावणा-या श्वसनविषयक संसंर्गजन्य आजारात -8 दिवस
3. वारंवार उद्भावणारे मुत्रमार्गविषयक संसंर्गजन्य रोग -10 दिवस

कालावधी:

जास्त कालावधीसाठी देण्यात येणा-या मात्रा

1. जुनाट श्वसनविषयक संसंर्गात - 2-3 महिने
2. जुनाट फुफ्फुसांसंबधित अडथळे आणणा-या विकारांमध्ये -5 आठवडे
3. वारंवार उद्भवणा-या श्वसनविषयक संसंर्गजन्य आजारात-2-3 महिने

रक्तातील उपलब्धता:

तोंडाद्वारे दिल्यास -43-45 टक्के

अन्नाचे औषधावर होणारे परिणाम:

रुग्णांसाठी महत्वाचे

1. पिडोटिमोड हे अन्नासोबत दिले असता त्याचा शोषणाचा वेग व विस्तार यांचे परिणाम लक्षणीयरीत्या घटते. हे औषध खाल्यानंतर दिले गेले व याची तुलना औषध रिकाम्यापाटी दिले तर ही वस्तुस्थिती निदर्शनास येते. की पिडोटिमोडचे रक्तातील उपलब्धतेचे परिणाम हे 50 टक्क्याने कमी होते व त्याची रक्तातील अत्त्युच्च पातळी गाठण्याची वेळेस 2तास विलंब होतो. म्हणून पिडोटिमोडचे रक्तातील शोषण सर्वात अनुकुल राहण्यासाठी पिडोटिमोड हे जेवण्याच्याआधी किंवा नंतर 2 तासांनी द्यावे.

विसर्जन:

मुत्रपिंडाद्वारे -45 टक्के

औषधाचा वापर कधी करु नये अथवा टाळावा

एखादा रुग्ण पिडोटिमोड या औषधासाठी अतिसंवेदनाशील असेल तर हे औषध अजिबात वापरु नये.

हे औषध देतांना घ्यावयाची काळजी:

1. रोगप्रतिक्षम संस्थेत बदल करु शकणारी औषधे, विषाणूचे लसीकरण, स्टिरॉइडस् यांचा वापर नजीकच्या भूतकाळात रुग्णासाठी केला असेल अथवा पिडोटिमोड या औषधासोबत करावयाचा असल्यास काळजी घेणे आवश्यक आहे.
2. मुत्रपिंडामध्ये बिघाड असल्यास औषध देतांना काळजी घेणे आवश्यक आहे.

विपरित परिणाम/प्रतिकूल

1. त्वचेवर पुरळ किंवा खाज, चेह-यावर सूज
2. चेहरा व मान यांच्यावर तांबूसपणा
3. मळमळ, उलटी, छातीत जळजळ, जुलाब, भूक न लागणे व पोटात दुखणे(या प्रकारचे प्रतिकूल परिणाम 5 टक्क्यांपेक्षा कमी रुग्ण जे पिडाटिमोड तोंडाद्वारे घेत होते त्यांच्यामध्ये आढळले.)
4. पिडोटिमोड घेत असतांना रक्तातील पेशींची संख्या, हिमोग्लोबिनचे प्रमाण, रक्तातील तबकडीच्या आकाराच्या पेशींचे प्रमाण याम प्रतिकूल बदल आढळले नाही.
5. सर्वसाधारणपणे न आढळणारे विपरित परिणाम- डोकेदुखी, गुंगी/सुस्ती, भोवळ

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dicmspc@gmail.com or visit our website:
http://www.mspcindia.org/dic/homedic.aspxor call on: 022- 25930607

LIST OF PCI APPROVED DIPLOMA COLLEGES	
S.No.	**INSTITUTE NAME**
	AHMEDNAGAR
1.	AMRUTVAHINI INST. OF PHARMACY
2.	KAKASAHEB MHASKE MEMORIAL MEDICAL FOUNDATION KAKASAHEB MHASKE COLLEGE OF PHARMACY
3.	M.E.S.'S MULA RURAL INSTITUTE OF PHARMACY
4.	NAVMAHARASHTRA SHIKSHAN MANDAL'S SHEVGAON,ABASAHEB KAKADE COP
5.	PRAVARA RURAL COLLEGE OF PHARMACY-PRAVARANAGAR
6.	S.M.F.& R.I.VAMANRAO ITHAPE D.PHARMACY COLLEGE
7.	S.R.E.S'S SANJIVANI INSTITUTE OF PHARMACY & RESEARCH,KOPARGAON
8.	SHREE ANAND COLLEGE OF PHARMACY-PATHARDI
9.	YASHVANTRAO CHAVAN COLLEGE OF PHARMACY-AHMEDNAGAR
	AKOLA
10.	GEETADEVI KHANDELWAL INSTITUTE OF PHARMACY
	AMRAVATI
11.	GOVT.COLLEGE OF PHARMACY,AMRAVATI (B.PHARM)
12.	VIDYABHARATI MAHAVIDYALAY COLLEGE OF PHARMACY
	AURANGABAD
13.	B.S.P.M. DR. Y.S. KHEDKAR COLLEGE OF PHARMACY
14.	KAMLA NEHRU POLYTECHNIC (PHARMACY)
15.	SAYALI CHARITABLE TRUST'S COLLEGE OF PHARMACY (DIPLOMA)
16.	U.B.K.W.T.'S D.PHARMACY COLLEGE ,KANNAD,A'BAD
	BEED
17.	ADARSHA SHIKSHAN SANSTHA-S COLL.OF PHARMACY-BEED
18.	ANAND CHARITABLE SANSTHA'S COLLEGE OF PHARMACY
19.	J.B.S.P.MANDAL-S INSTITUTE OF PHARMACY-GEORAI
20.	SHRI AMOLAK JAIN VIDYA PRASARAK MANDAL'S PHARMACY COLLEGE,ASHTI
21.	SHRI BALAJI SHIKSHAN PRASARAK MANDAL INST. OF PHARMACY,AMBEJOGAI
	BHANDARA
22.	ANURAG COLLEGE OF PHARMACY
23.	BAJIRAOJI KARANJEKAR COLLEGE OF PHARMACY
24.	SHRI LAXMANRAO MANKAR INSTITUTE OF PHARMACY,AMGAON
	BULDHANA
25.	ANURADHA COLLEGE OF PHARMACY-CHIKHALI
26.	DWARKA INSTITUTE OF PHARMACY
27.	M.E.S. SATYAJEET COLLEGE OF PHARMACY
	CHANDRAPUR
28.	MAHARASHTRA INST. OF PHARMACY(D.PHARM),BRAHMAPURI
29.	PRIYADARSHANI YASHODHARA COLLEGE OF PHARMACY
30.	SIDDHIVINAYAK COLLEGE OF PHARMACY ,WARORA
	DHULE
31.	MAH COLLEGE OF PHARMACY-BORADI, SHIRPUR
32.	DHULE CHARITABLE SOCIETY'S INSTITUTE OF PHARMACY,NAGAON
33.	GANGAMAI INSTITUTE OF PHARMACY ,NAGAON
34.	H.R.PATEL INSTITUTE OF PHARMACY
35.	R.C.PATEL INSTITUTE OF PHARMACY,SHIRPUR
	GONDIA
36.	MANOHARBHAI PATEL-GONDIA
	JALGAON
37.	COLLEGE OF PHARMACY-FAIZPUR
38.	GOVERNMENT POLYTECHNIC-JALGAON

39.	J.V.'S SHREE P.E.(TATYA) PATIL INSTITUTE OF PHARMACY
40.	K.D.MANDAL,GUDHE SANCHALIT INSTITUTE OF PHARMACY
41.	KHANDESH EDUCATION SOCIETY'S COLLEGE OF PHARMACY,AMALNER
42.	S.M.I.T.-MUKTAINAGAR
43.	S.S.PATIL INSTITUTE OF PHARMACY-CHOPDA
44.	SRI GULABRAO DEOKAR INSTITUTE OF PHARMACY & RESEARCH CENTRE
	JALNA
45.	C.P.COLLEGE OF D.PHARMACY
46.	JALNA EDUCATION SOCIETY INSTITUTE OF PHARMACY
	KOLHAPUR
47.	DR.J.J.MAGDUM COLLEGE-JAYSINGPUR
48.	DR.J.J.MAGDUM TRUST'S ANIL ALIAS PINTU MAGDUM MEMORIAL PHARMACY COLLEGE
49.	INSTITUTE OF PHARMACY-DASARA CHOWK,KOLHAPUR
50.	INSTITUTE OF PHARMACY-UJALAIWADI, KOLHAPUR
51.	SANT GAJANAN MAHARAJ RURAL PHARMACY COLLEGE,MAHAGAON,KOP
52.	SHRI BALASAHEB MANE SHIKSHAN PRASARAK MANDAL AMBAP'S COLL. OF PHARMACY ,PETH VADGAON
53.	TATYASAHEB KORE COLLEGE OF PHARMACY ,WARNANAGAR
54.	VASANTIDEVI PATIL INSTITUTE OF PHARMACY,KODOLI
	LATUR
55.	CHANNABASESHWAR PHARMACY COLLEGE,LATUR
56.	M.B.E.S COLLEGE OF PHARMACY BARSHI ROAD, LATUR
57.	M.MINORITY. EDUCATION SOCIETYS COLLEGE OF PHARMACY,UDGIR
58.	MAHARASHTRA POLYTECHNIC INSTITUTE (D.PHARM) ,NILANGA
	MUMBAI
59.	M.E.T.-BANDRA
60.	N.S.S.COLLEGE OF PHARMACY-TARDEO
61.	P.V.POLYTECHNIC- JUHU
	NAGPUR
62.	B.C.Y.R.C.'S INSTITUTE OF DIPLOMA IN PHARMACY
63.	BHAUSAHEB MULAK COLLEGE OF D.PHARMACY
64.	CENTRAL INDIA INSTITUTE OF PHARMACY
65.	G.H.RAISONI INST. OF LEFE SCIENCES
66.	GURU NANAK COLLEGE OF PHARMACY
67.	J.L. CHATURVEDI COLLEGE OF PHARMACY-NAGPUR
68.	K.D.PAWAR COLLEGE OF PHARMACY
69.	KUSUMATAI WANKHEDE INSTITUTE OF PHARMACY-KATOL
70.	N.Y.S.S.'S ADV.V.R.MANOHAR INST. OF DIPLOMA IN PHARMACY - WANADONGRI
71.	RAVI INSTITUTE OF DIPLOMA IN PHARMACY
72.	SHANTABAI PATIL INST.OF PHARMACY-NEW KAMPTEE
73.	SHRI.K.R.PANDAV INST. OF PHARMACY
	NANDED
74.	EDUCATION SOCIETY'S NAIGAON DIPLOMA IN PHARMACY COLLEGE
75.	JANKALYAN VIKAS MANDAL'S SWARGIYA LILAWATI SATISH AWHAD D.PHARMACY COLL
76.	NANDED PHARMACY COLLEGE (POLYTECHNIC),SHYAM NAGAR
77.	SAHAYOG SEVABHAVI SANSTHA 'S COP ,VISHNUPURI,NANDED
	NANDURBAR
78.	J.E.S.COLLEGE OF PHARMACY
79.	JAMIA COLLEGE OF PHARMACY,AKKALKUWA
80.	K.D.GAVIT DIPLOMA IN PHARMACY COLLEGE
81.	N.T.V-S INSTITUTE OF PHARMACY-NANDURBAR
82.	P.S.G.V.P.MANDAL INSTITUTE OF PHARMACY (D.PHARMACY) ,SHAHADA
	NASIK

83.	A.I.T.S INSTITUTE OF PHARMACY, MALEGAON, NASIK
84.	D.F.LODHA - CHANDWAD, NASIK
85.	GODAVARI SHIKSHAN MANDAL'S ASIAN INST. OF PHARMACY
86.	JAGDAMBA EDU SOC'S S.N.D.DIPLOMA COP ,BABHULGAON,YEOLA
87.	MAH.GANDHI INSTITUTE - PANCHAVATI, NASIK
88.	MATOSHRI EDU SOC'S M.A.B.D.DIPLOMA COP,BABHULGAON,YEOLA
89.	S.M.B.T.INST.OF D.PHARMACY,DHAMANGAON,IGATPURI
90.	SHREE GURUDATTA SHIKSHAN SANSTHA'S,MANUR,KALWAN,NASIK
91.	SHREE M. E.S.'S SHREE MAHAVIR INST. OF PHARMAC ,MHASRUL
92.	SWAMI VIVEKANAND SANSTHA'S INSTITUTE OF PHARMACY,MUNGASE
93.	N.D.M.V.P.SAMAJ'S INSTT.OF PHARMACEUTICAL SCIENCES,ADGAON
	OSMANABAD
94.	A.S.P. MANDAL'S DIP. IN PHARMACY INSTITUTE
	PARBHANI
95.	SHIVAJI INST. OF PHARMACY-PARBHANI
	PUNE
96.	ABHINAV EDUCATION SOCIETY'S COLLEGE OF PHARMACY,NARHE
97.	B.V.'S POONA COLLEGE OF PHARMACY(POLYTECHNIC),ERANDWANE
98.	RAJGAD DNYANPEETH'S COLLEGE OF PHARMACY(POLY.)- BHOR
99.	INSTITUTE OF PHARMACY(DIPLOMA) ,HIDAYATULLAH ROAD ,PUNE
100.	JAYAWANT INSTITUTE OF PHARMACY,TATHAWADE
101.	JAYAWANTRAO SAWANT INST. OF PHARMACY,HANDEWADI ROAD,HADAPSAR
102.	LOKSEVA COLLEGE OF PHARMACY,PHULGAON
103.	PADMASHREE DR.D.Y.PATIL INSTITUTE OF PHARMACY,AKURDI
104.	POONA DISTRICT EDUCATION ASSOCIATION'S SHANKARRAO URSUL COP
105.	RAJMATA JIJAU SHIKSHAN PRASARAK MANDAL INST. OF PHARMACY ,BHOSARI
106.	RMP'S BHALCHANDRA INSTITUTE OF PHARMACY
107.	S.G.M.S.P.M.'S SHARADCHANDRA PAWAR INST. OF PHARMACY,OTUR,JUNNAR
108.	S.J.V.P.M. SHRI FATTECHAND JAIN COLLEGE OF PHARMACY
109.	S.V.P.M.-S INSTITUTE OF PHARMACY,MALEGAON ,BARAMATI
110.	PDEA'S SABLE INSTITUTE OF PHARMACY-SASWAD
111.	SCSSS'S SITABAI THITE COLLEGE OF PHARMACY,SHIRUR GHODNADI ,PUNE
112.	SHIVNERI FOUNDATION'S SHIVNERI INST. OF PHARMACY,KHANAPUR,JUNNAR
113.	SIDDHANT COLLEGE OF PHARMACY,SUDUMBRE,CHAKAN ROAD,,MAVAL
114.	SINHAGAD TECHICAL EDUCATION SOC.SINHAGAD INSTITUTE OF PHARM.SCIENCES ,KUSGAON(BK),LONAVALA,PUNE
115.	SINHAGAD TECHNICAL EDUCATION SOCIETY'S COP(POLY),VADGAON(BK)
116.	V.J.S.M.'S INST.OF PHARM,ALE PHATA,JUNNAR
117.	V.J.S.M.'S INSTITUTE OF PHARMACY FOR WOMEN ,ALE PHATA,JUNNAR
	RAIGAD
118.	B.E.S.INSTITUE OF PHARMACY ,ROHA
119.	NAVYUG COLLEGE OF PHARMACY- LADAVALI, MAHAD
120.	YADAVRAO TASGAONKAR INSTITUTE OF PHARMACY,KARJAT
	RATNAGIRI
121.	COLLEGE OF PHARMACY(POLYTECHNIC)-SAWARDE
122.	GOVT.POLYTECHNIC - RATNAGIRI
123.	M.E.S.INSTITUTE OF PHARMACY-PEDHAMBE
	SANGLI
124.	ADARSH INSTITUTE OF PHARMACY,VITA,TAL-KHANAPUR
125.	APPASAHEB BIRNALE COLLEGE OF PHARMACY
126.	GULABRAO PATIL COLLEGE OF PHARMACY-MIRAJ
127.	S.D.PATIL INSTITUTE OF PHARMACY ,URUN ISLAMPUR, WALWA

128.	SHRI AMBABAI TALIM SANTHA'S COP ,WANLESSWADI,MIRAJ
129.	SHRI SWAMI VIVEKANAND SHIKSHAN SANSTHA'S INST.OF PHARMACY(FORMERLY MIRAJ MEDICAL CENTRE)
	SATARA
130.	COLLEGE OF PHARMACY (D.PHARM,B.PHARM) - GHOGAON
131.	COLLEGE OF PHARMACY-MAYANI ,KHATAV,SATARA
132.	COLLEGE OF PHARMACY-MEDHA,JAOLI,SATARA
133.	GOURISHANKAR EDUCATION SOC.'S G.E.S. COP,A/P LIMB,SATARA
134.	GOURISHANKAR EDUCATION SOC.COLL.OF PHARMACY,DEGAON,SATARA
135.	GOVT.COLLEGE OF PHARMACY KARAD
136.	KRISHNA CHARTIBLE TRUST'S KRISHNA COLLEGE OF PHARMACY
137.	LATE DADASAHEB CHAVAN MEMORIAL INSTITUTE OF PHARMACY,MASUR
138.	S.E.T.'S SAWKAR PHARMACY COLLEGE
139.	SATARA POLYTECHNIC,MANGALWAR PETH
140.	SOU DEVIBAI NARAYANDAS CHHABADA RURAL EDUCATION SOCIETY
141.	SOU. VENUTAI CHAVAN PHARMACY COLLEGE,PHALTAN
	SINDHUDURG
142.	SHREE PUSHPASEN SAWANT COLLEGE OF D-PHARMACY,KUDAL
	SOLAPUR
143.	SPM’S COLLEGE OF PHARMACY-AKLUJ
144.	D.S.T.S.MANDAL-S COLLEGE OF PHARMACY,JULE SOLAPUR
145.	SHRI VITHAL EDUCATION & RESEARCH INSTITUTE,PANDHARPUR
146.	SHRIRAM SHIKSHAN SANSTHA'S COLLEGE OF PHARMACY(POLY) PANIV
147.	Y.S.P.MANDAL SOJAR COLLEGE OF PHARMACY(POLYTECHNIC)
	THANE
148.	A.S.M.S.IDEAL COLLEGE OF PHARMACY,BHAL-KALYAN
149.	BHARATI VIDYAPEETH'S IOP (POLYTECH),CBD,NAVI MUMBAI
150.	N.C.R.D.'S INSTITUTE OF PHARMACY,NERUL
151.	PRIN. K.M.KUNDANANI-S PHARMACY POLYTECHNIC,ULHASNAGAR
152.	SHAD ADAM SHAIKH POLYTECHNIC,BHIWANDI
	WARDHA
153.	AGNIHOTRI COLLEGE OF PHARMACY,WARDHA
154.	INSTITUTE OF DIPLOMA IN PHARMACY-BORGAON MEGHE,WARDHA
155.	MAHILA VIKAS SANSTHA'S DR.R.G.BHOYAR INST.OF PHARMACY,WARDHA
	WASHIM
156.	MAHILA UTKARSHA PRATISTHAN INSTITUTE OF PHARMACY ,RISOD,WASHIM
	YAVATMAL
157.	ISHWAR DESHMUKH INSTITUTE OF PHARMACY
158.	L.T.M.V. CAMPUS - WANI- D.PHARM
159.	MANOHAR NAIK INSTITUTE OF PHARMACY,UMAKHED,YAVATMAL
160.	N.S.M. COLLEGE OF PHARMACY-DHARWHA
161.	PATALDHAMAL WADHWANI COLLEGE-DHAMANGAON ROAD
162.	S.C.S.M.-S INSTITUTE OF PHARMACY-MAREGAON
163.	SUDHAKARRAO NAIK INST.OF PHARM.-PUSAD

LIST OF PCI APPROVED DEGREE COLLEGES	
Sr.No.	**INSTITUTE NAME**
	AHMEDNAGAR
1.	AMRUTVAHINI INST. OF PHARMACY
2.	M.E.S.'S MULA RURAL INSTITUTE OF PHARMACY
3.	PADMASHRI DR.VITHALRAO VIKHE PATIL COP
4.	PRAVARA RURAL COLLEGE OF PHARMACY-PRAVARANAGAR
5.	SANJIVANI INSTITUTE OF PHARMACY & RESEARCH
	AKOLA
6.	S.G.S.P.S. COLLEGE OF PHARMACY-KAULKHED
	AMRAVATI
7.	GOVT.COLLEGE OF PHARMACY,AMRAVATI
8.	VIDYABHARATI MAHAVIDYALAY, COLLEGE OF PHARMACY
	AURANGABAD
9.	GOVT.COLLEGE OF PHARMACY - AURANGABAD
10.	SHRI BHAGWAN COLLEGE OF PHARMACY
11.	Y.B.CHAVAN COLLGE OF PHARMACY-AURNGABAD
12.	YASH INSTITUTE 0F PHARMACY
	BULDHANA
13.	ANURADHA COLLEGE OF PHARMACY-CHIKHALI
	DHULE
14.	DHULE CHARITABLE SOCIETY'S A R AJMERA COP, DHULE
15.	H. R. PATEL WOMEN'S COLLEGE OF PHARMACY
16.	R.C.PATEL INSTITUTE OF PHARMACY
	GONDIA
17.	MANOHARBHAI PATEL IOP-GONDIA
	JALGAON
18.	COLLEGE OF PHARMACY-FAIZPUR
19.	S.S.PATIL INSTITUTE OF PHARMACY-CHOPDA
	KOLHAPUR
20.	B. V.'S COLLEGE OF PHARMACY-MOREWADI,KOLHAPUR
21.	TATYASAHEB KORE COLLEGE OF PHARMACY,WARNANAGAR
	LATUR
22.	MAHARASHTRA COLLEGE OF PHARMACY, NILANGA
	MUMBAI
23.	BOMBAY COLLEGE OF PHARMACY
24.	C.U.SHAH COLLEGE OF PHARMACY
25.	DR.BHANUBEN NANAVATI COLLEGE OF PHARMACY
26.	M.E.T.-BANDRA
27.	PRIN. K.M.KUNDANANI COLLEGE OF PHARMACY,COLABA
28.	I.C.T.-MATUNGA
	NAGPUR

29.	DEPT.OF PHARMACEUTICAL SCIENCES-NAGPUR
30.	GURU NANAK COLLEGE OF PHARMACY
31.	J.L. CHATURVEDI COLLEGE OF PHARMACY-NAGPUR
32.	N.Y.S.S.'S ADV.V.R.MANOHAR INST. OF PHARMACY - WANADONGRI
33.	RAVI BAHU-UDDESHIYA SHIKSHANIK SANSTHA'S SONEKAR COLLEGE OF PHARMACY
34.	SHRI .S.P.S.SANSTHA SMT KISHORITAI BHOYAR COP,KAMPTEE,NAGPUR
	NANDED
35.	SHRI SHARDA BHAVAN EDUCATION SOCIETY'S NANDED PHARMACY COLLEGE
	NANDURBAR
36.	SANE GURUJI COP-SHAHADA
	NASIK
37.	JAGDAMBA EDUCATION SOCIETY'S S.N.D. COLLEGE OF PHARMACY
38.	M.G.V. COLLEGE OF PHARMACY-PANCHAVATI, NASIK
39.	N.D.M.V.P.SAMAJ-S COLLEGE OF PHARMACY,ADGAON
40.	S.M.B.T.INST.OF PHARMACY,BABHULGAON ,YEOLA,NASIK
41.	S.N.J.B.'S (JAIN GURUKUL), SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
	OSMANABAD
42.	A.S.P.M.'S K.T.PATIL COLLEGE OF PHARMACY
	PUNE
43.	ALARD COLLEGE OF PHARMACY
44.	ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY'S COP
45.	ALLANA COLLEGE OF PHARMACY
46.	RD 'S COLLEGE OF PHARMACY- BHOR
47.	INDIRA COLLEGE OF PHARMACY
48.	MAHARASHTRA INSTITUTE OF PHARMACY,KOTHRUD,PUNE
49.	MARATHWADA MITRA MANDAL'S COLLEGE OF PHARMACY
50.	MODERN COLLEGE OF PHARMACY
51.	PADMASHREE DR.D.Y.PATIL COLLEGE OF PHARMACY FOR WOMEN
52.	PADMASHREE DR.D.Y.PATIL INSTITUTE OF PHARMACY
53.	BV'sPOONA COLLEGE OF PHARMACY ,PUNE
54.	PROGRESSIVE EDU.SOCY. MODERN COLLEGE OF PHARMACY FOR LADIES
55.	S.V.P.M.INSTITUTE OF PHARMACY,MALEGAON(BK),BARAMATI
56.	SCSSS'S SITABAI THITE COLLEGE OF PHARMACY
57.	SETH GOVIND R. SABLE COLLEGE OF PHARMACY-SASWAD
58.	SIDDHANT COLLEGE OF PHARMACY
59.	SINGHAD TECHNICAL EDUCATION SOC.'S SMT.KASHIBAI NAVLE COLL. OF PHARMACY ,KONDHWA(BK),PUNE
60.	SINHAGAD TECHICAL EDUCATION SOC.SINHAGAD INSTITUTE OF PHARM.SCIENCES,KUSGAON(BK),PUNE
61.	SINHAGAD TECHNICAL EDUCATION SOCIETY'S COLL.OF PHARMACY ,VADGAON(BK) PUNE
62.	SINHGAD INST. OF PHARMACY ,NARHE,PUNE
	RAIGAD
63.	YADAVRAO TASGAONKAR IOP,KARJAT

	SANGLI
64.	APPASAHEB BIRNALE COLLEGE OF PHARMACY
65.	RAJARAMBAPU COLLEGE OF PHARMACY, KASEGAON
	SATARA
66.	COLLEGE OF PHARMACY (D.PHARM,B.PHARM) - GHOGAON
67.	GOURISHANKAR EDUCATION SOC.COLL.OF PHARMACY
68.	GOVT.COLLEGE OF PHARMACY KARAD
	SOLAPUR
69.	D.S.T.S.MANDAL'S COLLEGE OF PHARMACY
	THANE
70.	BHARATI VIDYAPEETH'S COLLEGE OF PHARMACY, CBD
71.	DR. L.H. HIRANANDANI COLLEGE-ULHASNAGAR
72.	ORIENTAL COLLEGE OF PHARMACY
73.	PCT'S VEER MATA HIRABEN P.SHAH COP
74.	SARASWATI VIDYA BHAVAN COP-DOMBIVLI
	WARDHA
75.	AGNIHOTRI COLLEGE OF PHARMACY
76.	COLLEGE OF PHARMACY BORGAON MEGHE
	YAVATMAL
77.	PATALDHAMAL WADHWANI COLLEGE-DHAMANGAON
78.	SUDHAKARRAO NAIK COLLEGE OF PHARMACY ,PUSAD

All Procedural forms related to Registration of Pharmacist now available at click of mouse-

All Pharmacists may please note that following procedural forms are available on council's website **www.mspcindia.org** on home page under quick links. Those who wish to fulfil any of these may download the necessary form and requisite information from the website.

- Application form for Registration (form no. 8)
- Renewal,Re-entry,Duplicate certificate(In case of loss of registration certificate),
- New copy of Registration Certificate (in case certificate is spoiled)
- Change of Name
- New PPP, Loss of PPP, PPP renewal etc.
- Additional Qualification
- Good standing Certificate for Foreign Country

LIST OF APPROVED DRUG FROM 01-01-2011 to 30-06-2011

S.No	Name Of Drug	Indication	Date of issue
1.	Alpha Lipoic Acid USP 100mg + Methylcobalamin 1500mcg + Vitamin B6 IP 3mg + Folic Acid IP 1.5mg + Benfotiamine 50mg + Biotin USP 5mg + Chromium Picolinate USP Eq. to Chromuim 200mcg Capsule	For the treatment of diabetic neuropathy	03.01.11
2.	Ropinirole ER Tablet 1 mg. (Additional Strength)	Same as approved	04.01.11
3.	Erlotinib HCl Tablet 150 mg (Additional Indication)	Monotherapy for the Maintenance Treatment of Patients with locally advanced metastatic non-small lung cancer whose disease has not progressed after four cycles of Platinum based First Line Chemotherapy.	04.01.11
4.	Moxifloxacin HCl BP 0.5% w/v + Bromfenac Sodium 0.09% w/v Eye drop	For the reduction of post operative inflammatory conditions of the eye	05.01.11
5.	Ferrous Ascorbate 100mg + Folic Acid IP 1.5mg + Cyanocobalamin IP 15mcg + Zinc Sulphate Monohydrate Eq. to Elemental Zinc 22.5mg Tablet	For the treatment of iron deficiency anaemia	05.01.11
6.	S (+) Etodolac 300mg +Thiocolchicoside 8mg Tablet	For the treatment of patients with acute painful musculoskeletal conditions	05.01.11
7.	Beclomethasone Dipropionate IP 100mcg + Formoterol Fumarate Dihydrate BP Eq. to Formoterol Fumarate 6 mcg Metered Dose Inhaler	For the treatment of bronchial asthma where use of inhaled corticosteroid therapy found appropriate	05.01.11
8.	Amlodipine Besilate IP Eq. to Amlodipine 5mg + Indapamide USP SR 1.5mg Tablet	For the treatment of mild to moderate hypertension	05.01.11
9.	Metformin HCl IP 500mg + Alpha Lipoic Acid USP 200mg Tablet	For the treatment of patients with diabetic polyneuropathy	05.01.11

10.	Spironolactone IP 25mg + Furosemide IP 40mg Tablet	Additional strength	05.01.11
11.	Bicalutamide Tablet 150 mg.(Additional Strength and Indication)	Indicated either alone or as adjuvant to radical Prostatetomy or radiotherapy in Patients with Locally advanced Prostate cancer at High risk for disease Progression.	05.01.11
12.	Paracetamol Chewable Tablet 500 mg. (Additional Dosage Form)	Same as approved	05.01.11
13.	Methylcobalamin 500mcg + Folic Acid IP 1.5mg + Zinc Sulphate IP 25mg + Chromium Polynicotinate 200mcg + Selenium as Sodium Selenite USP 65 mcg + Inositol 100mg + Alpha Lipoic Acid 50mg + Streptococcus faecalis 30 Millions (30 lakh) + Clostridium butyricum 2 Million (20 lakh) + Bacillus mesentericus 1 Million (10 lakh) + Lactic acid bacillus 50 Million (500lakh) Capsule	For Vitamins and Minerals deficiency states in adult patients	11.01.11
14.	Dextromethorpha Extended Release Oral Suspension 30 mg per 5 ml	For the Relief of Persistent Dry irritating cough in adult patients Only.	17.01.11
15.	Hydroquinone USP 2% w/w + Tretinoin USP 0.025% w/w + Allantoin USP 1%w/w Gel	For treatment of hyper pigmentry disorders	31.01.11
16.	Paracetamol Fast Release Tablet 500mg (Additional Dosage Form)	Same as approved	10.02.11
17.	Each bowel preparatory kit contains: One enteric coated tablet BiscodylIP5mg &One sachet of powder for reconstitution contains: Polyethylene glycol 3350NF: 210gm + Sodium Bicarbonate IP 2.86gm + Sodium Chloride IP 5.6gm + Potassium Chloride IP 0.74gm	For bowel cleansing prior to colonoscopy in adult patients only	11.02.11
18.	Ferric Carboxymaltose equivalent to elemental Iron…50mg/ml Injection	For the treatment of iron deficiency in adults when oral iron preparations are ineffective or cannot be used.	11.02.11

19.	Pidotimod Tablet 400 mg/800 mg & Oral Solution 400 mg/800 mg per 7ml	For infections of the respiratory system in secondary and primary immunodeficiency with alteration in maturation of T cells in adults only.	11.02.11
20.	Ursodeoxycholic Acid Suspension 125mg/5ml and 250 mg /5ml.	For the treatment of patients with chronic cholestatic liver disease.	11.02.11
21.	IloperidoneTablets 1mg/2mg/4mg/6mg/8mg /10mg/12mg	For the acute treatment of adults with schizophrenia.	17.02.11
22.	Calf lung surfactant Intratracheal Suspension containing Phospholipids.... 35mg (containing 26 mg phosphatidylcholine of which 16mg is disaturated phosphatidylcholine) Proteins....0.65mg (including 0.26mg of surfactant associated proteins B) per ml	(a). As a prophylaxis therapy for premature infants <29 weeks of gestational age at significant risk for Respiratory Distress Syndrome (RDS). (b). For the treatment of infants <72 hours of age with RDS (confirmed by clinical and radiologic findings) and requiringendotrachteal intubation.	17.02.11
23.	Baclofen ER Capsule 10 mg/50 mg. (Additional Strength)	Same as approved	17.02.11
24.	Dexketoprofen Trometamol ER Tablet 50 mg (Additional Strength)	Same as approved	21.02.11
25.	Gatifloxacin Eye drop 5 mg/ml	For the treatment of bacterial conjunctivitis caused by susceptible strains	21.02.11
26.	Paclitaxel Injection 30mg/100 mg/300 mg (additional Indication)	Advanced squmous cell carcinoma of Head and Neck SCCHN: 1. Diagnosed but unrectable locally advanced SCCHN 2. Recurrent SCCHN, if surgery or radiation is not feasible. 3. Palliative treatment of metastatic SCCHN.	24.02.11

27.	Eslicarbazepine Acetate Tablets 200mg/400mg/600mg/800mg	As an adjunctive therapy in adults with partial-onset seizures with or without secondary generalisation.	07.03.11
28.	Ketoprofen Plaster (Size - 7cm x 10 cm)	For the Relief of Musculoskeletal pain and Inflammation.	09.03.11
29.	Meropenem IP 1000mg + Sulbactam sodium USP 500mg injection	For the treatment of lower respiratory tract infection caused by gram negative bacteria in adults only	15.03.11
30.	Dasatinib 20mg/50mg/70mg (Additional Indication)	Treatment of newly Diagnosed Adults with Chronic Myeloid Leukaemia (CML) in Chronic Phase.	16.03.11
31.	Adenosylcobalamin 15mcg + Ferrous Ascorbate 100mg + Folic Acid IP 1.5mg + Zinc Sulphate USP Eq. to Elemental Zinc 22.5mg tablet	For the treatment of iron deficiency anaemia in adults only	21.03.11
32.	Tioconazole Vaginal Gel 65mg per gm	For the local treatment of vulvo vaginal candidiasis in adult patients.	22.03.11
33.	Aspirin (EC Tablets) 75mg/75mg/150mg +Rosuvastatin (Granules) 5mg/10mg/10mg Capsules	For the treatment of dyslipidemia associated with arthersclerotic arterial disease with risk of Myocardial infarction, stroke or peripheral vascular disease.	30.03.11
34.	Ilaprazole Tablets 5mg/10mg	For the treatment of duodenal ulcer in adults only.	05.04.11
35.	Asenapine Maleate Sublingual Tablets 5mg/10mg	For acute treatment of schizophrenia in adults only.	07.04.11
36.	Cefpodoxime IP 100mg/200mg +Ofloxacin IP 100mg/200mg Tablets	For the Treatment of Lower and upper respiratory tract infection and Typhoid fever in adults only	16.04.11
37.	Tapentadol Hydrochloride Tablets 50mg/75mg/100mg	For relief of moderate to severe acute pain in adults 18 years of age or older.	18.04.11
38.	Cefixime Trihydrate IP Eq. to Anhydrous Cefixime 100mg/200mg + Ofloxacin IP 100mg/200mg Dispersible Tablet	Same as approved	20.04.11

	(Additional dosage form)		
39.	S-Bupivacaine Hydrochloride Injection 2.5mg/5mg/7.5mg per ml	For surgical anaesthesia in adults for epidural (including caesarean section), intrathecal, peripheral nerve block.	28.04.11
40.	Dexketoprofen 50mg + Dicyclomine 20mg per 2ml Injection	For the treatment of acute colicky pain in adult patients	28.04.11
41.	Gatifloxacin 0.3% + Loteprednol Etabonate 0.5% + Benzalkonium Chloride 0.01% w/v Opthalmic suspension	For Post-Operative Steroid repulsive inflammatory Ocular conditions when Ocular bacterial infections or a risk of bacterial infection exists	19.05.11
42.	Diclofenac Colestyramine 145.6 mg corresponding to 75mg Diclofenac Sodium Capsules.	For the treatment of acute arthritis (including attacks of gout), chronic arthritis especially rheumatoid arthritis (chronic polyarthritis), ankylosing spondylitis (Morbus Bechterew) and other inflammatory, rheumatoid syndromes of vertebral column.	19.05.11
43.	Brinzolamide Ophthalmic Suspension 1%w/v	For the treatment of elevated intraocular pressure in patients with ocular hypertension or open-angle glaucoma.	26.05.11
44.	Besifloxacin Ophthalmic Suspension 0.6% w/v	For the treatment of bacterial conjunctivitis.	31.05.11
45.	Diclofenac (as EC Tablets) 25mg + Paracetamol 325 mg Capsule (Additional Strength)	Same as approved	31.05.11
46.	Amlodipine 10mg/10mg+ Telmisartan 40mg/80mg Tablets (Additional Strength)	Same as approved	31.05.11

47.	**1. PROBIO :** **Each sachet (1g) contains:** **Total Probiotic**.... Not less than 1.25 Billion CFU (Lactobacillus acidophilus, Lactobacillus rhamnosus, Bifidobacterium longum, Saccharomyces boulardii) **2. PROBIO & PREBIO (F)s** **Each sachet (1g) contains:** **Probio (CMP 5)** **Total Probiotic**...Not less than 1.25 Billion CFU (Lactobacillus acidophilus, Lactobacillus rhamnosus, Bifidobacterium longum, Saccharomyces boulardii) **Fructo Oligo Saccharides** .... 100mg **3. PROBIO & PREBIO (D)** **Each sachet (1.3g) contains:** **Probio (CMP 5)** **Total probiotic**... not less than 1.25 billion CFU (Lactobacillus acidophilus, Lactobacillus rhamnosus, Bifidobacterium longum, Saccharomyces boulardii) **Fructo Oligo Saccharides**...1000mg	For the treatment of rotavirus diarrhoea.	09.06.11
48.	Paracetamol 325mg + Tramadol Hydrochloride 37.5 mg Tablets	Additional indication. (For Symptomatic Treatment of Moderate To Severe Pain.)	21.06.11
49.	Silodosin Capsules2mg/4mg/8mg	For the treatment of signs and symptoms of benign prostatic hyperplasia (BPH) in adults only.	23.06.11
50.	Tiapride Hydrochloride Tablets 25mg/50mg/100mg	For the treatment of agitation and aggressiveness in adult patients with cognitive impairment.	23.06.11

Reference: http://cdsco.nic.in/listofdrugapprovedmain.html

MAHARASHTRA STATE PHARMACY COUNCIL'S DRUG INFORMATION CENTRE

NOTIFICATION OF SUSPECTED ADVERSE DRUG REACTION

Patients Name : -- Age : -------------- Sex : ------------------------

Address & Contact Number :--

Prescriber :---

Suspected drug (s) :---

Date of drug Started :---

Date of adverse reaction Started :--

Brief description of the reaction :--

Name of the reporting Community Pharmacist :--- ---------

Address & Contact No.:---

Signature :----------------------------- Date :------------------------------------

Please return this filled form to MSPC's Drug Information Centre, E.S.I.S. Hospital Compound, L.B.S. Marg, Mulund (W), Mumbai-400 080 Tel:25930607 Telefax: 25684291

Do you want to Subscribe Council's DRUG INFORMATION BULLETIN?

If yes, send us following information

Name...

Address...

Phone................... Fax..................... E-mail..

Qualification........................... Reg.No.......................dt. .... ….

Signature. (Applicant)

Send additional Rs.100/- so total of Rs.200/- to receive five more WHO booklets viz.*Drug Interaction Manual, Drugs Harmful In Pregnancy, Essential Drug List for Children*, *Drugs Harmful in Hepatic and Renal Impairment (Injury), & Guide to Patient Counseling* with bulletin.

Note:- Demand Draft should be sent in favour of " Maharashtra State Pharmacy Council-DIC", E.S.I.S Hospital Compound, L.B.S. Marg, Mulund (West), Mumbai-400 080, Maharashtra"*[Cheques are not acceptable] OfficeTime:10.30am to 3.00pm (Mon-Fri) 10.30am to 1pm (Sat)*

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