JSS ACADEMY OF HIGHER EDUCATION & RESEARCH
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CLINICAL PHARMACY NEWSLETTER

A Newsletter of Drugs and Prescribing Information
Published by
Department of Pharmacy Practice, JSS College of Pharmacy, ooty

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INSIDE THIS ISSUE

Updated 2025 ACG Clinical Guideline for the Management of Crohn's Disease

Introduction
Since the 2018 guideline, multiple new biologic and small molecule agents have been approved for Crohn's disease, and data have emerged supporting earlier initiation of advanced therapies to improve long-term outcomes. The 2025 update reflects this shift toward early treat-to-target strategies, the de-implementation of ineffective agents, and individualized therapy selection based on disease phenotype, prior exposures, and patient preferences.

Design
Evidence-based clinical practice guideline using the GRADE framework, incorporating systematic literature review and consensus expert opinion.

Setting
Multicenter, multidisciplinary guideline panel convened by the American College of Gastroenterology

Patients
Adult patients with suspected, newly diagnosed, or established Crohn's disease, including luminal, fistulizing, and stricturing phenotypes.

Exposure or Interventions
Recommendations encompass diagnostic strategies, dietary and lifestyle interventions, corticosteroids, immunomodulators, biologics, and small molecule therapies, with special attention to new agents approved since the 2018 guidelines.

Outcomes
Induction and maintenance of clinical, endoscopic, and radiographic remission; prevention of complications; reduction in corticosteroid dependence; and patient-centered outcomes.

Data Analysis
Evidence was graded as high, moderate, low, or very low using the GRADE approach, with formulation of recommendations as strong or conditional.

Funding
American College of Gastroenterology

Results
The 2025 updated guideline incorporates significant changes from 2018, reflecting both refinement in diagnostic approaches as well as therapeutic advances.

Diagnosis
The guidelines now provide a practical fecal calprotectin cut-off of >50-100 mg/g to distinguish inflammatory from non-inflammatory disease. It also formally endorses intestinal ultrasound (IUS) as a non-invasive, radiation-free adjunct for both diagnostic and monitoring, alongside other imaging techniques like CT or MR enterography.

Treatment
Most importantly, while mucosal ealing on endoscopy remains the goal of therapy, the panel suggests against requiring patients to fail conventional therapies such as thiopurines or methotrexate before starting advanced therapies in moderate to-severe CD, as new evidence emerged showing early intervention with advanced therapy is superior to accelerated step-up therapy.

Mild-to-moderate CD: Mesalamine is now strongly discouraged for both induction and maintenance of luminal CD due to limited efficacy. Sulfasalazine should only be considered for patients with mild colonic CD. Budesonide at 9 mg daily remains recommended for induction in mild-to-moderate ileocecal CD but is recommended against for maintenance. The role of dietary therapy is now recognized only in mild-to-moderate disease, citing specific data from the DINE-CD trial, which supports Mediterranean or specific carbohydrate diets in select low-risk patients with mild disease, provided close monitoring is ensured.

Moderate-to-severe CD: Systemic corticosteroids remain induction-only agents with a strong recommendation to limit use to fewer than 3 months, and to initiate a structured taper with rapid transition to steroid-sparing regimens.

Fistulizing CD: Management of fistulizing disease has also broadened. Infliximab remains first-line therapy, but Adalimumab, Vedolizumab, Ustekinumab, and Upadacitinib are now considered reasonable options for induction.

Postoperative CD: Guidelines newly recommend endoscopic monitoring at 6-12 months after surgery. It continues to support continued observation in low-risk patients, but now adds Vedolizumab, in addition to Infliximab, to post-operative prevention regimens in high-risk patients.

Caution

Despite these advances, many recommendations remain conditional and based on low-quality evidence, particularly concerning comparative positioning of agents and sequencing strategies after biologic failure.

Evidence for dietary therapies also remain limited, and while they may benefit select motivated patients with low-risk disease, reliance on diet alone should not delay timely escalation in more severe phenotypes.

For Future Research

Comparative effectiveness and head-to head trials among newer biologics and small molecules are urgently needed, as are studies on sequencing strategies after treatment failure. Long-term safety data for JAK inhibitors in CD, and optimal dietary intervention protocols, are also priorities.

	Key Updates in 2025 Recommendations	What's New since 2018
Diagnostics	• Fecal calprotectin cut-off of 50–100 mg/g to differentiate inflammatory from noninflammatory colonic disease • Intestinal ultrasound offers a non-invasive, radiation free-method of assessing the bowel wall, mesentery, and adjacent structures and is an adjunct to the diagnosis and monitoring to therapy	• A fecal calprotectin threshold to differentiate noninflammatory disease. • IUS is formally endorsed to assess inflammation.
Mild-to-moderate CD	• Recommend against mesalamine for induction/maintenance • Recommend budesonide 9 mg daily for ileocecal induction but not for maintenance • For mild CD and low risk of progression, diet-based strategies along with careful monitoring for inadequate symptom relief, worsening inflammation, or disease progression may be considered	• A clear recommendation against the mesalamine for Crohn's disease • A clear recommendation against budesonide for maintenance • Recognition that diet-based strategies alone may be reasonable in select patients with mild disease and low risk of disease progression
Moderate-to-severe CD	• Suggest against requiring failure of conventional therapy before initiation of advanced therapy • Recommend oral corticosteroids for short-term induction of remission • Anti-TNFs remain foundational, but other recommended therapies include: Subcutaneous infliximab after IV induction; vedolizumab IV induction and SC for maintenance; ustekinumab for induction and maintenance; risankizumab; mirikizumab; guselkumab • Recommend the use of risankizumab over ustekinumab if there is prior exposure to anti-TNF therapy • Recommend upadacitinib use for induction and maintenance of remission for patients with moderate-to-severe CD who have prior exposure to anti-TNF	• A major shift away from step-up for moderate-severe Crohn's disease. • New suggestion of tapering rapidly to steroid-sparing agents and explicitly using a ≤3-month taper • Additional therapies are recognized including subcutaneous infliximab and vedolizumab for maintenance, and recognition of risankizumab, mirikizumab, and guselkumab as possible agents • New guidance on positioning risankizumab over ustekinumab in patients with prior anti-TNF exposure • Upadacitinib is also recommended for those with prior exposure to anti-TNF
Fistulizing CD	• Recommend infliximab use as induction therapy • Suggest the use of adalimumab, vedolizumab, ustekinumab, and upadacitinib for induction	• Expands prior recommendations with vedolizumab, ustekinumab, and upadacitinib as possible induction therapies
Postoperative CD	• Recommend postoperative monitoring at 6–12 months over no monitoring • In patients with CD with low postoperative risk of recurrence, suggest continued observation as compared with immediate initiation of medical therapy for CD • In patients with high-risk CD, recommend anti-TNF therapy or vedolizumab to prevent postoperative endoscopic recurrence	• Formal recommendations on timing of post-operative monitoring • In addition to infliximab, vedolizumab is added as prophylaxis option in those with high risk of recurrence

Table 1. Key Updates in Recommendations.

Reference

Lichtenstein GR, Loftus EV Jr, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol. 2025;120(6): 1225-1264.

Isolated Gastric Crohn's Disease

Introduction

Crohn's Disease (CD) is a chronic progressive inflammatory condition believed to be driven by an interplay between underlying genetic susceptibility, altered gut microbiota, immune system dysregulation, as well as environmental triggers. CD most typically presents with ileal, ileocolonic, or colonic disease. Isolated gastric CD (IGCD) represents a rare subtype of CD with unclear epidemiology, diagnostic criteria, and management guidelines. It is estimated to affect less than 0.07% of patients with CD; however, the true incidence of this rare entity is unknown.

Case Report

A 21-year-old man presented to an outside hospital for 4 days of worsening epigastric pain and decreased oral intake. He was transferred to a large academic teaching hospital for gastric outlet obstruction (GOO) secondary to IGCD. Six years before, he was evaluated by the pediatric Gastroenterology service for epigastric pain and abdominal bloating. At that time, an esophagogastroduodenoscopy (EGD) was completed which demonstrated chronic active gastritis without evidence of *Helicobacter pylori (H.pylori)*, and he was subsequently started on twice daily proton pump inhibitor. He unfortunately presented again one year later with worsening epigastric pain, unintentional weight loss, and diarrhea. Workup revealed a microcytic anemia, hypoalbuminemia, and an elevated fecal calprotectin level. Given these findings, there was initial concern for CD. Magnetic Resonance Enterography was performed and did not show any small bowel or colonic wall thickening to suggest CD. Gastric biopsies showed severe active chronic gastritis without evidence of granulomatous disease. Colonoscopy showed normal mucosa in the colon and terminal ileum, with biopsies showing no histopathologic abnormalities. Video capsule endoscopy showed no evidence of small bowel abnormality and additional laboratory testing was notable for positive anti-parietal cell antibodies, negative intrinsic factor antibodies, negative QuantiFERON, normal fasting gastrin, serum vitamin B12, and methylmalonic acid. Serum angiotensin-converting enzyme level was unfortunately, not obtained. At this time, the patient was diagnosed with atrophic gastritis and provided with vitamin B12 and iron supplementation with plans for regular outpatient follow-up.

Approximately one year later, the patient again presented for epigastric pain. Workup during this visit included unremarkable ballon enteroscopy and repeat colonoscopy. EGD noted ulcersin the gastric antrum with gastric biopsiesshowing visible parietal cells without evidence of glandular atrophy or destruction. In addition flow cytometry was unremarkable. The patient was discharged with plans for continued proton pump inhibitor therapy.

One year later, the patient again presented for recurrent epigastric pain with imaging suggestive of GOO. At this time the patient was transferred to an academic medical center for further care. Repeat EGD was obtained which now showed gastric antral stenosis. Gastric biopsies were again negative for *H. pylori*, however, now showed granulomas. Given previous concerns for CD, fecal calprotectin level was obtained and noted to be elevated at 6,260 mcg/g. Upon rereview of all the patient's previous laboratory data, endoscopic findings, and pathology results, he was formally diagnosed with IGCD.

The patient was provided a short course of steroids with minimal symptomatic response with eventual transition to tittAdalimumab. Repeat EGD 4 months later noted worsened gastric antral stenosis, to the point that the pylorus could no longer be identified on endoscopy and the duodenum could not be examined. He was subsequently transitioned to Upadacitinib. Unfortunately, Adalimumab levels were not checked at that time to ensure therapeutic dosage.

Subsequently, the patient returned to the hospital endorsing recurrent epigastric pain, nausea, hematemesis, and inability to tolerate oral intake, including his Upadacitinib pills. At this time, surgical opinion was obtained for management of GOO and he was started on total parenteral nutrition. In addition, he was transitioned from Upadacitinib to Risankizumab, as Upadacitinib is primarily absorbed in the small bowel. At 3 month follow-up after initiation of Risankizumab, he subjectively noted decreased episodes of emesis, ability to take more of his nutrition per mouth, and significant improvement in his energy levels. Weight had improved as well while on total parenteral nutrition. Repeat EGD demonstrated healing gastric mucosa, ability to identify pylorus, and ability to examine the small intestine, although a pediatric gastroscope was used. Patient remains on Risankizumab with plansfor close follow-up in an additional 3 months.

Discussion

IGCD is a rare subtype of CD with burden of disease localized to the stomach. Endoscopic findings include nodularity (93%), aphthous ulcers (64%), thickened antral folds (64%), linear ulcerations (55%), and antral narrowing (43%). Diagnosis is difficult, as symptoms often overlap with peptic ulcer disease, nonsteroidal anti-inflammatory drug induced-gastritis, *H. Pylori* infection, atrophic gastritis, malignancy, lymphoma, gastrinoma, collagen vascular disease, Men etrier's disease, tuberculosis, Zollinger Ellison syndrome, and gastric sarcoidosis.

In our review of the available literature, there seems to be 13 additional published case reports of IGCD. These cases were published from a span of 1976 to 2024. Among those 13 cases, the mean age was 37 years and 92% of cases were seen in women. The most common chief concerns were nausea/vomiting (85%) and abdominal pain (62%). Only 46% of cases were noted to have granulomatous changes on gastric biopsy. Notably, 85% of cases of IGCD developed GOO during their clinical course. Management strategies varied, especially as biologics became more frequently used in the management of inflammatory bowel disease. In this review, 54% of cases used biologic therapy, 23% relied on a thiopurine-based regimen, 15% pursued surgical resolution, and 8% improved with steroids alone. Younger age and the presence of upper gastrointestinal symptoms were useful in differentiating CD from non-CD patients with isolated granulomatous gastritis. In the available literature, tumor necrosis factor(TNF) inhibitor therapy with Infliximab or Adalimumab has been the first line biologic. This case report provide insights on surgical management included Rouxen-y gastrojejunostomy as well as total gastrectomy, however information on optimal operative management is sparse and postoperative recurrence is believed to be common. In this study, we present a patient who failed initial treatment with a TNF inhibitor.

Further research is needed to examine whether therapies studied in ileocolonic CD show similar efficacy in IGCD as well as the role of acid suppressing therapy in IGCD. We also acknowledge the need for further investigation into first line biologic therapy in IGCD. Specifically, this case highlights the need for further research to compare the efficacy of IL-23 inhibitors, such as Risankizumab, with TNF inhibitors in the management of IGCD.

Reference

Matthew Udine, Andres Rodriguez, Ankita Tirath and Heba Iskandar. ACG Case Rep J 2025;12:e01790. doi:10.14309/crj.0000000000001790.

Drug Profile
Wayrilz (Rilzabrutinib)

Pharmacological Class
Kinase inhibitor

Indications
Wayrilz is indicated for the treatment of adult patients with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.

Dosage Forms And Strengths
400 mg orally twice daily; swallow whole with water, with or without food. Do not cut, crush, or chew tablets.

Contraindications
None

Warning and Precautions
Serious Infections: Monitor patients for signs and symptoms of infection, evaluate promptly, and treat.
Hepatotoxicity, Including Drug-Induced Liver Injury: Evaluate bilirubin and transaminases at baseline and as clinically indicated during treatment.
Embryo-Fetal Toxicity: Based on preliminary animal data, WAYRILZ may cause fetal harm. Advise females of reproductive potential of the potential risk and to use effective contraception

Mechanism of Action
Rilzabrutinib is a small-molecule, covalent, reversible kinase inhibitor targeting Bruton's tyrosine kinase (BTK). Rilzabrutinib mediates its therapeutic effect in ITP through immune modulation including 1) inhibition of B cell activation, and 2) interruption of antibody-coated cell phagocytosis by Fcγ receptor (FcγR) in spleen and liver. *In vitro*, Rilzabrutinib reduced autoantibody signaling mediated through the FcγR pathway, blocked B cell signaling, and decreased autoantibody generation through effects on B cell activation.

Adverse Reactions

Adverse Reactions	WAYRILZ (N=133)		Placebo (N=69)	
	All Grades %	Grade 3 or Higher %	All Grades %	Grade 3 or Higher %
Diarrhea	32	0	10	0
Nausea	20	0	6	0
Headache	18	0	7	0
Abdominal Pain[b]	14	0	1	0
COVID-19	14	0.8	4	0
Arthralgia	9	0	4	0
Dizziness	8	0	1	0
Nasopharyngitis[b]	7	0	3	0
Vomiting	7	0	1	0
Dyspepsia	5	0	0	0
Cough[a]	5	0	0	0

[a] Adverse reactions that occurred in at least 5% of WAYRILZ treated patients and at least 3% higher than placebo-treated patients.
[b] Grouped term

Pharmacodynamics
Plasma Exposure and BTK Occupancy
Rilzabrutinib has a short duration of systemic exposure with a long duration of action on the target due to its slow dissociation from BTK. At therapeutic doses in healthy participants, durable BTK occupancy in peripheral blood mononuclear cells was observed over a 24-hour period.
Cardiac Electrophysiology
In a thorough QT study, concentration dependent shortening in the QTc interval was observed. Following a single dose of Rilzabrutinib 400 mg, the mean maximum QTcF decrease of -7 msec (90% confidence interval: -9 msec to -5 msec) was observed at 2 hours post-dose. The mean maximum QTcF decrease at exposures 4-fold the highest recommended dose, i.e., 400 mg BID, was -10 msec (90% confidence interval: -12 msec to -8 msec) at 2 hours post-dose.

Pharmacokinetics
The pharmacokinetics of Rilzabrutinib are presented as geometric mean (% coefficient of variation) unless otherwise specified. The Cmax and AUC of Rilzabrutinib increase proportionally following administration of multiple doses of 300 mg to 600 mg. Steady-state plasma levels are reached within 3 days with accumulation up to 1.3-fold at the approved recommended dosage. Following daily doses of 400 mg Rilzabrutinib twice daily, the steady-state Cmax and AUC24h are 150 ng/mL (56%) and 1540 ng.h/mL (57.5%), respectively.
Absorption
The absolute oral bioavailability of Rilzabrutinib is 4.7%. Following a single oral dose of 400 mg rilzabrutinib, the median time to peak plasma concentration (Tmax) is approximately 2 hours.
Effect of Food:
Rilzabrutinib AUC and Cmax decreased by 20% and 31%, respectively, following administration of a single oral 400 mg dose with a high fat meal (approximately 1,000 calories with 50% of total caloric content from fat).
Distribution
The volume of distribution at terminal phase (Vz) after IV administration is 149L. Rilzabrutinib is 97.5% bound to plasma proteins and the blood-to-plasma ratio is 0.786.
Metabolism
Rilzabrutinib is predominantly metabolized by cytochrome P450 3A.
Elimination
The clearance of Rilzabrutinib is time-independent. Following multiple doses of 400 mg twice daily Rilzabrutinib in patients with ITP, mean CL/F ranged from 246 to 911 L/h. Based on the population pharmacokinetic analysis in patients with ITP, the mean CL/F was 516 L/h.
In Phase 1 studies, the half-life of Rilzabrutinib ranged between 1.6 to 4.5 hours.

Patient Counselling Information
Storage Instructions: Instruct patients to store WAYRILZ at room temperature in the original package and to protect from light and moisture.
Administration Instructions: Instruct patients to take Rilzabrutinib orally twice daily at approximately the same time each day with or without food. Advise patients that WAYRILZ tablets should be swallowed whole with a glass of water, and not to cut, crush or chew the tablets.
Missed Dose: Advise patients that if they miss a dose of Rilzabrutinib, they should take it as soon as possible on the same day and at least 2 hours apart from the next regular scheduled dose.
Drug Interactions: Advise patients to inform their healthcare providers of all concomitant medications, including over-the-counter medications, vitamins, and herbal supplements. Advise patients to avoid eating grapefruit, starfruit, and Seville oranges and products containing these fruits with Rilzabrutinib.

Ingredients
Active ingredients: Rilzabrutinib
Inactive ingredients: Tablet core: crospovidone (Type A), microcrystalline cellulose, and sodium stearyl fumarate; Tablet coating: FD&C yellow #6/Sunset yellow FCF aluminum lake, macrogol/polyethylene glycol (PEG), polyvinyl alcohol partially hydrolyzed, talc, and titanium dioxide.

Use in Specific Population
Lactation: Advise not to breastfeed.
Hepatic Impairment: Avoid use of Rilzabrutinib in patients with moderate or severe hepatic impairment.
Renal Impairment: Avoid use in patients with severe renal impairment.

Reference
https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/219685s000lbl.pdf

Monthly Drug Safety Alert

भारतीय भेषज संहिता आयोग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
सेक्टर - २३, राज नगर,
गाजियाबाद - २०१ ००२, उत्तर प्रदेश, भारत

INDIAN PHARMACOPOEIA COMMISSION
Ministry of Health & Family Welfare, Government of India
Sector - 23, Raj Nagar
Ghaziabad- 201 002 (U.P.), INDIA

भारतीय भेषज संहिता आयोग
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Ghaziabad- 201 002 (U.P.), INDIA

File No. P.17019/03/2025-DSA **Dated: August 29, 2025**

Drug Safety Alerts

The analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed the following;

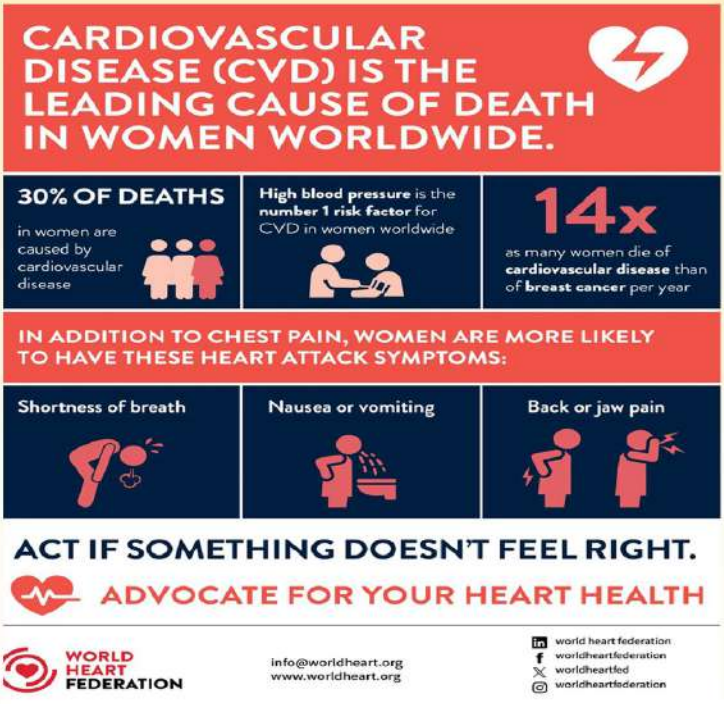
S. No.	Suspected Drugs	Indication(s)	Adverse Drug Reactions
1	Tranexamic Acid	• For the treatment of abnormal bleeding in which local hyperfibrinolysis is considered to be involved (pulmonary, haemorrhage, epistaxis, renal bleeding abnormal bleeding during or after prostate surgery). • Haemorrhage or risk of haemorrhage in increased fibrinolysis of hereditatory angioneurotic oedema. • For the treatment of excessive bleeding in patients with hemophilia during & following tooth extraction. • For the treatment of menorrhagia. • For the prevention of oral hemorrhage in anticoagulant treated patients undergoing oral surgery.	Nasal Congestion
2	Metoclopramide	• To restore normal coordination and tone the upper digestive tract and relieve symptoms of gastro-duodenal dysfunction including heart burn, dyspepsia, nausea and vomiting associated with such conditions as reflux oesophagitis, gastritis, duodenitis and hiatus hernia. • For the treatment of nausea and vomiting.	Tachycardia

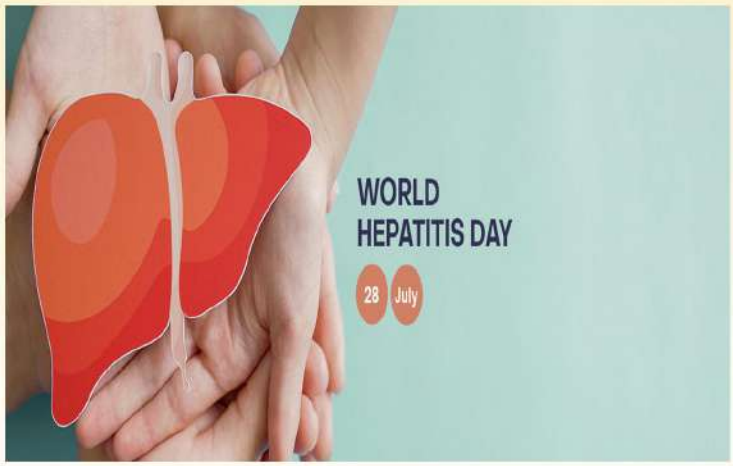
Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (download from **http://www.ipc.gov.in)** or through **PvPI Helpline No. 1800-180-3024.**

INDIAN PHARMACOPOEIA (IP) Official Book of Drug Standards in India | IP REFERENCE SUBSTANCES (IPRS) AND IMPURITIES Official Physical Standards for Assessing the Quality of Drugs | NATIONAL FORMULARY OF INDIA (NFI) Reference Book to Promote Rational Use of Generic Medicines | PHARMACOVIGILANCE PROGRAMME OF INDIA (PvPI) WHO Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services
Tel No: +91-120-2783392, 2783400, 2783401; E-mail: lab.ipc@gov.in; Website: www.ipc.gov.in

Reference

https://www.ipc.gov.in/mandates/pvpi/pvpi-outcome.html?id=1361:drug-alerts-2025&catid=2





EVENT CORNER
Alumni Interaction with the 1991–1995 Batch

Organized by: Dept. of Pharmacy Practice, JSS College of Pharmacy, Ooty.
Date: 19.07.2025

The Department of Pharmacy Practice, in collaboration with the JSS Alumni Association, successfully organized an engaging and insightful Alumni Interaction Series with the alumni from the 1991–1995 Batch. The event was held with the objective of connecting current students with experienced professionals who have built distinguished careers in pharmacy practice across the globe. The main goal of the interaction series was to help students understand global career pathways, prepare for professional licensure exams, and learn how to navigate challenges in pursuing international opportunities. The session covered a wide range of topics including: Career opportunities abroad, Licensure and certification exam preparation (such as FPGEE, PEBC, GPhC, etc.), Challenges faced by aspiring pharmacists, Workplace expectations and roles in international healthcare systems and Importance of networking and continuous professional development This interaction series served as a transformative experience for students. It not only introduced them to a world of professional opportunities but also clarified how to achieve them step by step. The alumni provided practical advice on how to prepare for and succeed in international licensure exams and how to overcome common challenges faced by Indian pharmacy graduates abroad. Students also learned the value of professional networking, staying updated with industry trends, and being open to continuous learning. The alumni encouraged students to start early in planning their careers, to pursue excellence in their academic and clinical training, and to remain adaptable in a fast-evolving global healthcare landscape. The Alumni Interaction Series with the 1991–1995 batch was a valuable initiative that strengthened alumni-student bonds and enriched the academic environment at JSS College of Pharmacy, Ooty. Around 90 participants were fruitfully benefitted with this event.

World Hepatitis Day 2025

Coordinator
Dr. Deepalakshmi M
Assistant Professor
JSS College of Pharmacy, Ooty
Date: 28.07.2025

Organized by
Dept. of Pharmacy Practice, JSSCOP, JSSAHER; IPA - Nilgiris Local Branch and Rotaract Club, Ooty.
Venue: Bus Stand, Ooty

Department of Pharmacy Practice, JSS College of Pharmacy, Ooty jointly with the Rotaract Club of JSSCP and Indian Pharmaceutical Association Nilgiris local branch, organized an awareness program on"World Hepatitis Day 2024" at the Ooty Central Bus Stand, Ooty, The Nilgiris. The program was sponsored by JSSAHER, Mysuru, and aimed to raise awareness about Hepatitis factors, and the importance of diagnosis, screening, treatment, and prevention of Hepatitis diseases among the public & employees of Tamil Nadu State Transport Corporation. The event was inaugurated by Mr. Subramaniam, General Manager of the Tamil Nadu State Transport Corporation in Ooty. A total of 7 volunteers from IV PharmD were actively involved in the health screening activities of the program, 2 faculty members delivered their counselling addressing each topic related to Hepatitis. The program started with the distribution of pamphlets by the General Manager. The students advised the public on the unusual symptoms of Hepatitis, when they should see a doctor for a check-up, and emphasized the importance of regular screening to prevent Hepatitis. In this health screening camp, about 75 patients benefited. Blood pressure was monitored using an electronic sphygmomanometer, and Body mass index were also calculated by measuring the patient's height and weight to determine whether the patient was underweight, healthy weight, overweight, or obese. Patient counseling was provided to the participants based on the screening results, and Patient information pamphlets were distributed to all participants to raise awareness among local people & employees of the Tamil Nadu State Transport Corporation about hepatitis disease. Student volunteers demonstrated tableau by using educational charts Dr Deepalakshmi M, Associate Professor JSSCP, Ooty the co-ordinator of the program highlighted the importance of Hepatitis awareness. The event was a resounding success, through informative counselling, and screening, the program encouraged valuable insights on awareness of Hepatitis. The program received positive feedback from the participants in attendance, indicating a desire for similar initiatives in the future.

National Pharmacovigilance Week 2025

Organized by: Department of Pharmacy Practice, JSS College of Pharmacy, Ooty
Date: 17th – 23rd September 2025

The Department of Pharmacy Practice, JSS College of Pharmacy, Ooty, celebrated the 5th National Pharmacovigilance Week 2025 from 17th to 23rd September 2025 under the theme "Your Safety, Just a Click Away: Report to PvPI." As part of the celebrations, a series of academic invited lectures were organized to enhance awareness and understanding of pharmacovigilance, drug safety, and patient-centered care among students and healthcare professionals. The first session by Dr. Ranakishor Pelluri, KL College of Pharmacy, focused on Patient Perspectives in Pharmacovigilance, emphasizing the importance of patient involvement in adverse drug reaction (ADR) reporting and the role of patient-centered reporting systems in minimizing underreporting. Dr. A. Pramod Kumar, MS Ramaiah University of Applied Sciences, delivered an insightful lecture on Vigilance for Blood Products, highlighting the principles of hemovigilance, transfusion safety, and ethical aspects of monitoring blood product use. On Ecopharmacovigilance, Dr. B. Dharini from the Pharmacovigilance Programme of India (PvPI), New Delhi, discussed the environmental consequences of pharmaceutical contamination and the need for sustainable drug disposal and regulatory policies. Dr. Juny Sebastian, Gulf Medical University, UAE, presented a comprehensive talk on Pharmacovigilance and Vaccine Safety, detailing post-marketing surveillance strategies, vaccine-related adverse events, and lessons learned from the COVID-19 vaccination campaign. The final session by Dr. Krishna Undela, NIPER Guwahati, on Pharmacovigilance and Regulatory Perspectives, focused on international regulatory harmonization, evolving policies, and proactive risk management approaches in pharmacovigilance. The week-long program was effectively coordinated by the faculty members of the Department of Pharmacy Practice with the constant support and encouragement from the Principal. The event successfully strengthened the participants' understanding of pharmacovigilance principles, ADR reporting systems, and their critical role in ensuring drug safety and public health.

World Heart Day 2025

Coordinator
Dr. Deepalakshmi M
Assistant Professor
JSS College of Pharmacy, Ooty
Date: 29.09.2025

Organized by
Dept. of Pharmacy Practice, JSSCOP, JSSAHER; IPA - Nilgiris Local Branch and Rotaract Club, Ooty.
Venue: Indian Overseas Bank, Ooty

The Health screening camp was conducted in Indian Overseas Bank, Ooty, in association with The Rotaract Club of Nilgiris West, Indian Overseas Bank, Druggists and Chemists Association, IPA and NLB by the Department of Pharmacy Practice, JSS College of Pharmacy Ooty on 29.09.2025. The event was inaugurated by Mr.Shivalingam, Senior Branch Manager, Indian Overseas Bank. During this health screening camp, approximately 60 participants benefited from the services provided. Blood pressure was monitored using a digital blood pressure monitor, while blood glucose levels were measured with a glucometer. The body mass index (BMI) was calculated by measuring each participant's height and weight to determine whether they were underweight, at a healthy weight, overweight, or obese. Participants received counseling based on their screening results, and informative pamphlets were distributed to raise awareness about diabetes mellitus, hypertension, and obesity among the local community. Awareness videos were also shown during the screening, highlighting the do's and don'ts for managing diabetes, hypertension, and obesity. In addition, a mime show was performed to raise awareness for World Heart Day, illustrating the complications that can arise from neglecting health. A group song was also presented to emphasize the importance of health consciousness among participants and the wider community. We identified 8 new cases through this screening and asked them to consult with the doctor. The camp began at 10:30 AM and ran until 2:30 PM. The event was organized by Dr. M. Deepalakshmi with the assistance of Mr. Syed Mohamed Omar, Assistant Professor in the Department of Pharmacy Practice, along with the Community Services team of the Rotaract Club.

Blood Donation Camp 2025

Coordinator
Dr. Deepalakshmi M
Assistant Professor
JSS College of Pharmacy, Ooty
Date: 20.09.2025

Organized by
Dept. of Pharmacy Practice, JSSCOP, JSSAHER; IPA - Nilgiris Local Branch and Rotaract Club, Ooty.
Venue: JSS College of Pharmacy, Ooty

The Blood Donors Club of JSS College of Pharmacy, Ooty, in collaboration with the Indian Pharmaceutical Association Nilgiris Local Branch and the Blood Bank Unit of Government Medical College and Hospital, Ooty, organized a blood donation camp at the JSS College Auditorium on 20th September 2025 . The inauguration of the blood donation camp was presided over by Dr. S. P. Dhanabal, Principal, Dr. K. P. Arun, Vice Principal, and Dr. S. Ponnusankar, Professor and Head of JSS College of Pharmacy. The enthusiastic participation of both staff and student volunteers led to the registration of numerous donors, resulting in the donation of approximately 25 units of blood. Dr. M. Deepalakshmi, Associate Professor in the Department of Pharmacy Practice, served as the coordinator of the blood donation camp, with guidance from Dr. S. Ponnusankar, Professor and Head of the Department of Pharmacy Practice, in coordinating all logistical arrangements.

One Day Refresher Course on 'New Trends in Pharmacy Practice and Rules & Regulations'

Organized by: Department of Pharmacy Practice, JSS College of Pharmacy, Ooty
Date: 25 September 2025

Pharmacists play an important role in community health care, providing information on medications to patients. To help pharmacist to acquire knowledge of new and banned drugs, drug interactions and side effects, Tamil Nadu Pharmacy Council has started Refresher Courses which is mandatory for all registered pharmacists to renew their existing registration. As part of the Continuing Pharmacy Education (CPE) Program for community Pharmacists, The Department of Pharmacy Practice, JSS College of Pharmacy (JSSCP), Ooty jointly with Indian Pharmaceutical association (IPA) Nilgiris Local branch has organized one day refresher course on Good Pharmacy Practice. The Program was sponsored by Tamil Nadu Pharmacy Council (TNPC) and also awarded with 5 credit points by the council. About 90 Community Pharmacists across the Nilgiris District and members of Chemists & Druggists Association, Nilgiris have actively participated in the program. The inaugural session commenced at 10:00 am with an invocation, followed by the welcome address delivered by Dr. S. Ponnusankar, Professor & Head, Department of Pharmacy Practice, JSSCP, Ooty. The Principal of JSSCP, Ooty, extended his felicitations, appreciating the initiative to strengthen pharmacy practice. Members of the Chemists and Druggists Association, The Nilgiris – Mr. Sathyanarayanan, Mr. Sasikumar, and Mr. Anand – also shared their words of encouragement. The Chief Guest, Dr. M. Thamizmozhi, Registrar, Tamil Nadu Pharmacy Council, delivered the inaugural address, emphasizing the role of pharmacists in ensuring patient safety and adherence to GPP standards. The dignitaries were then honored. Dr. M. Deepalakshmi, Associate Professor, JSSCP, Ooty, proposed the vote of thanks. The event concluded with a group photo, marking the successful beginning of the training program. Dr M Tamizhmozhi, Registrar, TNPC addressed the gathering and answered to the technical queries raised by the participants. The Pharmacy Practice Regulation 2015 published in the central government gazette in the year 2015 is likely to be implemented soon in the state of Tamil Nadu and as per the said regulation attending minimum of two CPE is a must for the renewal of Pharmacists registration, The registrar explained. Dr S Ponnusankar, Dr Arun KP, and Dr M. Deepalakshmi, faculty members of the college delivered talks on various aspects of Good Pharmacy Practice and Pharmacy Practice Regulations, 2015.Dr M Deepalakshmi, the Organizing Secretary of the program coordinated the one-day program.

Publication from Department of Pharmacy Practice (July - September 2025)

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