

Drug INDEX

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Drug INDEX

DRUG INDEX - for targeted reach amongst Doctors, Hospitals and Chemists

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Unique unparalleled features of

Drug
Index

Single glance view – Comprehensive pharmacological information in best ever and systematically arranged format.

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Uniqueness – Exclusive brand extended formats – *Drug Interaction series, Super Specialty focused supplements and reference inputs.*

Precise – Accurate Over-the-desk Reference System with best ever elaborated format.

Illustrated representation of safety alerts, drug interactions, and overdose adverse effects.

COMPARATIVE ANALYSIS

Points	Drug Index	Other Indices
Drugs at a glance format on same page	✓	✗
Pictorial view	✓	✗
Comprehensive coverage	✓	✗
Updated molecules with authentic references	✓	✗
Brand extension formats	✓	✗

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FDA Watch

Trulance: Approved by FDA for chronic idiopathic constipation

Trulance, manufactured by New York-based Synergy Pharmaceuticals Inc. has been approved by the U.S. Food and Drug Administration as an effective drug for the treatment of adult patients suffering from chronic idiopathic constipation (CIC). Individuals with CIC experience persistent constipation with no structural or biochemical explanation. According to the National Institutes of Health, about 42 million people are likely to be affected by constipation. Julie Beitz (M.D., director of the Office of Drug Evaluation III in the FDA's Center for Drug Evaluation and Research) stated that there is no single medication, which works for all cases of chronic gastrointestinal disorders. However, with newly available therapies, doctors as well as patients are now able to choose the most suitable treatment.

Oral administration of trulance once daily stimulates the secretion of intestinal fluid in the upper gastrointestinal tract and regulates normal bowel function. The tolerability profile and efficacy of trulance was evaluated in a 12 week study which comprised 1,775 adults diagnosed with constipation at least 6 months prior to their recruitment. Less than three defecations per week in the previous three months and other associated symptoms of constipation were some added criterion for selection. The individuals were categorized into 2 placebo-controlled groups, who were randomized to receive placebo or trulance, once daily. Those on individuals on trulance

reported superior improvement in the stool consistency, straining and frequency of complete spontaneous bowel movements than those receiving placebo.

Diarrhea is the most serious and frequently associated side effect of trulance and it is suggested that patients who experience diarrhea should discontinue trulence therapy and immediately consult their physician. Furthermore, it should not be used in children below 6 years of age owing to the threat of severe dehydration and also in those patients recognized or suspected with mechanical gastrointestinal obstruction. The tolerability profile and efficacy of Trulence has not been authorized in patients between 6-18 years of age and hence its administration should be avoided these age groups.

First FDA approval of corticosteroid for treatment of duchenne muscular dystrophy

The U.S. Food and Drug Administration have recently approved Emflaza (deflazacort) tablets and oral suspension for treatment of duchenne muscular dystrophy (DMD) in patients above 5 years of age. It is marketed by Marathon Pharmaceuticals of Northbrook, Illinois.

Emflaza is a corticosteroid that decreases inflammation and activity of the immune system. The drug According to Billy Dun (M.D., director of the Division of Neurology Products in the FDA's Center for Drug Evaluation and Research), this is the first treatment approved for a large number

of patients suffering from DMD, with a hope of maximum beneficial outcomes.

Duchenne muscular dystrophy is an unusual genetic disorder that causes progressive muscle deterioration and weakness. On the other hand, it is the most common type of muscular dystrophy that is caused by the deficiency of dystrophin, a protein that helps keep the muscle cells intact. The initial symptoms usually occur by the age of 3-5 years and deteriorate over time. The disorder is often seen in individuals with no relevant history of the condition in the family with its prevalence higher in boys, being uncommon in girls. Globally, it is seen in 1 of every 3,600 male infants.

Patients suffering from DMD gradually require the use of a wheel chair by their early teens due to the inability to carry out activities independently. Life-threatening heart and respiratory conditions may occur as the disease worsens and eventually they succumb to the disease by 20-30 years of age.

The efficacy of deflazacort was evaluated in 196 male patients of the age 5-15 years with recognized mutation of the dystrophin gene at the onset of the trial and weakness commencing prior to 5 years of age. The patients were assigned to receive deflazacort and placebo for a period of 52 weeks. During the 12th week,

clinical assessment of muscle strength showed improvement in patients subjected to deflazacort in comparison to those taking placebo. At the end of 52 weeks, patients treated with deflazacort generally maintained constant muscle strength. A similarly aimed study was also performed in 29 male patients for 104 weeks. On the evaluation of average muscle strength, better efficacy was reported with deflazacort than placebo. Disability to walk manifested later in patients with deflazacort in comparison in comparison with placebo.

The side effects of emflaza are related to those caused by other corticosteroids. The most frequent side effects associated with the use of emflaza include facial swelling, weight gain, increased appetite, upper respiratory tract infection, cough, pollakiuria, hirsutism and central obesity. In addition to these, hypertension, increased susceptibility to infection, serious skin rashes, risk of gastrointestinal perforation, improper endocrine function, mood swings, decreased density of bones and visual impairment. Live or live attenuated vaccines should not be given to patients on immunosuppressive doses of corticosteroids.

The drug also received incentives by the orphan drug designation program that assist in the development of drugs for uncommon diseases.

DRUG

INDEX

How to use it?

Please read this information carefully before using the Drug Index

Drug Index is an index of ethical pharmaceutical and select OTC formulations currently available in India. It is intended for use by qualified medical professionals.

The OTC section in Drug Index is compiled for the convenience of doctors for brands of mass use which have an OTC profile. Information has been compiled and abbreviated from details provided by pharmaceutical manufacturing companies and other authoritative sources.

It is important for the users to obtain full product information particularly with regard to adverse effects from the suppliers or manufacturing companies, whenever required. It is for this purpose that a list of manufacturing companies is provided in this book.

For easy reference the information pertaining to each

drug is systematically arranged in a format having the following headings:

- Section:** Broad category of human system where the drug is used is described.
- Drug name:** Gives the drug's generic name.
- Quick reference:** Gives the pharmaceutical classification and / or major drug group under which the generic is listed.
- Indications:** Gives the most important indications/uses of the drug.
- Mechanism of action:** Describes the basic principle of action of the drug, alone or in combination.
- Dosage:** Provides recommended adult & paediatric doses of the drug & which are also segregated as oral, I.M., I.V., S.C. administ., application, suppositories

or patches. It also gives information on dosage with regards to meals.

- Contraindications:** Lists out the specific conditions/ diseases where the drug is contraindicated.
- Onset of effect:** It may mean either the time when the drug becomes pharmacologically active in the body or the time taken for symptomatological improvement to manifest.
- Duration of action:** It refers to the length of time for which a unit dose of the drug remains active in the body.
- Drug interactions:** Tells as to how the drug may interact with coadministered drugs or substances and possible outcomes.
- Adverse effects:** Indicates the possible adverse effects that the patient may experience with the drug.

- Special precautions:** Indicates the circumstances in which the drug should be taken with caution.

- Safety Alert:** The box symbolically represents the safety alert in paediatrics, geriatrics, etc as detailed in the key box above.

- Pediatrics:** Indicates whether the drug is indicated, contraindicated or is to be used with caution.

- Pregnancy:** Indicates whether the drug is safe (indicated), unsafe (C/I) in pregnancy or is to be used with caution considering the pros & cons.

Brand	Company	Packing	125mg	250mg	500mg	125mg/5ml	1%w/w
ACNESOL-CL	SYSTOPIC	15g Gel 30ml Lot.					39.50 59.00
BICLAR	UNISEARCH	4 Tab		110.80			
BIOCLEAR	BIOCHEM	4 Tab		63.00			
CLARIE DT	IND SWIFT	10x4 Tab		NA			
CLARIE	IND SWIFT	5x10 Tab		NA			
CLAZ	SCORTIS LABS	4 Tab		100.00			
CELEX	GSK	4 Tab 20x4 Tab 5x4 Tab	140.80 2817.80	276.73			
CLAR GEL	G NINE	15g Gel		1383.65			39.60
CLAR MYCIN	LUPIN	4 Tab		97.84			
CLARICIN	LYKAN	4 Tab		70.00			
CLAR-BACT	IPCA LAB	4 Tab		60.00	120.00		
CLARIBID	ABBOTT	4 Tab		140.00			
CLARIMAC	CADILA H.C.	4 Tab		140.00	280.00		

Key to icons used in Drug Index



Paediatrics



Pregnancy



Breast feeding

- ✓ Safe
- ✗ Contraindicated/
Not recommended
- ! Caution

- **Breast feeding:** Indicates whether the drug is indicated, contraindicated or is to be used with caution considering the potential effects on the nursing infant.

USEFUL TIPS

This book is updated on a quarterly basis.

- To find a generic drug and its detail-refer to generic index and refer to the page indicated.
- To find a brand details-refer to the brand index and refer to the page indicated.
- A drug, listed at multiple places will have different information in different sections which should be used in combination.

- 14. The brand table consists of a complete listing of brands with details of the manufacturer, packing and max. retail price (MRP).

DRUG INDEX is designed to provide quick and concise prescribing data in a most practical form. Consequently, the contents of **DRUG INDEX** cannot be regarded as complete in some respects. When full product information is required, it may be obtained from the manufacturer. While every effort has been made to ensure the accuracy and correctness of the contents at the time of going to the press, the authors, the publisher, the printer and the editorial board consultants accept no responsibility for any errors, omissions or inaccuracy caused either in the compilation of formulations or printing of **DRUG INDEX** for any reason whatsoever. Opinions expressed do not necessarily reflect the views of the publisher, editor or the editorial board. Drug prices are subject to change due to revisions made from time to time by the manufacturing companies & Government policy. **DRUG INDEX** does not guarantee, directly or indirectly, the quality or efficacy of any product or services described in the advertisements in this issue.

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Composition

Luliconazole- 1% w/w cream

Pharmacodynamic effects

Luliconazole is an Imidazole-derivative antifungal that belongs to the azole class. Luliconazole kills the organisms Trichophyton rubrum and *Epidermophyton floccosum*, most likely by altering their fungal cell membranes.

Pharmacokinetics

Although luliconazole is administered topically, clinical studies have shown that after the first dose in patients with tinea pedis, a maximum plasma concentration of 0.40 ± 0.76 ng/mL (mean \pm SD) occurred in 16.9 ± 9.39 hours (mean \pm SD). Plasma protein binding of luliconazole is >99%.

Mechanism of action

The exact mechanism of action for luliconazole's anti-fungal activity is still not known, but luliconazole is thought to inhibit the enzyme lanosterol demethylase. Lanosterol demethylase is needed for the synthesis of ergosterol, which is a major component of the fungus cell membranes.

Indications

Treatment of tinea corporis (body ringworm) and tinea cruris (jock itch, groin ringworm) caused

by *Epidermophyton floccosum* or *Trichophyton rubrum*.

Treatment of interdigital tinea pedis (athlete's foot, foot ringworm) caused by *E. floccosum* or *T. rubrum*.

Dosage

Tinea Corporis or Tinea Cruris: Apply 1% cream once daily for 1 week. Use amount sufficient to cover affected area and approximately 1 inch of surrounding healthy skin.

Tinea Pedis (Interdigital): Apply 1% cream once daily for 2 weeks. Use amount sufficient to cover affected area and approximately 1 inch of surrounding healthy skin.

Precautions

For irritation or sensitivity caused with the use of Luliconazole; treatment should be discontinued and appropriate therapy instituted. The patient should be advised to use the medication for the full treatment time even though the symptoms may have improved. This medicine is Category C of pregnancy. It is not known whether Luliconazole is excreted in human being milk. As many drugs are excreted in human being milk, caution should be exercised with Luliconazole used by nursing mothers. The safety and effectiveness of Luliconazole Cream, 1% in pediatric patients have not been established.

Adverse Effects / Undesirable Effects

Luliconazole Cream may cause skin reactions at the treatment site.



Therapeutic INDEX

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ALLERGY PROPHYLAXIS	11A, 12A	4B, 8B, 8C, 8D, 10A, 11A, 12C		1D COLITIS ULCERATIVE
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