Fifth year

5.1 CLINICAL RESEARCH (THEORY)

Theory : 3 Hrs. /Week

1. **Drug development process:**

   Introduction

   Various Approaches to drug discovery

   1. Pharmacological
   2. Toxicological
   3. IND Application
   4. Drug characterization
   5. Dosage form

2. **Clinical development of drug:**

   1. Introduction to Clinical trials
   2. Various phases of clinical trial.
   3. Methods of post marketing surveillance
   4. Abbreviated New Drug Application submission.
   5. Good Clinical Practice – ICH, GCP, Central drug standard control organisation (CDSCO) guidelines
   6. Challenges in the implementation of guidelines
   7. Ethical guidelines in Clinical Research
   8. Composition, responsibilities, procedures of IRB / IEC
   9. Overview of regulatory environment in USA, Europe and India.
   10. Role and responsibilities of clinical trial personnel as per ICH GCP
       a. Sponsor
       b. Investigators
       c. Clinical research associate
       d. Auditors
       e. Contract research coordinators
       f. Regulatory authority
   11. Designing of clinical study documents (protocol, CRF, ICF, PIC with assignment)
   12. Informed consent Process
   13. Data management and its components
   14. Safety monitoring in clinical trials.

References :

a. Central Drugs Standard Control Organization. Good Clinical Practices-Guidelines for Clinical Trials on Pharmaceutical Products in India. New Delhi: Ministry of Health; 2001.

b. International Conference on Harmonisation of Technical requirements for registration of Pharmaceuticals for human use. ICH Harmonised Tripartite Guideline. Guideline for Good Clinical Practice.E6; May 1996.

c. Ethical Guidelines for Biomedical Research on Human Subjects 2000. Indian Council of Medical Research, New Delhi.

d. Textbook of Clinical Trials edited by David Machin, Simon Day and Sylvan Green, March 2005, John Wiley and Sons.

e. Principles of Clinical Research edited by Giovanna di Ignazio, Di Giovanna and Haynes.

f. Clinical Data Management edited by R K Rondels, S A Varley, C F Webbs. Second Edition, Jan 2000, Wiley Publications.

g. Goodman & Gilman: JG Hardman, LE Limbard, 10th Edn. McGraw Hill Publications, 2001.

5.2 PHARMACOEPIDEMIOLOGY AND PHARMACOECONOMICS (THEORY)

Theory : 3 Hrs. /Week

1. Pharmacoepidemiology :

Definition and scope:
Origin and evaluation of pharmacoepidemiology need for pharmacoepidemiology, aims and applications.

Measurement of outcomes in pharmacoepidemiology
Outcome measure and drug use measures
Prevalence, incidence and incidence rate. Monetary units, number of prescriptions, units of drugs dispensed, defined daily doses and prescribed daily doses, medication adherence measurement

Concept of risk in pharmacoepidemiology
Measurement of risk, attributable risk and relative risk, time-risk relationship and odds ratio

Pharmacoepidemiological methods
Includes theoretical aspects of various methods and practical study of various methods with the help of case studies for individual methods
Drug utilization review, case reports, case series, surveys of drug use, cross – sectional studies, cohort studies, case control studies, case –cohort studies, meta – analysis studies, spontaneous reporting, prescription event monitoring and record linkage system.

Sources of data for pharmacoepidemiological studies
Ad Hoc data sources and automated data systems.

Selected special applications of pharmacoepidemiology
Studies of vaccine safety, hospital pharmacoepidemiology, pharmacoepidemiology and risk management, drug induced birth defects.

2. Phrmacoeconomics:

Definition, history, needs of pharmacoeconomic evaluations

Role in formulary management decisions

Pharmacoeconomic evaluation
Outcome assessment and types of evaluation
Includes theoretical aspects of various methods and practical study of various methods with the help of case studies for individual methods:
Cost – minimization, cost- benefit, cost – effectiveness, cost utility

3. Applications of Pharmacoeconomics

Software and case studies

5.3 CLINICAL PHARMACOKINETICS AND PHARMACOTHERAPEUTIC DRUG MONITORING (THEORY)

Theory : 2 Hrs. /Week

1. **Introduction to Clinical pharmacokinetics.**

2. **Design of dosage regimens:**
   Nomograms and Tabulations in designing dosage regimen, Conversion from intravenous to oral dosing, Determination of dose and dosing intervals, Drug dosing in the elderly and pediatrics and obese patients.

3. **Pharmacokinetics of Drug Interaction:**
   a. Pharmacokinetic drug interactions
   b. Inhibition and Induction of Drug metabolism
   c. Inhibition of Biliary Excretion.

4. **Therapeutic Drug monitoring:**
   a. Introduction
   b. Individualization of drug dosage regimen (Variability – Genetic, Age and Weight , disease, Interacting drugs).
   c. Indications for TDM. Protocol for TDM.
   d. Pharmacokinetic/Pharmacodynamic Correlation in drug therapy.
   e. TDM of drugs used in the following disease conditions: cardiovascular disease, Seizure disorders, Psychiatric conditions, and Organ transplantations.

5. **Dosage adjustment in Renal and hepatic Disease.**
   a. Renal impairment
   b. Pharmacokinetic considerations
   c. General approach for dosage adjustment in Renal disease.
   d. Measurement of Glomerular Filtration rate and creatinine clearance.
   e. Dosage adjustment for uremic patients.
   f. Extracorporeal removal of drugs.
   g. Effect of Hepatic disease on pharmacokinetics.

6. **Population Pharmacokinetics.**
   a. Introduction to Bayesian Theory.
   b. Adaptive method or Dosing with feed back.
   c. Analysis of Population pharmacokinetic Data.

7. **Pharmacogenetics**
   a. Genetic polymorphism in Drug metabolism: Cytochrome P-450 Isoenzymes.
   b. Genetic Polymorphism in Drug Transport and Drug Targets.
   c. Pharmacogenetics and Pharmacokinetics/Pharmacodynamic considerations