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From product dispenser to care provider: UI team RXsm the new face of pharmacy practice

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Healthcare is evolving at a rapid pace in the United States. The shift of payment systems from product to value based services and the evolution of a managed care and coordinated care focus of patient care has many professions evolving to meet the change. Pharmacists practicing in the pharmacy setting have always provided a service that was heavily product based. Although pharmacists provided a lot of counseling and education in the course of their professional services, these cognitive services were not recognized and validated. However the recent changes in healthcare have revealed the pharmacist as an invaluable 'connector' in the community. Their unique position in the treatment process of the patient makes them a valuable bridge between medical providers and the patient. Based on this evolution, the nation's pharmacy profession is exploring the many facets of impact that are possible with the pharmacy team. It is time to bring all these facets together and provide a complete package. The ambulatory care pharmacy at the UI Health System has put together a pharmaceutical care model that incorporates, coordinated synchronized medication process, medication therapy management, and disease state management together with pharmaceutical care coordination and transition of care for its patients.

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Lozenge-Formulation and evaluation of Ebastine and Phenylephrine lozenges

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Ebastine (EBA) and Phenylephrine HCl (PHE) were formulated as lozenges to provide effective release for treatment of Upper Respiratory Tract Infection (URTI). Many dosage forms like syrups, tablets, capsules are available in the market but still there is a need for new dosage forms which acts effectively and locally. Present investigation was undertaken to formulate and evaluate lozenges to meet the need of improved in patient conveniences. Ebastine have poor solubility. Here different inclusion complexes with various concentrations of β-CD were formed by different method for enhancement in solubility of Ebastine. Two types of lozenges were prepared, Hard candy lozenges and Compressed tablet Lozenges. Hard candy lozenges were prepared by heating and congealing method, and compressed tablet lozenges prepared by wet granulation method. Prepared lozenges were subjected to various evaluation parameters. After completion of stability study for a period of one month, the optimized formulations were subjected to evaluations parameters. Hard candy lozenges formulated using Mannitol and 0.5 ml Glycerine (F10) was found optimized. In compressed tablet lozenges, with concentration of 5% Gelatin (T2) it found optimized. So, here F10 and T2 were optimized lozenge formulation. From the present work it was concluded that Kneading method shows satisfactory enhancement in Ebastine solubility. Considering all above mentioned facts it can be concluded that hard candy and compressed tablet lozenges of EBA and PHE shows desirable features such as Hardness, Disintegration time and Drug release behavior. The lozenges can provide an attractive alternative formulation in the treatment of URTI.

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