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Off Label Medication and Use of Unapproved Drugs

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Review Article

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ABSTRACT

Off-label means the medication is being used in a way not specified in the approved packaging label. Every prescription drug has an approved individual label for that particular disease it's meant for. This label is a written format that helps in providing detailed directions and instructions regarding the approved uses and doses based on clinical studies that the drug manufacturer submits to the FDA before the manufacturing begins. Offlabel drug use has been recognised as one of high risk drug prescribing because of lack of necessary information regarding safety of drug and its effectiveness. Even though sometimes Off-label prescribing is good and it's beneficially in treating different disorders, especially when all other approved drug use by particular patient has shown tolerance and there is no other option of treating patient with approved drugs. For this review the data was compiled in a format for better understanding of the off label use of drugs both by physicians and pharmacist. Some of the drugs used for off label purpose includes Minoxidil which is a Vasodilator but is actually also used for hair growth for people suffering from hair loss. Likewise many drugs like Aripripazole, Gabapentin, Amitriptyline, Propranolol, Risperidone, Sildenafil, and Clonidine have off label use which is showcased.

INTRODUCTION

Off-label means the medication is being used in a way not specified in the approved packaging label ^[1,2]. Every prescription drug has an approved individual label for that particular disease it's meant for. This label is a written format that helps in providing detailed directions and instructions regarding the approved uses and doses based on clinical studies results that the drug manufacturer submits to the FDA ^[3-8]. Off-label drug use has been recognised as one of high risk drug prescribing because of lack of necessary information regarding safety of drug and its effectiveness ^[9-11]. Even though sometimes Off-label prescribing is good and it's beneficially in treating different disorders, especially when all other approved drug use by patient has shown tolerance and there is no option of treating patient with approved drugs ^[12-15]. There is a research that shows that even physician may not be aware of off label drug prescribing practice, this lack of practice results in increased risk of harmful effects and keeps patient at high risk. These problems may increase if the patient is child and it results in active physiological changes in quick manner than in adults (**Table 1**).

FACTORS AFFECTING OFF LABEL DRUG USE (OLDU)

Some of the consequences that affect the use of Off Label drugs are their approval and the role of FDA and pharmacist in acknowledging community about off label drugs use. OLDU offers elective treatment choices to doctors and patients, and like every single such practice, it includes risks and as well as benefits [16-23] (Table 2).

Approval

Beneficial uses of medications might be designed for new drug use before the regulatory approval process has been finished [24-25]. However the manufacturer of drug may seek FDA approval for a new indication for a current medication by documenting a supplemental New Drug Application. It means a medication could be affirmed for an OLDU [26-28]. Also, the drug manufacturer risks in identifying the efficacy of the drug as well as new toxicity while the clinical trials are going, which would be hindered.

Table 1. The above table gives an idea about some of drugs being also used for their off label use along with their label use.

DRUG	LABELLED USE	OFF LABELED USE
Aripripazole	Anti-psychotic	Dementia, Alzheimer's disease, Anti-depressant, in
		schizophrenia.
Propranolol	High blood pressure, heart	Stage fright
	disease	
Topiramate	Antiseizure in combination with	Bipolar disorder, depression, nerve pain, alcohol
	phenteramine for weight loss	dependence, eating disorders
Gabapentin	Antiseizure	Nerve pain caused by diabetes, migraines, hot
Minoxidil	Arterial vasodilator	To promote hair growth
Risperidone	Antipsychotic	Alzheimer disease, dementia, eating disorders, post-
		traumatic stress disorder.
Trazodone	Anti-depressant	Insomnia, anxiety, bipolar disorder.
Sildenafil	Antihypertensive	To enhance sexual performance in people not
		diagnosed with erectile dysfunction, to improve
		sexual function in women taking certain
		antidepressants
Quetiapine	Antipsychotic	Dementia, Alzheimer's disease obsessive
		compulsive disorder anxiety post-traumatic stress
		disorder
Prazosin	High blood pressure	Post-traumatic stress disorder
Amitriptyline	Antidepressant	Fibromyalgia, migraines, eating disorders, pain after
		shingles infection
Atorvastatin	High cholesterol in adults,	Rheumatoid arthritis, to lower cholesterol in children
Simvastatin	children with an inherited	who lack the inherited condition
	cholesterol condition	
Clonidine	Anti-hypertensive	Smoking cessation, hot flashes, attention
		deficit/hyperactivity disorder (ADHD), Tourette's
		syndrome, and restless legs syndrome, as antidote
		in organo phosphorus poisoning.
Olanzapine	Antipsychotic	As Anti-depressant, in schizophrenia
Warfarin	Anti-coagulant	As anti-hypertensive
Diclofenac	NSAID	Used along with amitriptyline in chronic pain
		associated cancer patients
Deplcote	Antipsychotic	As an anti-seizure

Table 2. Risks and benefits of OLDU.

Risks	Benefits
OLDU results in many ADRs than on label use.	Despite the risks, off-label use can afford benefits
	to patients and physicians to improve therapy.
Risks occur in populations where they have not	Some of the off-label uses have come to represent
undergone testing.	the accepted standard of practice.
OLDU can be beneficial and lifesaving for some	OLDU is beneficial, especially when patients have
patients, in most cases, there is little or no scientific	exhausted all other approved options, as may be
evidence to prove the work	the case with rare diseases or cancer.

Moreover, a generic drug manufacturer might not have the financial resources to undertake satisfactory clinical trials [29-31]. In addition, a few medications are getting approval and acceptance for previously off-label uses [32-35]. FDA has prerequisite role in limiting the prescribing of all common available drugs in several ways. First one is to bring changes in drug labelling along with warnings. It can make clear note to physicians that necessary caution is required [36-38].

The FDA may consider undertaking new activities in regulating and managing off-label use, including efficiently collecting post marketing surveillance observations to measure the harmful and beneficial effects of common off-label uses [39-42].

Role of Pharmacist

Harmful effects of medication and drugs can be reduced in the consumers and patients through effective working of pharmacists as well as pharmacovigilance group in the health care system to ensure the safety of medicines [43-46]. Majority of medications and drug use have been banned since 2-5 years in developed countries but are still available for sale in some parts of world. The manufacturing and selling of many drugs used as single dosage as well as dose that are in fixed combinations has been also banned [47-51]. Adverse drug reactions of some off label drugs were still not been reported and they are still sold in market. Here comes the vital role of pharmacist in good label practice, patient guidance, safety and adverse drug issues [52-56]. To make it more effective there is an urgent need of establishing a policy for multidisciplinary approach towards drug safety that can be effectively implemented throughout the entire duration spanning from drug discovery to usage by consumers [57-62].

The major role of the FDA's authority has to limit the promotion of off-label use as well as their expansion in to other alternative outlets like social media, which results in more problems like makes misunderstanding and also misinformation about off-label drug use [63-72]. All these circumstances can be sorted properly by perfect involvement of pharmacists who helps in accurate information and gives valuable counselling services to prescribers as well as patients [73-82]. Pharmacist can full fill the substantial gap of knowledge among patients about the process of drug approval and its risks, benefits [83-88]. It is necessary responsibility of the pharmacist to be aware of the drug indications and whether it is FDA approved for that particular indication [89-91].

CONCLUSION

The fact that off label drug use is most normal in vulnerable populations like paediatric patients, elderly patients and patients with rare diseased conditions like cancer makes it necessary to monitor its use [92-94]. The drugs should be used only under complete supervision of physician or prescriber as well as pharmacist to avoid adverse unwanted effects otherwise it becomes self-medication which is a risky practice [95-97]. Pharmacist who is involved in health care system should be able to educate drug consumers visiting the pharmacy in every aspects like good label practice, patient counselling, providing adequate information regarding ADRs in the form of written slips posters and leaflets, as well as he should assistant pharmacists, pharmacist should refresh and update his

views and knowledge regarding recent advancements and changes in drugs and pharmaceutical sciences [98-100]. Apart from these, regulatory affairs have to take strict actions regarding use of approved and non-approved medications.

REFERENCES

- 1. Popovici I, et al. Non-Medical Use of Prescription Drugs and Health Services Utilization. J Develop Drugs. 2013;2:104.
- Sohn HS, et al. Out-of-Pocket (OOP) Expenditure for Prescription Drugs among South Korean Outpatients under the National Health Insurance System: Focus on Chronic Diseases Including Diabetes. J Diabetes Metab. 2012;3:197.
- 3. Maria A, et al. An Emergence of a MRAB: With Growing Necessity of Antibiotic Pharmacist in Infectious Era. Pharm Anal Acta. 2016;7:491.
- 4. Luisetto M. The Medical Devices Pharmacists Management Role and Pharmaceutical Care. J App Pharm. 2016;8:e113.
- 5. Dorota SE, et al. Anti-Doping Knowledge and Opinions of South African Pharmacists and General Practitioners. J Sports Med Doping Stud. 2016;6:181.
- 6. Ibrahim N. Integrating Personalization of Treatment with Tamoxifen into Pharmacy Practice Via Clinical Pharmacist Role in Therapy Management. J Pharma Care Health Sys. 2016;3:162.
- 7. Alebachew M, et al. The Position of Clinical Pharmacists in Delivering Advanced Pharmacy Practice Education and Services: Short Communication. Clin Exp Pharmacol. 2016;6:216.
- 8. Saygi S, et al. Pharmacovigilance Awareness among the Community Pharmacists and Pharmacy Students in the Turkish Republic of Northern Cyprus. J Pharmacovigil. 2016;4:204.
- 9. Finkelstein RJ, et at. Summative Evaluation of Physician-Pharmacist Collaboration Management. J Hypertens. 2016;5:216.
- 10. Germanovna DE. Preventive Maintenance of Cruel Treatment with Children in a Family and in a Society in the Russia. Int J Sch Cog Psychol. 2016;3:168.
- 11. Hassali MA, et al. Role of Pharmacists in Health Based Non-Governmental Organizations (NGO): Prospects and Future Directions. Pharm Anal Acta. 2016;7:467.
- 12. Ashraf Z, et al. Survey of Non-Prescribed Use of Antibiotics in Respiratory Tract Infections and Role of Community Pharmacists to Enlighten the Society. J Bioequiv Availab. 2016;8:006-007.
- 13. Kaur I, et al. Effective Reporting by Pharmacist in Pharmacovigilance Programme of India. Adv Pharmacoepidemiol Drug Saf. 2015;4:197.
- 14. Shakeel S, et al. Expanding Role of Pharmacists in Delivering Clinical Services; General Practitioners' and Pharmacists' Viewpoint. J Pharma Care Health Sys. 2015;2:148.
- 15. Naydenov T, et al. Opinion of Bulgarian Pharmacists on Drug Delivery Systems, Orodispersible and Pediatric Dosage Forms. J App Pharm. 2015;8:211.
- 16. Almutiri AH. What is the Profession Aspiration that has been Realised since the Extension of Prescribing Rights to Pharmacist on UK?. J Pharmacovigil. 2015;3:187.
- 17. Salim M, et al. The Current Perspective of Community Pharmacists towards Pharmacovigilance. J Pharmacovigil. 2015;3:180.
- 18. Obara T, et al. Prevalence, Determinants, and Reasons for the Non-Reporting of Adverse Drug Reactions by Pharmacists in the Miyagi and Hokkaido Regions of Japan. Adv Pharmacoepidemiol Drug Saf. 2015;4:191.
- 19. Teoh BC, et al. Perceptions of Doctors and Pharmacists towards Medication Error Reporting and Prevention in Kedah, Malaysia: A Rasch Model Analysis. Adv Pharmacoepidemiol Drug Saf. 2015;4:192.
- 20. Scheepers-Hoeks AMJW, et al. Preventive Prescribing of Laxatives for Opioid-induced Constipation Using Electronic Clinical Rule Implementation by Cinical Pharmacists. Adv Pharmacoepidemiol Drug Saf. 2014;3:159.
- 21. Rizo M. Obesity, an Epidemic Ignored by Pharmacists. J Pharma Care Health Sys. 2014;S1-002.
- 22. Navarro HJ, et al. The Potential Cost-Effectiveness of Pharmacist Delivered Brief Intervention for Alcohol Misuse. J Gen Practice. 2014;2:173.
- 23. Hamad F and Elnour A. The Role of Clinical Pharmacist in Pharmacovigilance. J Pharmacovigilance. 2014;2:e121.

- 24. Veronin MA, et al. Patient-centered Health Care Delivery Uniting MTM, EHRs and Patients: Opportunities for Pharmacists. J Pharma Care Health Sys. 2014;1:115
- 25. Hale A, et al. A Pilot Study to Assess the Appropriateness of Prescribing From a Collaborative Pharmacist Prescribing Study in a Surgical Pre Admission Clinic. J Pharma Care Health Sys. 2014;1:110.
- 26. Alves GMR, et al. Role of the Clinical Pharmacist in Detection of Drug Therapy Problems in Critically Inpatients: Experience Report. J Pharmacovigilance. 2014;2:139.
- 27. Lenjisa JL, et al. Hypertensive Urgency: The Role of Clinical Pharmacist in Identifying and Managing Drug Therapy Problems: The Case of Ambo Hospital Medical Ward, Ethiopia. J Bioanal Biomed. 2014;6:015-018.
- 28. Banh HL and Cave A. So, What is Holding the Pharmacists Back? J Pharma Care Health Sys. 2014;1:e109.
- 29. Tam K and Banh HL. Attitudes of Alberta Pharmacists Pertaining to Traditional Chinese Medicine Practice and Complementary Alternative Medicine. J Pharma Care Health Sys. 2014;1:108.
- 30. Khoda DA, et al. Clinical Pharmacist Driven Impact towards Intensive Monitoring and Reporting of Adverse Drug Events in Psychiatric Patients. J Pharmacovigilance. 2014;2:128.
- 31. McConaha JL. Evaluation of Student Pharmacist and Pharmacist Impact on Disease State Management and Patient Satisfaction in Adult Patients with Asthma. J Pharma Care Health Sys. 2014;1:106.
- 32. Tucker R and Duffy J. The Role of Community Pharmacists in the Management of Skin Problems. J Pharma Care Health Sys. 2014;1:105.
- 33. Yamamoto M. The Role of a Pharmacist and Undergraduate Pharmacy Education with Special Reference to the Adverse Drug Reaction Reporting System in Japan. J Pharmacovigilance. 2013;1:e113.
- 34. Huebner M, et al. A Pilot Study Evaluating the Effect of Daily Education by a Pharmacist on Medication Related HCAHPS Scores and Medication Reconciliation Satisfaction. J Biosafety Health Educ. 2013;1:105.
- 35. Gillani SW, et al. Effect of Pharmacist Intervention to Self-Care Practices among Diabetes Patients. J Diabetes Metab. 2013;4:252.
- 36. Al-Hazmi NN and Naylor IL A Study of Community Pharmacists' Awareness and Contributions to Adverse Drug Reactions (ADRs) Reporting Systems in the Makkah, Kingdom of Saudi Arabia (KSA). J Clin Trials. 2013;3:127.
- 37. El-Sakka M. Management of Controlled Substances and Dependences by Pharmacists. Clin Exp Pharmacol. 2012;S5:006.
- 38. Meštrović A. Are we Competent in Pharmacy Practice? What are Pharmacist Competencies and How can they be Measured and Developed? Adv Pharmacoepidem Drug Safety. 2012;1:e116.
- 39. Oluyemi JA, et al. Factors Influencing the Practice of Self-Medication among Bankers in Selected New Generation Banks in Ilorin Nigeria. Int J Econ Manag Sci. 2015;4:227.
- 40. Adnan M, et al. Evaluation of Self-Medication Practices and Awareness among Students in Al Qassim Region of Saudi Arabia. Clin Pharmacol Biopharm. 2015;4:133.
- 41. Marquez GE, et al. Eye Drop Self-medication: Comparative Questionnaire-based Study of Two Latin American Cities. J Clin Exp Ophthalmol. 2014;5:330.
- 42. Shehata M, et al. Smoking Cessation: What do Pharmacists Need to Know?. Int J Cardiovasc Res. 2013;2:1
- 43. Amrinder R, et al. Monitoring of Cutaneous Adverse Drug Reactions in a Tertiary Care Hospital. J Pharmacovigilance. 2016;4:207.
- 44. Obara T, et al. Prevalence, Determinants, and Reasons for the Non-Reporting of Adverse Drug Reactions by Pharmacists in the Miyagi and Hokkaido Regions of Japan. Adv Pharmacoepidemiol Drug Saf. 2015;4:191.
- 45. Raza A and Jamal H. Assessment of Knowledge, Attitudes and Practice among the Medical and Pharmacy Students towards Pharmacovigilance and Adverse Drug Reactions in Abbottabad, Pakistan. J Pharmacovigilance. 2015;3:173.
- 46. Jhansi K. Review on Adverse Drug Reactions. Adv Pharmacoepidem Drug Safety. 2015;4:05-R.
- 47. Devi S. Use of Informatics in Identification of Adverse Drug Reactions. J Bioequiv Availab. 2014;6:e54.
- 48. Elkalmi RM et al. Motivations and Obstacles for Adverse Drug Reactions Reporting among Healthcare Professionals from the Perspective of Lewin's Force Field Analysis Theory: Analytic Approach. J Pharmacovigilance. 2014;2:130.
- 49. Srba J. The Missing Voice of Non-Serious Adverse Drug Reactions from Marketing Authorisation Holders. Adv Pharmacoepidemiol Drug Saf. 2014;3:154.
- 50. Kharkar M and Bowalekar S. Extent of Under Reporting of Adverse Drug Reactions (ADRs) in India: Evaluation using Logistic Regression Analysis (LRA) Model. J Clin Trials. 2014;4:155.

- 51. Zimmermann A. Reporting Adverse Drug Reactions in Poland The Legal Situation. J Pharmacovigilance. 2014;2:e117.
- 52. Srba J and Vlcek J. Position and Processing of Adverse Drug Reactions Directly Submitted by Patients to National Regulatory Authorities in Europe. J Pharmacovigilance. 2014;2:122.
- 53. Prasad A, et al. Pattern of Adverse Drug Reactions Due to Cancer Chemotherapy in a Tertiary Care Teaching Hospital in Eastern India. J Pharmacovigilance. 2013;1:107.
- 54. Aagaard L, et al. Pharmaceutical Production Problems Detected by Adverse Drug Reactions Reports: A Documentary Study from the German Democratic Republic, 1982 to 1990. J Clinic Toxicol. 2012;2:120.
- 55. Yano S, et al. Adjunctive Corticosteroid to Counteract Adverse Drug Reactions from First-Line Antituberculous Drugs. Mycobac Dis. 2012;2:113.
- 56. Chen XW, et al. Pharmacogenomics-Guided Approaches to Avoiding Adverse Drug Reactions. Clinic Pharmacol Biopharm. 2012;1:104.
- 57. Al-Hazmi NN and Naylor IL. A Study of Community Pharmacists' Awareness and Contributions to Adverse Drug Reactions (ADRs) Reporting Systems in the Makkah, Kingdom of Saudi Arabia (KSA). J Clin Trials. 2013;3:127.
- 58. Solomon AO, et al. Making Drugs Safer: Improving Drug Delivery and Reducing Side-Effect of Drugs on the Human Biochemical System. J Pharm Drug Deliv Res. 2015;4:140.
- 59. Radu CD, et al. Comparative Study of a Drug Release from a Textile to Skin. J Pharm Drug Deliv Res. 2015;4:134.
- 60. Lokesh BVS and Kumar PV. Enhanced Cytotoxic Effect of Chemically Conjugated Polymeric Sirolimus against HT-29 Colon Cancer and A-549 Lung Cancer Cell Lines. J Pharm Drug Deliv Res. 2015;4:132.
- 61. Nishant T, et al. Role of Pharmacokinetic Studies in Drug Discovery. J Bioequiv Availab. 2011;3: 263-267.
- 62. Ceron-Carrasco JP, et al. Application of Computational Drug Discovery Techniques for Designing New Drugs against Zika Virus. Drug Des. 2016;5:e131.
- 63. Valayil JM. Activation of Microbial Silent Gene Clusters: Genomics Driven Drug Discovery Approaches. Biochem Anal Biochem. 2016;5: 276.
- 64. Bueno J. Antimicrobial Adjuvants Drug Discovery, the Challenge of Avoid the Resistance and Recover the Susceptibility of Multidrug-Resistant Strains. J Microb Biochem Technol. 2016;8:169-176.
- 65. Rusnati M and Lembo D. Heparan Sulfate Proteoglycans: A Multifaceted Target for Novel Approaches in Antiviral Drug Discovery. J Bioengineer & Biomedical Sci. 2016;6:177.
- 66. Taha Nazir. Drug Price Control May Fail to Improve the Access for Patients and Exploitation of Research Innovation. J App Pharm. 2016;8:e108.
- 67. Nazir T. Racial Differences in Communication Apprehension and Inter-Professional Socialization in Community Pharmacy Practice. J App Pharm. 2015;8:e110.
- 68. Golkar Z, et al. Crisprs/Cas9 May Provide New Method for Drug Discovery and Development. J Mol Biomark Diagn. 2016;7:280.
- 69. Chaturvedi D and Kamboj M. Role of Schiff Base in Drug Discovery Research. Chem Sci J. 2016;7:e114.
- 70. Kebamo S, et al. The Role of Biotransformation in Drug Discovery and Development. J Drug Metab Toxicol. 2015;6:196.
- 71. Pande S and Bagler G. A Data and Informatics Driven Drug Discovery Framework to Bridge Traditional and Modern Medicine. Adv Tech Biol Med. 2015;3:141.
- 72. Bhargava K. Natural Product Drug Discovery. J Pharmacogn Nat Prod. 2015;1:e102.
- 73. Melchior ACB, et al. Bromodomain as New Targets in Drug Discovery. Biochem Pharmacol (Los Angel) 2015;4:e176.
- 74. Marjeta U. Chemo Proteomics, a Valuable Tool for Biomarker and Drug Discovery. Mol Biol. 2014;3:e117.
- 75. Bueno J. Biosensors in Antimicrobial Drug Discovery: Since Biology until Screening Platforms. J Microb Biochem Technol. 2014;S10:002.
- 76. Agrawal P. Drug Discovery and Development: An Insight into Pharmacovigilance. J Pharmacovigilance. 2014;2:e120.
- 77. Li Y and Yang ST. Advances in Human Pluripotent Stem Cells for Regenerative Medicine and Drug Discovery. J Tissue Sci Eng. 2014;5:e127.
- 78. Mishra NK and Shukla M. Application of Computational Proteomics and Lipidomics in Drug Discovery. J Theor Comput Sci. 2014;1:105.

- 79. Feng Y and Wang N. The New Generation of Drug Discovery and its Analytical Technologies. J Bioequiv Availab. 2013;5:e42.
- 80. Ravindran S, et al. Significance of Biotransformation in Drug Discovery and Development. J Biotechnol Biomaterial. 2012;S13:005.
- 81. Gupta D. Pharmacogenomics in Drug Discovery and Development. J Develop Drugs. 2013;2:e126.
- 82. Pradeep KV, et al. Importance of ADME and Bioanalysis in the Drug Discovery. J Bioequiv Availab. 2013;5:e31.
- 83. Baumeister AA, et al. On the Exploitation of Serendipity in Drug Discovery. Clin Exp Pharmacol. 2013;3:e121.
- 84. Gildeeva GN and Yurkov VI. Pharmacovigilance in Russia: Challenges, Prospects and Current State of Affairs. J Pharmacovigil. 2016;4:206.
- 85. Muhannad RMS, et al. Physicians' knowledge about pharmacovigilance in Iraq. J Pharmacovigilance. 2016;4:214.
- 86. Camacho LH and Pai N. Pharmacovigilance of Oncology Biosimilars. J Pharmacovigilance. 2015;S3:001.
- 87. Kumar R, et al. Biosimilars:Regulatory Status and Implications across the World. J Pharmacovigilance. 2015;S3:002.
- 88. Patil JS. Drug Safety and Indian Pharmacist. Adv Pharmacoepidemiol Drug Saf. 2015;4:e131.
- 89. Mickael M, et al. Comparative Pharmacotherapy of Thyroid Diseases in Dogs and Cats---What Should the Retail Pharmacist Filling Pet Prescriptions Understand? J Pharma Care Health Sys. 2015;S3-002.
- 90. Santiago FES and Melin K. Impact of Clinical Pharmacist Intervention on Medication Adherence and Disease related Knowledge among Patients with Low Health Literacy in Puerto Rico. J Pharma Care Health Sys. 2015;S3-001.
- 91. Abbas SS, et al. Pharmacy: A Dignified Profession but yet Deserted; A Dilemma for Pharmacy Profession and Future Pharmacist. J Bioequiv Availab. 2015;07:e65.
- 92. Ariel HC. Collaborative Initiative between Nurses and Pharmacists as Part of Interdisciplinary Team Improves Outcome of Patients with Heart Failure. J Nurs Care. 2015;4:258.
- 93. Shawaqfeh MS. Emerging Potential Role for Pharmacist in Accountable Care Organizations. J Pharma Care Health Sys. 2015;2:e128.
- 94. Sapkota B, et al. Impact of Physician-Pharmacist Collaborative Anticoagulation Clinic on Warfarin Therapy Management. J Blood Disord Transfus. 2015; 6:256.
- 95. Bushell MJA, et al. Sri Lankan Perspectives on Pharmacist Administered Vaccinations. Pharmaceut Reg Affairs. 2015;4: 135.
- 96. Jagadevappa S Patil. Clinical Pharmacist in Indian Health Care System. J Pharmacovigil. 2015;3:e125.
- 97. Dam P, et al. Safe and Effective Use of Medicines for Ethnic Minorities A Pharmacist-Delivered Counseling Program That Improves Adherence. J Pharma Care Health Sys. 2015;2: 128.
- 98. Woldu MA, et al. The Current Practice of Hypertensive Crises Treatment and the Underestimated Role of Clinical Pharmacists in Ambo Hospital Medical Ward, Ethiopia. J Clin Case Rep. 2014;4:445.
- 99. Hudd TR, et al. Survey of Certified Asthma Educator (AE-C) Pharmacists Who are they and how is this Credential Being Used?. J Pulm Respir Med. 2014;4:223.
- 100. Koffi C, et al. Perceived Value of Pharmacist Interns in a Culturally Adapted Community Program. J Pharma Care Health Sys. 2014;S1-008.