10 Years of Successful Journey of PvPPI

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Dear Readers,

I am glad to note that Indian Pharmacopoeia Commission (IPC) has completed 10 years as the National Coordination Centre (NCC) for Pharmacovigilance Programme of India (PvPI) on 14th April 2021. PvPI is one of the important programmes of the Ministry of Health and Family Welfare, Government of India to monitor the safety of pharmaceutical products across the country. The programme has undergone tremendous expansion in a phased manner since its recasting on 15th April 2011. A nationwide network has been set up with Healthcare Professionals (HCPs) and the current outreach of PvPI is 346 Adverse Drug Reaction Monitoring Centres (AMCs) across the country. The scope of the programme not only covers the safety of medicines, but also the safety of medical devices, blood and blood related products used for transfusion through the Materiovigilance Programme of India (MvPI) and Haemovigilance Programme of India (HvPI) respectively under the umbrella of PvPI.

The PvPI has quality management system and standard procedures in place. There is a robust system of collecting, collating and analyzing the adverse events of pharmaceutical products and recommending regulatory measures. On the international map, the current ranking of PvPI is 9th among Member Countries under WHO-Programme of International Drug Monitoring in terms of Individual Case Safety Reports (ICSRs) submitted to WHO-Global database (VigiBase).

The inputs from PvPI help the Central Drugs Standard Control Organization take appropriate regulatory actions. The NCC-PvPI also trains the HCPs in the area of Pharmacovigilance through the Skill Developments Programmes and other training programmes.

Providing accessible and responsive health care services is the highest priority of the Government of India and efforts will continue to be made to in this direction.

I urge the HCPs and the public at large to report the Adverse Events on account of the use of pharmaceutical products, medical devices, blood & its related products to the nearest ADR Monitoring Centres.

I congratulate the Staff of PvPI, MvPI and HvPI for their untiring efforts, and the subject experts for their valuable inputs from time to time for the success of the programmes. I am sure that with your commitment and dedicated efforts, the programme will attain a new heights and achieve its goals successfully.

Wishing you all the best

(Mandeep K. Bhandari)

April-June 2021 | PvPI NEWSLETTER | 3 |
A Decade of Successful Journey of PvPI - Highlights

PvPI was initiated by Government of India on 14th July, 2010 with the All India Institute of Medical Sciences (AIIMS), New Delhi as National Coordination Centre for monitoring Adverse Drug Reactions (ADRs) in the country. To ensure implementation of this programme in a more effective way, it was decided by the Ministry of Health & Family Welfare to recast this programme and shift the National Coordination Centre from AIIMS, New Delhi to the Indian Pharmacopoeia Commission, Ghaziabad.

The vision of the Programme is to improve patient safety and welfare of Indian population by monitoring safety of medicines, thereby reducing the risk associated with their use. The PvPI strived hard to achieve its mission to safeguard the health of Indian population by ensuring that the benefit of medicines outweighs the risks associated with their use. Since the recasting & shifting of the programme, it has taken a momentum and highlights of a decade journey of PvPI are mentioned below:

1. ICSRs Contribution
   - 50,1946 ICSRs – 9th largest reporter of ICSRs to WHO Global database (VigiBase)

2. Signals/PIL changes/Drug Safety Alerts issued by PvPI
   - Signals identified – 7
   - PIL changes recommended - 50
   - Drug Safety Alerts – 121
   - Order issued by CDSCO for regulatory action - 23

3. Training Programmes organised by PvPI
   - Skill Development Programme – 142686 HCPs trained in PV
   - 5th Asia Pacific PV training Programme – 30 participants from 14 countries
   - 6th Asia Pacific PV training Programme – 14 participants from 6 countries
   - 38th WHO-PIAM Annual Meet - >150 participants from over 57 countries

4. National Regulatory Authority (NRA) assessment of PV
   - Successfully met WHO International Standards as per Global Bench Marking Tools in Pharmacovigilance and declared as functional with Maturity Level 4 out of 5

5. PvPI Resource Materials
   - Information Brochure of PvPI
   - PV Guidance document for MAHs
   - Guidance document for Spontaneous ADR reporting
   - Quality Manual & SOPs for PvPI
   - Newsletters, Annual Performance Reports, Scientific Publications, PvPI Directory & Posters etc.
   - IPC Website - www.ipc.gov.in

6. PvPI Expansion
   - Current outreach in States/UTs
     - PvPI - 346 AMC’s
     - HvPI – Launched on 6th July 2015; Enrolled 74 MDMCs
     - HvPI – Launched on 10th Dec 2012; Enrolled 1150 Blood Banks

7. Tools developed by PvPI
   - Indigenous Database – ADRMS software in testing phase
   - Mobile App – ADR PvPI Android Mobile App for consumer
   - PvPI Toll Free – 18001803024
   - AE Reporting tool developed
     - Reporting form for HCPs & Consumers in vernacular languages
     - Developed dedicated form for COVID-19 drugs

8. National & International Collaborations
   - PvPI has signed MoU with PHPs (NTEP, NVBDCP, NACO & UIP-AFII)
   - IPC designated as WHO-CC for PV in PHPs & regulatory services

9. Focussed Pharmacovigilance
   - Active Surveillance of Bedaquiline
   - Hydroxychloroquine in COVID-19
   - COVID-19 vaccines
   - 35 - Smart Safety Surveillance of Rotavirus Vaccine
CME at AIIMS Mangalagiri, Andhra Pradesh

All India Institute of Medical Sciences (AIIMS) Mangalagiri, Andhra Pradesh had successfully conducted the first Continuing Medical Education (CME) on "Awareness and Sensitization on Pharmacovigilance and ADR Reporting" on 10th April 2021. The doctors and nursing officers across different specialties of the institute attended this CME. During this event, a poster competition on the theme "Adverse Drug Reactions: Detection, Assessment, and Prevention" was also organized and 29 participants were provided hands-on exercise for filling of ADR form (Version 1.3) on a hypothetical case scenario. A significant improvement was noticed in the knowledge of delegates regarding the importance of Pharmacovigilance and ADR reporting. The feedback was obtained from the participants.

Sensitization Programme on ADR and it's Reporting at AFMC, Pune

Armed Forces Medical College (AFMC), Pune, has conducted two hours sensitization programme on adverse drug reactions and its reporting on 10th June 2021. A total of 40 participants have participated in this sensitization programme and covered the session on ADR terminologies and the importance of ADR during COVID-19 pandemic. In addition to this, a hands-on-training exercise was conducted for pharmacists to make an actual complete understanding of filling suspected ADR reporting forms.
State Level CME on Pharmacovigilance

A virtual training programme on ‘ADR Reporting: Physician as a key stakeholder’ was organized by Maharaja Krushna Chandra Gajapati Medical College and Hospital (MKCG MCH), Berhampur, Odisha, in collaboration with NCC-PvPI, IPC, Ghaziabad on 13th May 2021. It was attended by 73 participants across the State of Odisha. During the training programme, Dr Jai Prakash, Officer-in-Charge, PvPI presented a keynote on “PvPI strategies during COVID-19 pandemic.”

Sensitization cum Awareness Activity about Pharmacovigilance Programme of India

Sagar Institute of Research & Technology – Pharmacy, Bhopal organized AICTE sponsored Online Short Term Training Programme (STTP) on “Interplay between Health Wellbeing, Environment and Community Pharmacy” from 26th April 2021 to 01st May 2021. In this sensitization programme, Dr. Vijit Agrawal, Sr. Pharmacovigilance Associate delivered a talk on “Overview of Pharmacovigilance, Pharmacovigilance Programme of India and reporting of Adverse Drug Reactions” on 27th April 2021.

National AEFI Meeting

Three virtual National Adverse Events Following Immunization (AEFI) committee meetings were organized by the AEFI Secretariat of Immunization Technical Support Unit (ITSU) - Universal Immunization Programme from April to June 2021. A total of 113 representatives from various organizations like MoHFW, AEFI Secretariat, IPC, CDSCO, INCLEN, International and WHO - Country Office for India have attended these meetings. The agenda of these meetings was to discuss the AEFI cases, their surveillance, causality assessment and COVID-19 vaccines safety in the Indian population.
17th Skill Development Programme

NCC-PvPI, IPC has organized virtually 17th Skill Development Programme on “Pharmacovigilance for Medical Products” from 21st to 25th June, 2021 to train & develop skilled human resources in the field of Pharmacovigilance. The webinar started with a welcome address by Dr. Jai Prakash, Officer-in-Charge, PvPI, followed by Keynote address by Dr. Rajeev Singh Raghuvanshi, Secretary-cum-Scientific Director, IPC. A total of 152 participants from Gujarat, Uttar Pradesh, Maharashtra, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Assam, Kashmir and Tripura etc., participated in this training programme. The participants included professionals from Pharmaceutical Industries, Physicians, Academicians, Coordinators & Pharmacovigilance Associates of ADR Monitoring Centres, Research Scholars, Students (Pharmacy and Medical) across the country.

During the 5 days of the Skill Development Programme, 16 technical sessions were conducted in the area of Pharmacovigilance including Basic Concepts of Pharmacovigilance, Signal Detection Methods, Regulatory Pharmacovigilance etc. all participants appreciated the Skill Development Programme.
Induction-cum-Training Programme

NCC-PvPI organized virtual “Induction-cum-training Programme on Pharmacovigilance” on 27th & 28th April 2021 for newly inducted Pharmacovigilance Associates (PvAs) and Coordinators of AMCs under PvPI to make them aware of their role, responsibilities and functioning. The webinar was well appreciated by the coordinators and PvAs.

Webinar on Pharmacovigilance for Marketing Authorisation Holders

NCC-PvPI organized a webinar on “How to develop a positive culture of Adverse Event Reporting by Pharmaceutical Industries/Marketing Authorization Holders?” on 29th April 2021. A total of 62 participants attended the webinar including an international speaker from UMC, Sweden.

NCC-PvPI organised a virtual interactive meeting with PV officials of Emcure Pharmaceuticals Ltd. India for improving the quality of ICSRs on 24th June 2021. NCC-PvPI sensitized them about the importance of ICSRs Grading and its impact on the quality reporting of ICSRs. NCC-PvPI, also suggested establishing a causal relationship between the Drug-Reaction combination and other important field parameters of ICSR should be collected from a reporter by representatives of Marketing Authorization Holder (MAH).

Interactive meet with MAHs/ Pharmaceutical Industries on ICSRs quality
# New Drugs Approved in India

The following new drugs were approved by CDSCO between April 2021 to June 2021:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Drug(s)</th>
<th>Indication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ozenoxacin bulk and Ozenoxacin cream 1% w/w</td>
<td>Indicated for the topical treatment of impetigo due to <em>Staphylococcus aureus</em> or <em>Streptococcus pyogenes</em> in adult and pediatric patients 2 months of age and older</td>
</tr>
<tr>
<td>2.</td>
<td>2-Deoxy-D-Glucose bulk and 2-Deoxy-D-Glucose 2.34g &amp; 5.85g sachet</td>
<td>As an adjunct therapy only in moderate to severe COVID-19 patients</td>
</tr>
<tr>
<td>3.</td>
<td>Capmatinib 150mg and 200mg film-coated tablets</td>
<td>Capmatinib is a kinase inhibitor indicated for the treatment of an adult patient with metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping</td>
</tr>
</tbody>
</table>
| 4.     | Rucaparib camsylate bulk and Rucaparib tablets 200mg/250mg/300mg         | **Ovarian cancer**  
  - For the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are incomplete or partial response to platinum-based chemotherapy.  
  - For the treatment of adult patients with a deleterious BRCA mutation (germline and/or somatic)- associated epithelial ovarian, fallopian tube, or primary peritoneal cancer who have been treated with two or more chemotherapies. Select patients for therapy based on an FDA-approved companion diagnostic for RUBRACA.  
**Prostate cancer**  
- For the treatment of adult patients with a deleterious BRCA mutation (germline and/or somatic) associated metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor-directed therapy and a taxane-based chemotherapy |
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Drug(s)</th>
<th>Indication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>TrientineTetrahydrochloride bulk and Trientine Tetrahydrochloride capsules 333 mg (Each capsule contains Trientine tetrahydrochloride 333 mg equivalent to Trientine 167mg base)</td>
<td>For the treatment of Wilson's disease (hepatolenticular degeneration) in patients intolerant to Penicillamine. It should be used when continued treatment with Penicillamine is no longer possible because of intolerable or life-endangering side effects</td>
</tr>
<tr>
<td>6.</td>
<td>Vigabatrin bulk and Vigabatrin powder for oral solution 500mg</td>
<td>For the treatment of • Refractory Complex Partial Seizures as adjunctive therapy in patients 2 years of age and older who have responded inadequately to several alternative treatments; Vigabatrin for Oral Solution, USP, 500 mg is not indicated as a first-line agent. • Infantile Spasms - monotherapy in infants 1 month to 2 years of age for whom the potential benefits outweigh the potential risk of vision loss.</td>
</tr>
<tr>
<td>7.</td>
<td>Cangrelor tetra sodium bulk and Cangrelor for injection 50mg/vial</td>
<td>Indicated as an adjunct to percutaneous coronary intervention (PCI) to reduce the risk of per procedural myocardial infarction (MI), repeat coronary revascularization, and stent thrombosis (ST) in patients who have not been treated with a P2Y12 platelet inhibitor and are not being given a glycoprotein IIb/IIIa inhibitor.</td>
</tr>
<tr>
<td>8.</td>
<td>Rifapentine bulk and FDC of Isoniazid and Rifapentine (300mg/300mg)</td>
<td>Indicated for the treatment of latent tuberculosis, caused by Mycobacterium tuberculosis (For use in NTEP only)</td>
</tr>
</tbody>
</table>

Healthcare Professionals are urged to closely monitor the safety of the above Drugs ADRs (if any) should be reported to PvPI

# Drugs Safety Alerts - April 2021 to June 2021

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Issuing Date</th>
<th>Suspected Drugs</th>
<th>Indication(s)</th>
<th>Adverse Drug Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Baclofen</td>
<td>For the symptomatic treatment of neuronal spasticity due to multiple sclerosis, spinal cord, pathology &amp; injury</td>
<td>Encephalopathy</td>
</tr>
</tbody>
</table>
| 2.     | 28th June 2021 | Rosuvastatin & Ticagrelor Interaction | - Rosuvastatin: Risk reduction of MI stroke and arterial revascularisation procedure in patients without clinically evident CHD but with multiple risk factors.  
- Ticagrelor: For the prevention of thrombotic events (cardiovascular death, Myocardial Infarction and stroke) in patients with Acute Coronary Syndromes (ACS) unstable angina, non-ST Elevation Myocardial Infarction (STEMI) including patients managed medically and those who are managed with Percutaneous Coronary Intervention (PCI) or Coronary Artery Bypass Grafting (CABG) | Rhabdomyolysis |
| 3.     |              | Clobazam        | Acute and chronic anxiety states and as an adjunctive therapy in patients with refractory epilepsy. | Drug reaction with eosinophilia and systemic symptoms (DRESS) Syndrome |
| 4.     | 05th April 2021 | Zinc (Acetate/Oxide/ Sulphate/Gluconate) | In the treatment of acute diarrhoea in children as an adjunct to oral rehydration. | Diarrhoea |

Healthcare Professionals (HCPs), patients/consumers are advised to closely monitor the above mentioned suspected ADRs associated with the use of the above drugs. If such reactions are encountered, please report to the NCC-PvPI, IPC by filling up Suspected Adverse Drug Reactions Reporting Form for HCPs/ Medicine Side Effect Reporting Form for the consumer (download from [http://ipc.gov.in](http://ipc.gov.in)), through Android Mobile App and PvPI Helpline No. 1800-180-3024 (Toll-Free)
### Drugs Safety Alerts - PvPI vs Other Countries

<table>
<thead>
<tr>
<th>Drugs</th>
<th>ADRs</th>
<th>No. of ICSRs in Global database</th>
<th>No. of ICSRs in PvPI database</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ifosfamide (Solution)</td>
<td>Potential risk of Encephalopathy</td>
<td>968</td>
<td>03</td>
<td></td>
</tr>
<tr>
<td>Sofosbuvir</td>
<td>Stevens-Johnson Syndrome</td>
<td>06</td>
<td>04</td>
<td></td>
</tr>
</tbody>
</table>

Healthcare Professionals are advised to carefully monitor the above mentioned ADRs reported with the use of suspected drugs. If such ADRs are encountered, please report to NCC-PvPI, IPC.
Institute of Postgraduate Medical Education & Research (IPGMER), Kolkata, West Bengal

IPGMER, Kolkata, West Bengal was recognised as an AMC under PvPI in 2011. This AMC is also the Regional Training Centre of PvPI in the eastern regional of India. The various Pharmacovigilance activities were carried out under supervision of Dr. Suparna Chatterjee Coordinator and Head of the Department of Pharmacology, IPGMER along with Ms Manjari Bhattacharya, Pharmacovigilance Associate. It continues its focus on patient safety by:

- Active ADR reporting to identify signals.
- Conducting various training, awareness and skill development programs like ALTs, seminars, outreach programs at peripheral hospitals, etc. to facilitate knowledge acquisition and skill building among residents, other doctors, nurses, and paramedical staff.
- Sensitizing and awareness on Pharmacovigilance for nursing, paramedical and medical undergraduate students.
- Focused pharmacovigilance activity as the situation demands including reporting of adverse events of COVID-19 vaccines.
Institute of Medical Sciences, Banaras Hindu University (IMS-BHU), Varanasi, Uttar Pradesh

IMS BHU, Varanasi, Uttar Pradesh was recognised as an AMC under PvPI in 2011. The various Pharmacovigilance activities were carried out under supervision of Dr. Amit Kumar Singh, AMC Coordinator, Department of Pharmacology, IMS-BHU. Mr. Awadesh Kumar Yadav, Pharmacovigilance Associate assisted in pharmacovigilance activities as mentioned below:

- AMC PV Committee discussed ways to improve awareness on Pharmacovigilance among HCPs through continuous awareness programme.
- Build trust among HCPs in ADR reporting by organizing PV training, seminars, lectures for doctors, nurses, pharmacists and other medical students at centre & nearby hospitals.
- Distributions of PvPI flex boards and posters to various departments of hospital & nearby hospitals.
- Circulation of PvPI Newsletter, Drug Alerts, Suspected ADR Reporting Forms and PV related matter to all HCPs.
- PvPI toll-free number has been printed on OPD slips.
- Coordination with the Deworming Programme, CDSCO and AEFI official regarding training, seminars and ADRs reporting.
- Maintaining ADR/AEFI database or registries of all ICSR record files for easy access and hassle-free retrieval.
Maharaja Krushna Chandra Gajapati Medical College & Hospital, Berhampur, Odisha

M.K.C.G Medical College & Hospital, Berhampur, Odisha was enrolled as an ADR Monitoring Centre under PvPI in July, 2011. Pharmacovigilance activities of AMC have been carried out effectively under the Stewardship of Coordinators Dr. Y. Roja Ramani with the enthusiastic support of Dr. Chinmaya Mahapatra, PvA. This centre has constituted a Causality Assessment Committee and Pharmacovigilance Committee and sensitizing HCPs for ADR reporting regularly.

Activities and Achievements
- M.K.C.G Medical College & Hospital, has reported 2078 ADRs in VigiFlow, organized two International webinars, a State Level CME, and other sensitization programmes on Pharmacovigilance.
- Dissemination of PvPI awareness flyers, posters and pamphlets in OPDs, IPD wards, Emergency wards and ICUs.
- The AMC contributed towards the collection of ADRs related to Albendazole on National Deworming Day.
- Drug alert cards were issued to the persons getting vaccinated with COVID-19 Vaccine at the vaccination centres for prompt reporting of any adverse event following vaccination.
Feedback from AMC Stakeholders

Prof. Suparna Chatterjee
AMC-Coordinator
IPGMER, Kolkata, West Bengal

IPGMER is the East Zone Regional Centre for Training and Technical Support steered by Prof. Suparna Chatterjee as Pharmacovigilance Coordinator and Prof. Avijit Hazra as Deputy Coordinator since 2011. She is also serving as a member of the Signal Review Panel of PvPI. The day-to-day activities are managed by Ms. Manjari Bhattacharjee as Pharmacovigilance Associate. Both Coordinator and Deputy Coordinator are passionate about pharmacovigilance and the role it can play in the improvement of patient outcome. Through this forum, we renew our pledge to further the noble goal of patient safety through responsible pharmacovigilance.

Dr. Amit Singh
AMC-Coordinator & Professor (Department of Pharmacology)
IMS BHU Varanasi, U.P.

Pharmacovigilance plays an important role in the patient's safety in relation to use of medicines. It is responsible for the monitoring of adverse drug reactions occurring among the Indian population. It helps in creating awareness among clinicians for the appropriate use of medicines and proved to be a powerful tool for reporting adverse drug reactions. PvPI also promotes sensitization for the reporting of suspected adverse drug reactions among health care workers at various levels. Continuous reporting of all such adverse drug reactions will ensure rational use of medicines. I appreciate the key role of AMC, IMS BHU for its significant contribution to the Pharmacovigilance Programme of India and thankful to all participating health care workers in this programme. I wish them all the best in their future endeavours towards the generation of patient safety data.

Dr. Y. Roja Ramani
AMC-Coordinator, (Department of Pharmacology)
M.K.C.G Medical College & Hospital, Berhampur, Odisha

AMC, M.K.C.G Medical College & Hospital, Berhampur has been actively involved in the Pharmacovigilance activities in collaboration with National Coordination Centre, PvPI since January 2011. Becoming an established and effective AMC is a process that needs time, vision, dedication, expertise and continuity. Various CME's and training programmes at our AMC have contributed towards the goal of the Pharmacovigilance Programme of India. Constant encouragement and timely feedback to every stakeholder involved has played a pivotal role in this process. State, national and international level online training programmes/webinars for the sensitization/awareness of medical and paramedical staff regarding PV activities were conducted for its smooth functioning. AMC, M.K.C.G Medical College & Hospital appreciates the unconditional support of NCC in becoming vigilant towards the COVID-19 drugs and vaccines associated ADRs. We hope the robust drug safety data analytical process adopted by PvPI will ensure effective Adverse Event Reporting culture among the stakeholders in the coming years.
Feedback from MAH Stakholders

Dr. Ankit Patil  
*Country Safety Lead*
*Pfizer India, Drug Safety Unit (DSU)*

PvPI is playing a pivotal role in establishing and developing a robust Pharmacovigilance system in India. The team has put in sincere efforts in implementing various initiatives for skill development, awareness, training, and providing a platform for new talent in Pharmacovigilance. All these are helping to build capacity and capabilities in Pharmacovigilance.

I extend my best wishes to the entire PvPI team; well done!

Dr. Raghunath Dhule  
*Pharmacovigilance Officer In-Charge*
*Allergan an Abbvie Company*

It is highly commendable the way PvPI has strengthened the Pharmacovigilance system in India. Since its inception, PvPI has constantly strived hard to create lot of awareness about drug safety in the pharmaceuticals industry, HCPs and the common public alike with the single goal of patient's safety. The same philosophy is applied within Allergan (An AbbVie Company) to ensure our drugs are safe and effective. We are contributing to PvPI by sending adverse events and sensitizing our company employees to report adverse events in a timely manner. On behalf of Allergan (An AbbVie company), we wish the entire team PvPI great success in all their endeavours.
दवाइयों से होने वाले प्रतिकूल/दुष्प्रभाव की निगरानी एवं मरीजों की सुरक्षा के उपर्युक्त

फार्मॉकोविजिजील्स प्रोग्राम ऑफ़ इंडिया, स्वास्थ्य और परिवार कल्याण मंत्रालय,
भारत सरकार द्वारा जननित्त जारी

जैसा कि हम सभी जानते हैं कि दवाइयाँ (ट्रेटमेंट, केफलस्लाज़, सीरें, इन्स्लाइट, टॉपिकल हैलोपो) के उपयोग से विशेष रूप से नियमित और सही तरीके से प्रतिकूल प्रभाव/दुष्प्रभाव की समस्या उत्पन्न हो सकती है इनके प्रभाव में स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार ने एक विशेष कदम उठाया और इस कदम के अंतर्गत फार्मॉकोविजिजील्स प्रोग्राम ऑफ इंडिया को नीतिन लियाज़ ने, इसका राष्ट्रीय सम्मेलन केंद्र, भारतीय शेयर सहित आयोग, राजनर, गाजियाबाद, उत्तर प्रदेश में स्थित है। इस सम्मेलन केंद्र का मुख्य कार्य दवाइयों से होने वाले प्रतिकूल प्रभाव/दुष्प्रभाव के जानकारी ए.डी.आर मोनिटरिंग सेंटर के द्वारा एक है। इसका उद्देश्य उपचार के दौरान जानकारी प्रदान करना है जिसके लिए नीतिन लियाज़ के भाग में सुनिश्चित किया जाएगा।

"फार्मॉकोविजिजील्स का प्रयोग है औषधि संबंधी", नीतिन लियाज़ सरदार जा या दवाइयों को दंडित करने के बाद कई प्रतिकूल प्रभाव/दुष्प्रभाव हो सकते हैं जिनका संबंध रोगी, आयुक्त, उपचारक, समुदाय, राजस्व, राजस्व उपचार (सर्चेडिशन), सर्वसिलीक्स, अथवा अन्य कोई दुष्प्रभाव प्रकट होता है। इसी स्थिति में अपने विचित्रकर्म से या योजनाएं अनुसार उपचार के दौरान चिकित्सक से परमाणु होता है।

राष्ट्रीय सम्मेलन केंद्र, फार्मॉकोविजिजील्स प्रोग्राम ऑफ इंडिया, में दवाइयों के प्रति प्रतिकूल प्रभाव/दुष्प्रभाव के जानकारी एक है। इसका उद्देश्य है।

- निशुल्क बुननाम सब्स्क्राइबर 1800-180-3024 (समस्त देश से शुरू करने 9:00 बजे से संग्रह करने 5:30 बजे तक)।
- मोबाइल ऑप्शन। (एडीआर पी टी आई)
- ए.डी.आर मोनिटरिंग सेंटर
- ए.डी.आर परिवार सहायता केंद्र

कोविड-19 महामारी के दौरान उपयोग होने वाले औषधियों से होने वाले दुष्प्रभाव की जानकारी काफी और कैसे दें

इसकी जानकारी आप फार्मॉकोविजिजील्स प्रोग्राम ऑफ़ इंडिया के अंतर्गत किसी भी निकटवर्ती ऐ.डी.आर- मोनिटरिंग सेंटर पर दे सकते हैं। इस सम्बन्ध में एक विशेष फार्मी- Suspected Adverse Drug Reaction Reporting Form (For Drugs used in Prophylaxis/ Treatment of COVID-19) और किया जा सकता है, जो www.ipc.gov.in पर उपलब्ध है।