Pharmacovigilance Programme of India

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PMS Arts & Communications

Pharmacovigilance
Programme of India (PvPI) *Newsletter*

सत्यमेव जयते

Independence Day Issue
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National Coordination Center for PvPI
Indian Pharmacopoeia Commission
Ghazibad

Inside This Issue:

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Mission

To ensure that the benefits of use of medicine outweigh the risk and thus safeguard the health of Indian population.

Pharmacovigilance is an integral part of healthcare delivery systems. This quarterly published newsletter alerts health professionals regarding drug safety profile by reviewing case reports of various ADR monitoring centres submitted to National Coordination Centre- Pharmacovigilance Programme of India (PvPI). It is a useful mechanism to stimulate adverse reaction reporting as well as to disseminate information on suspected adverse reactions to health products occurring in humans before comprehensive risk–benefit evaluations and regulatory decisions are taken. Updated information on safety issues of medicines will help rational use of medicines by the healthcare professionals and in decision making. The continuous evaluation of health product safety profiles depends on the quality of reports submitted.

Summary of reported ADRs and reported drugs from the months of July 2011 to December 2011

This analysis report is based on individual case safety reports (ICSRs) listed in the World Health Organization global ICSRs database (VigiFlow/VigiBase) submitted by ADR Monitoring Centres (AMCs) under Pharmacovigilance Programme of India (PvPI) to National Coordination Centre (NCC) from the month of July 2011 to December 2011. Total 8,388 patient's reports were received and analyzed. The ADRs were categorized by System Organ Class Classification given by WHO. Phenytoin was found to be the most common drug causing ADRs i.e. 601 ADR reports followed by Cisplatin (513 reports), Carbamazepine(468), fluorouracil (462), Cyclophosphamide (384 reports) etc. The profile of top 10 drugs is given in the Figure 1

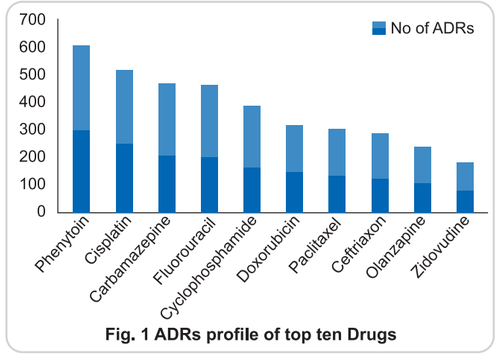
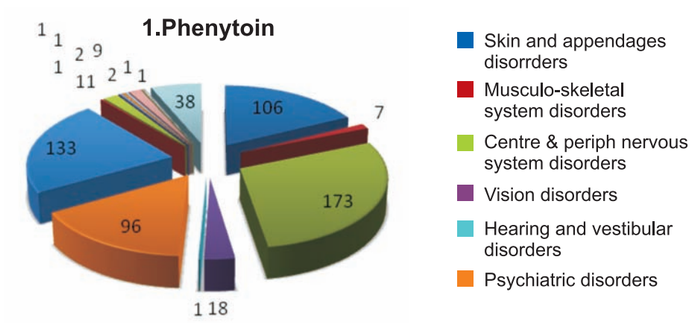


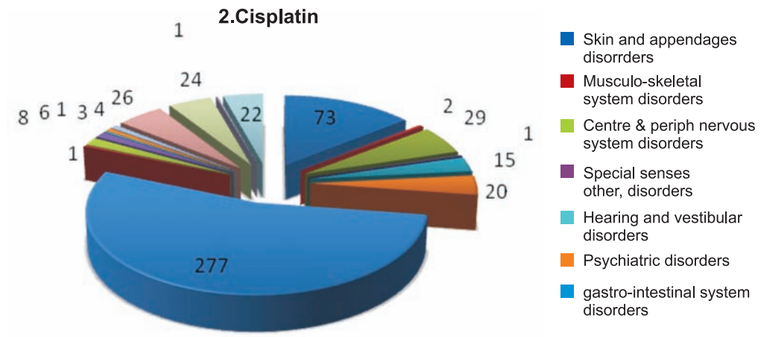
Fig. 1 ADRs profile of top ten Drugs

Out of 601 ADR reports for the Phenytoin, most commonly observed ADRs were related to Central and Peripheral Nervous System Disorders accounting for 173 ADRs, followed by Gastro-intestinal disorders (133ADRs).

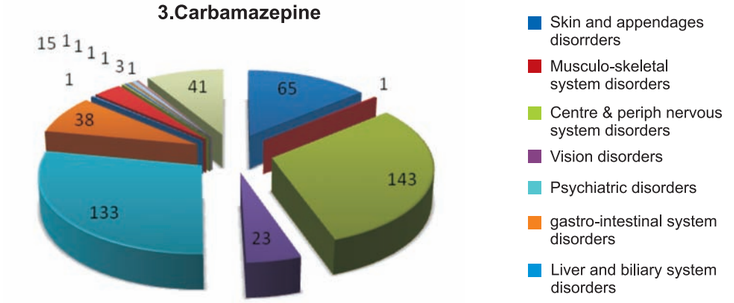


Pharmacovigilance
Programme of India (PvPI) *Newsletter*
2 Vol-2 2012 *Independence Day Issue*

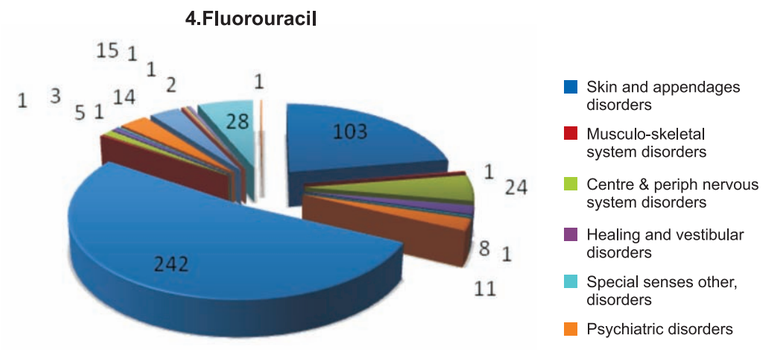
Out of 513 ADR reports for the Cisplatin most commonly observed ADRs were related to Gastro-intestinal disorders accounting for 277ADRs, followed by Skin and appendages disorders (73ADRs).



Out of 468 ADR reports for the Carbamazepine most commonly observed ADRs were related to Central and Peripheral Nervous System Disorders accounting for 143 ADRs, followed by Psychiatric disorders (133ADRs).

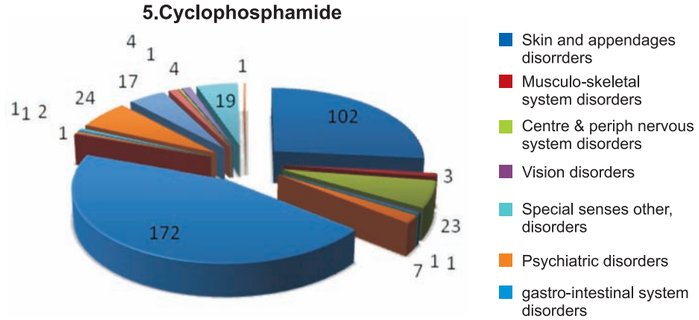


Out of 462 ADR reports for the Fluorouracil most commonly observed ADRs were related to Gastro-intestinal disorders accounting for 242 ADRs, followed by Skin and appendages disorders (103ADRs)



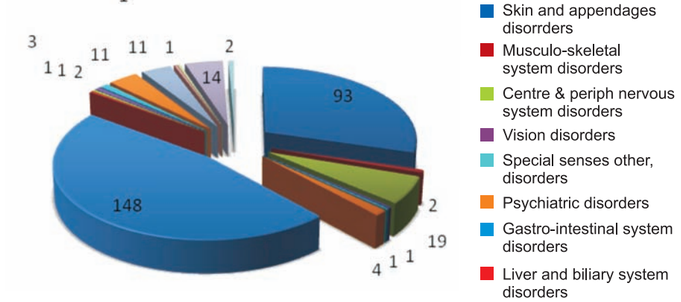
Out of 384 ADR reports for the Cyclophosphamide most commonly observed ADRs were related to Gastro-intestinal disorders accounting for 172 ADRs, followed by Skin and appendages disorders (102ADRs).

5.Cyclophosphamide



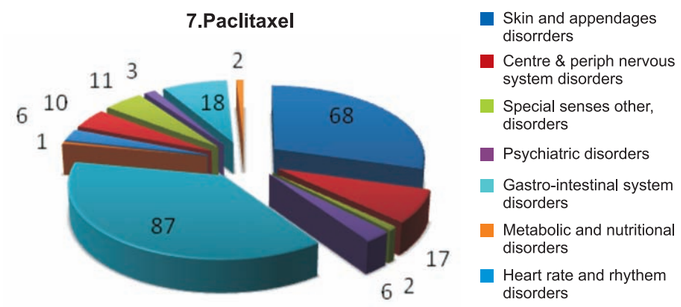
Out of 315 ADR reports for the Doxorubicin most commonly observed ADRs were related to Gastro-intestinal disorders accounting for 148 ADRs, followed by Skin and appendages disorders (93ADRs).

6.Doxorubicin



Out of 299 ADR reports for the Paclitaxel most commonly observed ADRs were related to Gastro-intestinal disorders accounting for 87 ADRs, followed by Skin and appendages disorders (68ADRs).

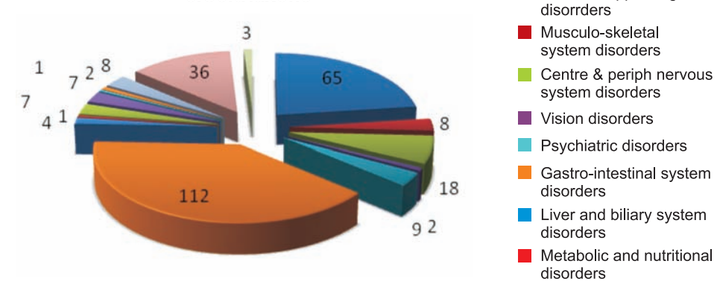
7.Paclitaxel



Pharmacovigilance
Programme of India (PvPI) *Newsletter*
2 Vol-2 2012 *Independence Day Issue*

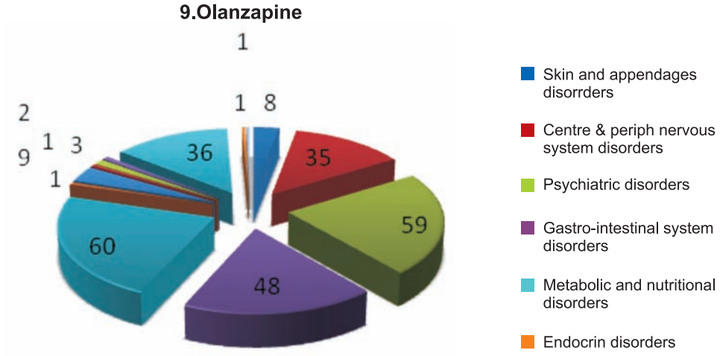
Out of 283 ADR reports for the Ceftriaxone most commonly observed ADRs were related to Gastro-intestinal disorders accounting for 112 ADRs, followed by Skin and appendages disorders (65ADRs).

8.Ceftriaxone



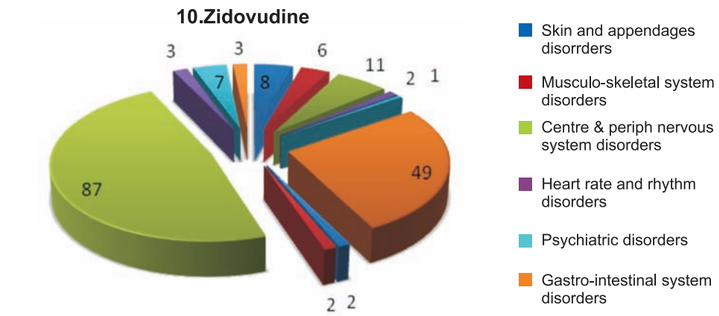
Out of 236 ADR reports for the Olanzapine most commonly observed ADRs were related to Metabolic and nutritional disorders accounting for 60 ADRs, followed by Psychiatric disorders (59ADRs).

9.Olanzapine



Out of 181 ADR reports for the Zidovudine most commonly observed ADRs were related to Red blood cell disorders accounting for 87 ADRs, followed by Gastro-intestinal system disorders (49ADRs).

10.Zidovudine



Regulatory matters

- **Nimesulide**

The manufacture, sale and distribution of Nimesulide formulation for human use in children below 12 year of age was prohibited under section 26A of Drugs and Cosmetics Act, 1940 vide gazette notification no GSR 82(E) dated 10.02.2011. The DTAB in its 60th meeting held on 10.10.2011 considered the use of Nimesulide in population of 12 year and above and after deliberations recommended that following "Box Warning" should be mentioned on label as well as package insert and other promotional literature of formulations containing Nimesulide.

"Use of Nimesulide should ordinarily be restricted to 10 days. If longer clinical use is warranted, liver function test should be assessed periodically".

The Drugs Controller General (India), FDA Bhawan New Delhi, issued a circular dated April 14, 2012 to all State Drug Controllers that manufacturers of their respective state to incorporate above said box warning in a conspicuous manner on label, carton as well as package insert and other promotional literature of formulations containing Nimesulide.

- **Paracetamol (Acetamoniphen)**

Limiting of Acetaminophen (Paracetamol) in prescription combination products and giving Box Warning about its liver toxicity

The Drugs Controller General (India), FDA Bhawan New Delhi, vide circular F No. 18-06/2011 DC dated 4th April 2012 has given the following clarification for smooth implementation of the recommendation of the DTAB.

- State Licensing Authorities may permit lowering of the contents of paracetamol to 325 mg in the already approved formulation.
- The restriction of limiting of contents of paracetamol to 325 mg is applicable to prescription products. However, the box warning as recommended in the said letter would be required to be provided on the label of all products containing paracetamol.
- The Fixed Dose Combinations (FDCs) containing paracetamol manufactured for export are not covered under ther aforesaid letter.
- The limiting of paracetamol in prescription combination products is required to be completed in a period of three years. The renewals of product permissions of existing formulations may continue to be granted while ensuring that the manufacturers comply with the requirements in the specified period.

International news

News from US FDA

The US FDA has announced safety changes in labelling of some cholesterol lowering drugs. The US FDA is also informing the public regarding the safety review of Actos (Piogliatazone increased risk of bladder cancer). For details visit US FDA website.

Risk of myopathy and rhabdomyolysis with simvastatin – a new dosage recommendations and contraindication

To reduce the risk of myopathy and rhabdomyolysis, health professionals are advised of new recommendation to limit the use of high dose simvastatin (80mg/day) and of new contraindication for the use of simvastatin with potent CYP3A4B inhibitors, zemfibrozil, cyclosporine and danazole. (Reference-Medicine Safety Update Volume 2, Number 6, November 2011 by Department of Health and Ageing, Therapeutic goods Administration; Australian Government)

Pharmacovigilance
Programme of India (PvPI) *Newsletter*
2 Vol-2 2012 *Independence Day Issue*

WHO-UMC Report: Current Pharmacovigilance Scenario in India

In order to communicate the progress of drugs safety monitoring programme of India globally, a report on the current Pharmacovigilance scenario in India was submitted by National Coordination Centre, Pharmacovigilance programme of India; Indian Pharmacopoeia Commission to WHO-UMC Centre and that was published in Uppsala Reports UR 57, April 2012.

Monitoring of Drugs of Current Interest

The aim of monitoring of drugs of current interest is to undertake focused Pharmacovigilance for new drugs and suggest appropriate intervention that may have received widespread use in the Indian populations.

Training on Pharmacovigilance

A training programme for NCC - PvPI personals was organized by Ranbaxy, Gurgaon in order to strengthen the Pharmacovigilance Programme of India for 4 Days i.e. from 1st May to 4th May 2012. On the first day of the training, session started with presentation on key concepts of Pharmacovigilance. Case processing & signal detection was covered. Second session was on methods of causality assessment followed by the discussion. Different causality assessment scales were discussed with special emphasis on Naranjo's and WHO causality assessment scale. Second day of the training emphasized on practical application of causality assessment in Pharmacovigilance. There were hands-on exercises. All trainees were assigned the cases for causality assessment. The last two days focused on the analysis part of the Pharmacovigilance data and insight of the statistical analysis tools.

National Symposium on Translationa Pharmacovigilance (NSTP) PGIMER, Chandigarh

Pharmacovigilance Centre, PGIMER Chandigarh organized a one day symposium on "National Symposium on Translational Pharmacovigilance" on 14th April, 2012. Symposium was focused on the adverse effects / side effects and newer possible avenues of medicines. Prof. Y.K. Chawla, Director PGIMER inaugurated the symposium and emphasized about the real need for the Pharmacovigilance in India. Prof Y.K. Gupta, National Scientific Coordinator, PvPI introduced the concept of Translational Pharmacovigilance. There was representation from NCC-PvPI, industry and academia in the symposium. More than 230 professionals participated in the symposium.

Where to report ADRs in India?

Healthcare professionals are advised to report ADRs to their nearest ADRs Monitoring Centre of PvPI. The list of ADR Monitoring Centres is displayed on the website of the IPC. Suspected ADRs Reporting Form may be downloaded from the CDSCO website: **www.cdsco.nic.in** or IPC website **www.ipc.gov.in**

Upcoming events on Pharmacovigilance

1. SOPICON-2012: Santosh Medical College Ghaziabad from 23rd to 25th November 2012 "Making the medicines safer".
   For further details contact:
   Dr. Sainath Iyer, Organizing Secretary; Santosh Medical College Ghaziabad
   Email-drsainathiyer@gmail.com
2. Seventh Asian Conference of Pharma-coepidemiology, Bangalore from October 26th to 28th 2012.
   For further details contact:
   Dr. G. Parthasarthy (Organizing Secretary),
   JSS College of Pharmacy, Mysore.
   Conference website: www.acpe-india.org