PvPI progress Report- March 2016 Confidential

## **Indian Pharmacopoeia Commission**

# National Coordination Centre (NCC) - Pharmacovigilance Programme of India (PvPI)

## **Monthly Progress Report- March 2016**

S. No	Title of Activity	Description	Major Outcomes/Action Taken
1.	Data collation and processing of ICSRs	During the index period NCC received 5242 ICSRs from AMCs/ Pharmaceutical industries/ consumers. The reported cases are under the assessment for completeness, listed/ unlisted and clinical relevance.	The reported ICSRs yet to be assessed for the completeness & quality for further process (listed and unlisted) & under medical/clinical review.  Lack of quality reports will be reverted back to the reporter.
2.	7 <sup>th</sup> SRP meeting under PvPI	PvPI organised its 7 <sup>th</sup> SRP meeting on 1 <sup>st</sup> March 2016 at CDSCO, FDA Bhawan, New Delhi	<ul> <li>Outcome of this meeting:</li> <li>SRP recommended the following to CDSCO to incorporate</li> <li>1. SJS as Adverse Drug Reaction in Indian package insert of marketed Ceftriaxone.</li> <li>2. TEN&amp; SJS as Adverse Drug Reaction in Indian package insert of marketed Lamotrigine.</li> <li>3. Photosensitivity to be incorporated in package inserts as Adverse Drug Reaction of Betamethasone, marketed domestically.</li> <li>4. Acute Generalised Exanthematous Pustulosis (AGEP) to be incorporated in package inserts as Adverse Drug Reaction of Azithromycin marketed domestically.</li> </ul>

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			<ul> <li>5. Acute Generalised Exanthematous Pustulosis (AGEP) to be incorporated in package inserts as Adverse Drug Reaction of Cloxacillin marketed domestically.</li> <li>6. Instructed PvPI the following Drug alerts may be issued to sensitize the Health Care Professionals and follow precautions while prescribing the following drugs.</li> <li>Phenytoin:Angioedema</li> <li>Phenytoin:Osteoporosis</li> <li>Bleomycin:Hyperkinesia</li> <li>Olanzapine:Hyponatraemia</li> </ul>
3.	Interactive session with Swedish counterpart to promote Patient Safety	CDSCO organized a meeting to discuss the Memorandum of Intent between India & Sweden to understand and to update the various issues related to regulatory and Pharmacovigilance on 2 <sup>nd</sup> March 2016 at CDSCO headquarters, New Delhi.	On behalf of Swedish Medical Product Agency Mr. Backman Christer and Mrs.Karin Grondal participated and provided rich updated information and development in their National Regulatory Authority (NRA). The developments in various areas of CDSCO were also presented by respective officials of various departments. In this meeting mutual information was exchanged among both the NRAs. PvPI updated information was shared with the Visiting delegates.
4.	Two days workshop on Pharmacovigilance and Pharmacoepidemiology in RNTCP	Two days workshop on pharmacovigilance and pharmacoepidemiology in RNTCP was held on 4-5 <sup>th</sup> March 2016, at National Research Institute in Tuberculosis (NRIT), Chennai.	Dr. Soumya Swaminathan, DG-ICMR emphasized that PvPI & ICMR Institutions has to work together for improving the pharmacovigilance standards, basic knowledge & skills of Health Care Professional (HCPs) and ensuring the safety of the vulnerable population while exposed with different drug regimen. She concluded the workshop by stating that ICMR Institutions may be declared as PvPI collaborating centres.

5.	Medical Representatives of Alkem Laboratories Limited trained on Pharmacovigilance-	M/s Alkem Laboratories limited invited PvPI Officials to teach on basic pharmacovigilance, on how, where, what, whom & why to report ADRs to PvPI. As one of recommendation during " A round table meeting on " Challenges and Issues for the Pharmaceutical Industries in Reporting ADRs to PvPI" held at Indian Pharmacopoeia Commission, Ghaziabad on 29th April 2015 to train the Medical Representatives of the pharmaceutical industries on the concept of pharmacovigilance.	She suggested PvPI to identify the scope of the activities for collaboration and mutual avenues.  PvPI officials of IPC attended & trained 25 medical representatives (all over India) of, M/s Alkem Laboratories Pvt Ltd at Lonavala, Mumbai on 07/03/2016 & Officials emphasized on key responsibilities of the MRs to enhance the quantity of ADR reporting further to promote drugs safety in India especially which are being prescribed by private practitioners.
6.	MvPI Industry Consultation meeting	PvPI organised one day MvPI Industry Consultation meeting on 9 <sup>th</sup> March 2016 at IPC to Review the draft Medical Device Adverse Event (MDAE) Reporting Form and MvPI Toolkit.	Total 20 experts from 15 different pharmaceutical industries attended this meeting & The comments received from three different associations/organisations in this meeting are as follows:  1. Confederation of Indian Industry (CII) representative suggested to redesign MDAE form capturing the details considering the following: Applicability of AE reporting, definition of AE & SAE, timelines for reporting, scope of reporting, who shall be reporting along with clarification,  2. Federation of Indian Chambers of Commerce &Industry (FICCI), American Chamber of Commerce

			(AMCHAM): representative from both organisations
			, , , , ,
			expressed their views that a clear Guidance document
			must be published on adverse event reporting before
			this MDAE form gets implemented for Industry. The
			guidance should include a decision tree or flow chart
			to help manufacturers to make their Vigilance
			assessment.
			Under Section F of draft MDAE form – Causality
			assessment is very important to know whether the adverse
			event was related to device or not. Current language
			needs a change because it is not a matter of choice
			whether the causality assessment is done or not rather a
			clear expectation to present the Causality assessment
			report should be mentioned on the form. Criteria for
			_
			assessment are clearly defined in enclosed GHTF
			document Pg. 7 point#3.2
			This form should be only applicable for notified medical
			devices & IVDs
	Govt. of India Launched	World TB day was held on 21 <sup>st</sup> March 2016, at the	The Officials from PvPI attended this meeting& Major
	Bedaquilline- New Anti TB	event the honourable health Minister Shri J P	Outcomes of this meeting:
	drug for drug resistant TB	Nadda, launched Bedaquiline – new anti-TB drug	• Shri. J. P. Nadda, launched Bedaquiline – new anti-TB
		for Drug Resistant TB as part of the Revised	drug for Drug Resistant TB & also released Guidelines
7.		National Tuberculosis Control Program (RNTCP).	for Prevention and Management of Adverse reactions
/•			associated with anti-TB drugs.
			Shri. B. P. Sharma urged the need for collective
			commitment of all stakeholders said that stakeholders
			need new tools for diagnostics and new research and

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			further said that delivery mechanism should be in
			conformity with goals we have set for ourselves.
	Visit of Students and faculty	Students and faculty members of Devaki Amma	PvPI Officials given introduction about ADR, Where, How,
	members of Devaki Amma	Memorial College of Pharmacy visited IPC on 30 <sup>th</sup>	What to & Whom to report ADRs, & its importance,
8.	Memorial College of	March 2016.	Pharmacovigilance & PvPI to the 60 students
	Pharmacy, Kerala		
	Coordination Meeting with	Dr. Dhariwal, Director-NVBDCP had a meeting	Since PvPI already monitoring the ADRs of drugs used in
	National Vector Borne Disease	with PvPI & WHO-Country Office (India)	NVBDCP through its AMCs, further it was discussed the
9.	Control Programme(NVBDCP)	Officials on 31 <sup>st</sup> March 2016 at Nirman Bhawan,	monitoring can be done at district/Primary Health Centres of
	Officials	New Delhi.	seven highly endemic districts in the Bihar (Kala-Azar)