



Newsletter

PHARMACOVIGILANCE PROGRAMME OF INDIA (PvPI)

VOL 16 | ISSUE 1 | 2026

PvPI journey in last one and a half decade



ICSRs Collection & Research



Collaborations



Regulatory Recommendations



Impact



Published by

National Coordination Centre - Pharmacovigilance Programme of India

A WHO Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services

Indian Pharmacopoeia Commission

Ministry of Health & Family Welfare, Government of India

Monitoring the Safety of Semaglutide (a GLP-1 receptor agonist)

Indications

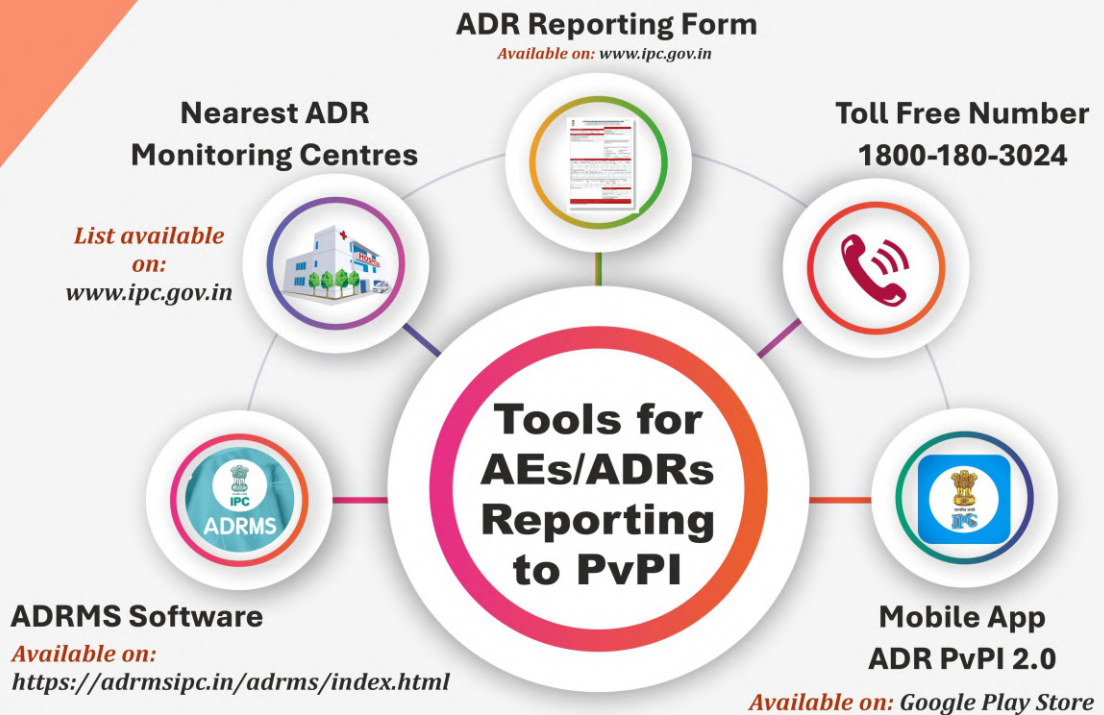
- Type 2 Diabetes Mellitus
- Chronic Weight Management
- Cardiovascular Risk Reduction

For details, please see CDSCO website:

<https://cdsco.gov.in/opencms/opencms/en/Home/>



If you encounter any Adverse Event, please report to PvPI :



Scan QR Code to report



Note:- Apart from Semaglutide, if other GLP-1 receptor agonists (such as Dulaglutide, Liraglutide, Tirzepatide) cause any Adverse Event that should also be reported to PvPI.



Issued in Public Interest by
National Coordination Centre - Pharmacovigilance Programme of India
A WHO Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services
































Indian Pharmacopoeia Commission

Ministry of Health & Family Welfare, Govt. of India

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Message from the Desk of Secretary-cum-Scientific Director, IPC



Dear Readers,

I am privileged to release the Pharmacovigilance Programme of India (PvPI) Newsletter Volume 16, Issue 1 for the index period of January to March, 2026 on the theme 'PvPI Milestones in last one and half decade.'

During this period, 50 New Adverse Drug Reaction Monitoring Centres (AMCs) have been enrolled under PvPI and total number of AMCs are 1200 across the country. Total of 1.09 million Individual Case Safety Reports (ICSRs) have been processed by PvPI till 31st March 2026. The PvPI is regularly sensitizing its stakeholders about the pharmacovigilance and reporting of Adverse Events through Awareness Programmes, Trainings, Workshops, Skill Development Programmes, Continuing Medical Education (CME) etc. The PvPI has organized a total of 429 training programmes and trained a total of 22284 participants in the area of pharmacovigilance in this quarter.

The NCC-PvPI, IPC has issued a total of 188 drug safety alerts so far for the sensitization of healthcare professionals and reporting of such adverse drug reactions to PvPI, if encountered with the use of such drugs.

At the global level, the NCC-PvPI, IPC being a World Health Organization-Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services is regularly sharing the latest information to the SEARN Countries on safety and regulatory actions of medical products taken by the CDSCO based on PvPI recommendations.

As a team, we will continue to work to improve patient safety. I congratulate the PvPI team, AMCs, subject experts and other stakeholders for their ceaseless efforts, cooperation and contribution in strengthening the pharmacovigilance system in India.

(Dr. V. Kalaiselvan)

Secretary-cum-Scientific Director
Indian Pharmacopoeia Commission
(Ministry of Health & Family Welfare,
Government of India)
Ghaziabad - 201002

PvPI journey in last one and a half decade

The PvPI collects, collates and evaluates spontaneous reports of ADRs due to use of medicines, vaccines and medical devices from healthcare professionals and consumers/patients. The Ministry of Health & Family Welfare, Government of India on 15th April 2011, recasted the Pharmacovigilance Programme of India and shifted the National Coordination Centre from AIIMS, New Delhi to Indian Pharmacopoeia Commission (IPC), Ghaziabad. To monitor ADRs, ADR Monitoring Centres (AMCs) have been set up all over India, which collect and send reports to NCC-PvPI located at IPC, Ghaziabad. The PvPI had 22 AMCs in the initial stage and currently has 1200 AMCs (Medical colleges, district and corporate hospitals etc.) across the country. Keeping in view the progress made by and contribution of PvPI, World Health Organization (WHO) on 18th July, 2017 recognized Pharmacovigilance Division of IPC as a WHO Collaborating Centre for Pharmacovigilance in Public Health Programs and Regulatory Services. It has successfully completed two consecutive tenures of 4 years each as a WHO Collaborating Centre. In recognition of its continued contributions, PvPI has been redesignated as a WHO Collaborating Centre in the same stream for the third consecutive term also.

Over the last one and a half decade (2011–2026), PvPI, IPC has achieved the following:

- The NCC-PvPI published the first Newsletter of PvPI in 2011 and continuing it on quarterly basis.
- A report on the Current PV Scenario in India was published in Uppsala Report, UR 57, April 2012.
- Haemovigilance Programme of India was initiated at National Institute of Biologicals on 10th December, 2012.
- The toll-free helpline 1800-180-3024 for Adverse Events reporting was launched at NCC-PvPI on 11th October, 2013 and re-launched an advanced version - Interactive Voice Response System (IVRS) on 4th September, 2025 through which patients and healthcare professionals can report ADRs related to medicines, vaccines, and medical devices in 10 different languages (Hindi, English, Marathi, Telugu, Gujarati, Bengali, Kannada, Malayalam, Oriya and Tamil), promoting inclusivity and ease of communication.
- The NCC-PvPI published Annual Performance Report of PvPI since FY 2014-15 onwards every year.
- Released 'Pharmacovigilance Guidance Document for the Marketing Authorization Holders of Pharmaceutical Products Version 1.0' by Shri Lov Verma, Secretary (HFW) on 30th July, 2014 and revised 'Version 2.0' on 17th September, 2024 during 4th National Pharmacovigilance Week.
- Released 'Medicines Side Effect Reporting Form (for Consumers)' on 1st August, 2014 (English version) and 7 other regional languages (Hindi, Malayalam, Tamil, Oriya, Gujarati, Bengali and Kannada) on 16th December, 2014.

COVER STORY

- Suspected ADR reporting form version 1.1 for healthcare professionals implemented in 2015 and its updated version 1.4 released on 17th September, 2021.
- The indigenously developed 'ADR PvPI' Mobile App for reporting of ADRs/AEs was launched on 22nd May, 2015 and an updated version 'ADR PvPI 2.0' was re-launched on 27th February, 2026.
- Launched Materiovigilance Programme of India on 6th July 2015 at IPC.
- NCC-PvPI participated in the active surveillance of Bedaquiline from 8th February 2016. The Central TB Division of the MoHFW and the World Health Organization held workshops in July 2015 to develop the framework, and the Apex Committee approved the Conditional Access Programme in late 2015. Rigorous training on Cohort Event Monitoring and pharmacovigilance for treating physicians took place, and the first cohort of multi-drug-resistant tuberculosis (MDR-TB) patients began receiving bedaquiline at six nodal DR-TB centres in June 2016. The program was expanded to 21 nodal centres across five states.
- PvPI, IPC hosted 38th International Annual Meeting of National Centres under the WHO-PIDM from 4th to 6th November 2015.
- The NCC-PvPI, IPC signed Memorandum of Understanding/have working relations with the following organizations:
 - ❖ National AIDS Control Organisation on 15th September, 2014.
 - ❖ Indian Medical Association on 6th January, 2016.
 - ❖ National Vector Borne Disease Control Programme on 08th August 2016 and renewed on 19th February 2020.
 - ❖ International Patients' Union, Strategic Business Unit of Digital Health Associates Private Limited on 2nd April 2024.
 - ❖ National Accreditation Board For Hospitals and Healthcare Providers on 10th January, 2017 and renewed on 5th June 2023.
- Implemented Quality Management System for Pharmacovigilance on 1st November, 2016.
- The NCC-PvPI sensitizes the ADR Monitoring Centres to monitor the adverse reactions associated with the anthelmintic drugs.
- The NCC-PvPI, IPC organized 5th Asia-Pacific PV Training Programme from 4th to 15th March, 2019.
- NCC-PvPI, IPC participated in #MedSafetyWeek since 2020 onwards and is continuing.
- The NCC-PvPI, IPC organized 6th Asia-Pacific PV Training Programme from 24th February to 6th March 2020.

- PvPI ensured medicine safety during COVID-19 pandemic and focussed PV of COVID-19 drugs & developed 'Suspected ADR Reporting Form for Drugs used in Covid-19 for the same on 10th April 2020.
- Organized International Webinar on 'Regulatory Variations in PV: A Single Goal Towards Patient Safety' in 2021.
- Initiated National Pharmacovigilance Week from 17th - 23rd September since 2021 pan-India.
- Organized 'Regional Training of Trainers on PV of Traditional Medicines' in collaboration with WHO-SEARO for SEARN countries from 26th - 28th October 2021.
- Organized International Webinar on 'Updates of VigiFlow & Optimum use of VigiLyze for Signal Detection' for SEARN countries and WHO Member States on 20th September, 2023.
- The ADRMS software of Pharmacovigilance Programme of India was launched by the Hon'ble Minister of Health & Family Welfare and Minister of Chemicals and Fertilizers, Shri J.P. Nadda during the 1st Policy Makers Forum meeting held at Dr. Ambedkar International Centre, New Delhi on 19th August, 2024.
- As a part of WHO NRA re-benchmarking for vaccines, vigilance function as per WHO GBT 2021 was assessed from 16th-20th September 2024. As of 4th October 2024, India's regulatory system has successfully achieved overall maturity level 3, following the implementation of all critical recommendations and submission of corrective and preventive actions for any identified gaps during the benchmarking.
- PV Comic was published in English on 17th September, 2024 and in 12 other vernacular languages on 17th September, 2025.
- Organized International Webinar for the SEARN countries titled 'Optimizing the use of ICSRs in Signal Detection' was conducted on 18th September 2024.
- NCC-PvPI issued 188 drug safety alerts and recommended, 70 Prescribing Information Leaflet changes including 17 signals to CDSCO.
- NCC-PvPI along with its AMCs has published 378 research articles.
- The IEC material related to PvPI is available on the website of National Health Systems Resource Centre (<https://nhsrcindia.org/>), National Health Mission, Ministry of Health and Family Welfare, Government of India.

Pharmacovigilance as a tool in combating antimicrobial resistance

Dr. Phulen Sarma,

Assistant Professor and Coordinator of AMC,

Department of Pharmacology, All India Institute of Medical Sciences, Guwahati



Antimicrobial resistance (AMR) is a major global health threat where microorganisms including bacteria, viruses, fungi and parasite stop responding to antimicrobials agents. It is a global health challenge driven by antibiotic misuse or overuse leading to the emergence and spread of resistant microorganism. Often regarded as the silent pandemic, AMR represents major global healthcare concern. World Health Organization (WHO) has identified AMR as one of the top ten global health threats, underscoring the urgent need for a multidisciplinary and integrated approach to effectively combat it.

In this context pharmacovigilance system has the potential to contribute to the antibiotic stewardship and is already playing an important role. Inclusion of specific terms in the MedDRA has made integration of the fight against AMR and pharmacovigilance. The terms include but not limited to are showed in Table 1.

Domains	MedDRA terms
Efficacy related terms	drug effect less than expected, therapeutic product effect decreased, therapeutic product ineffective, treatment failure, efficacy lack, efficacy none, efficacy lack of, efficacy, lack of, therapeutic product effect delayed, therapeutic product ineffective in unapproved condition, early treatment failure etc.
AMR related terms	drug resistance, multiple-drug resistance, bacterial resistance, fungal resistance, multi-antibiotic resistance, antimicrobial susceptibility test resistant, antimicrobial susceptibility test intermediate, pathogen resistance, viral resistance, fungal resistance, resistance bacterial, drug resistance mutation, multi-antiviral resistance, antibiotic resistance test, antimalarial drug resistance, genotype drug resistance test, polymyxin antibiotic resistance, macrolide antibiotic resistance etc.
Other relevant terms	inappropriate use, use out of indication, empiric treatment, antiviral treatment, antifungal treatment, treatment withdrawal, treatment non adherence, treatment noncompliance etc.

Table 1: Few Efficacy and AMR related MedDRA terms

By identifying trends including treatment failures, off-label use, and lack of efficacy, which indicate the emergence of resistance and help direct antimicrobial stewardship programs to preserve medicines, pharmacovigilance (PV) monitors drug safety and efficacy and serves as an essential tool in the fight against AMR. Also, it provides us the opportunity to real time monitoring of concomitant medications and thus provides the opportunity to evaluate rational use of medicines.

Innovative methods for monitoring antibiotics are still being proposed by the scientific community, pharmacovigilance data have emerged as source of real-world evidence for antimicrobial stewardship initiatives. Moreover, the data available in the pharmacovigilance database provided appropriate data to analyze and identify resistance report. These eventually help in monitoring drug safety and effectiveness of antibiotics, detecting treatment failure, provide data to guide public health policies and stewardships. Adverse Drug Reaction monitoring centers plays a pivot role in promoting and sensitizing the reporting of AMR related ADRs, thereby enabling early detection and resistance alerts.

Possible roles of Pharmacovigilance in AMR detection and prevention

1. Detection of treatment failure (Sign of resistance): Treatment failure, lack of efficacy etc. can indicate possible resistant strain. Also, as the PvPI data covers multiple geographic locations across whole India, the data may show generalized pattern of treatment failure all across India to a certain drug or it may be a localized pattern. These data can give valuable insight and can guide therapeutics.
2. Identification of falsified and substandard antibiotic: Quality issues detected through pharmacovigilance can be integrated with robust quality control testing through CDSCO.
3. PV in the perspective of newer antibiotics: In this context, the data obtained from PvPI may serve both as in-effectiveness in the context of certain geographic locations, indications and can uncover important safety signals making it an invaluable tool in this context.
4. Other domains by which PV data can be helped in detection of non-adherence and causes, pattern of adverse drug reactions and its association with adherence, monitoring off label use, OTC related adverse event and lack of efficacy, detection of medication errors and thus planning of Corrective and Preventive Actions can be planned. The findings of PV are communicated to policymakers as required and thus PV data can be a major support to antimicrobial stewardship programs.

Limitations

The major limitation is that relative lack of awareness among different stakeholders about the use of pharmacovigilance data and its integration for mitigating AMR. A More focused sensitization approach can be used. Other limitations with PV data are biases owing to underreporting, incomplete data, coding errors and other biases.

Initiatives currently underway

In an initiative to strengthen the fight against AMR, NCC-PvPI has collaborated with National Institute of Research in Tuberculosis, Chennai and Dept. of Microbiology, Nizam Institute of Medical Sciences, Hyderabad (PMID: 31404182). An MoU is also ben signed between IPC and NABH for prompt monitoring of ADRs and reporting the same to PvPI by NABH accredited hospitals (PMID: 31404182).

Role of Artificial Intelligence/Machine Learning in bridging the gap

The Pharmacovigilance Program of India is generating a big data. Appropriate Artificial Intelligence/Machine Learning techniques can be applied to the same data to investigate rational use of drugs, trends in off label use, trends in WHO AWaRe classes of antibiotic use, monitoring resistance pattern, monitoring ADR pattern and also can come up with innovative ideas like choosing appropriate antimicrobials as per organ function status and in the context of different concomitant medication use, real life data mining to identify real life trends etc. PvPI thus can serve a greater purpose in our fight against AMR.

Acknowledgement

Mr. Sankar Jyoti Bora, Junior Pharmacovigilance Associate, ADR Monitoring Center, All India Institute of Medical Sciences, Guwahati.

Enrolment of New AMCs

NCC-PvPI, IPC has enrolled 50 new AMCs in 29th Phase of PvPI expansion. The total number of AMCs enrolled by the end of this quarter were 1200 across the country (Government:349 and Non-government:851). The list of newly enrolled AMCs is mentioned below:

S. No.	States	Name of Hospitals/Medical Colleges/Institutes	Status of Hospital (Government/ Non-Government)
1.	Andhra Pradesh	Praveen Hospitals (Praveen Cardiac Centre) D No.-32-09-18, Mangalrajpuram, Vijaywada Andhra Pradesh - 520010	Non-Government
2.	Assam	Tinsukia Medical College & Hospital Lohari Bangali Gaon, Tinsukia Assam - 786146	Government
3.		Apollo Excelcare Hospital A Unit of Asclepius Hospitals and Healthcare Pvt. Ltd. Paschim Boragaon, Near Ganesh Mandir NH-37, Guwahati, Kamrup (Metro) Assam - 781033	Non-Government
4.		Kimaya Heart Institute & Research Centre B/2, Medipolis, Deesa Highway Palanpur Banaskantha, Gujarat - 385001	Non-Government
5.	VIROC Hospital B-5, Nivruti Colony, Aryakanya Vidyalaya Road Karelibaug, Vadodara, Gujarat - 390018		
6.	Smt. Jayaben Mody Multispeciality Hospital 624/1, Valia Road, G.I.D.C, Ankleshwar Bharuch, Gujarat - 393002		
7.	Ananta Hospital (CA Unit of Krish Medicare Pvt. Ltd). Near Shaheed Major Rushikesh Ramani Garden Road, Ahmedabad Gujarat - 382350	Government	

ENROLMENT OF NEW AMCs

8.	Haryana	Gurudevi Memorial Superspeciality Hospital Opp. & Near Sapphire Hotel, State Highway 6A Main Road, Near Jain Nagar, Yamuna Nagar, Haryana - 135003	Non-Government
9.		Keshav Multispeciality Hospital & Trauma Centre Near Bank of India, Delhi Road, Kharkhoda Sonipat, Haryana - 131402	
10.		Bhardwaj Hospital Rohtak Gate, Bhiwani Haryana - 127021	
11.		Rotary Ambala Cancer & General Hospital Ram Bagh Road, Ambala Cantt, Ambala Haryana - 133001	
12.	Himachal Pradesh	Panchsheel Nursing Home Pvt. Ltd. Near Railway Station, Nagrota Bagwan, Kangra Himachal Pradesh - 176047	Non-Government
13.	Jharkhand	Samford Hospital Pvt. Ltd. Kokar Chowk, Ranchi, Jharkhand - 834001	Non-Government
14.	Kerala	G. G. Hospital (Paragon Hospital Kerala Pvt. Ltd.) Murinjapalam Junction Medical College P.O. Thiruvananthapuram, Kerala- 695011	Non-Government
15.		Cosmopolitan Hospitals Pvt. Ltd. Pattom P.O., Murinjapalam Thiruvananthapuram, Kerala - 695004	
16.		Govt. Medical College Kannur District, Kerala - 670503	Government
17.	Kolkata	Netaji Subhas Chandra Bose Cancer Hospital 3081, Nayabad Ave, New Garia, Pancha Sayar Kolkata, West Bengal-700094	Non-Government
18.	Madhya Pradesh	Sunderlal Patwa Government Medical College Mandsaur Mhow-Nimuch Road, Daulatpura Mandsaur, Madhya Pradesh - 458001	Government
19.		Bansal Hospital C- Sector, Shahpur Bhopal Madhya Pradesh - 462016	Non-Government

20.	Maharashtra	Kulkarni Uro Surgery Institute Urokul, Plot No. 61/2/1/11/1, Near Bitwise Terra Tower, Baner, Pune, Maharashtra - 411045	Non-Government
21.		Kims Manavata Hospital Manavata Health Campus, Mumbai, Naka Nashik, Maharashtra - 422001	
22.		Shree Mahavir Jain Hospital & Shri Prajapati Ashar Cardiac Center, Thane, Maharashtra - 400601	
23.		Amrutvahini Institute of Pharmacy Amrutnagar A. Post - Sangamner (SK) Ahilynagar, Maharashtra - 422608	
24.	Odisha	Saheed Rendo Majhi Medical College & Hospital Bhawanspatna, Kalahandi, Odisha - 766002	Government
25.		Government Medical College Hospital Phulbani, Kandhamal, Odisha - 762001	
26.		University Institute of Pharmaceutical Sciences UGC- CAS, Sector 14, Punjab University Chandigarh, Punjab - 160014	Government
27.	Punjab	Hargun Hospital Batala Road, Amritsar, Punjab - 143001	Non-Government
28.		Ajay Healthcare & Multispeciality Centre Opp. Jasbir Petrol Pump, Dalhousie Road Pathankot, Punjab - 145001	
29.		Randhawa Hospital Opp. HDFC Bank, Sarna, Pathankot, Punjab-145025	
30.		Moga Medicity Super Speciality Hospital Barnala-Amritsar Bypass Road, Moga Punjab-142001	
31.		Medpark Hospital F-205, Phase-88, Industrial Area, Sector-74, SAS Nagar Mohali, Punjab - 160071	
32.		Vidyanand Hospital Near Police Station, Dinanagar, Gurdaspur Punjab - 143531	

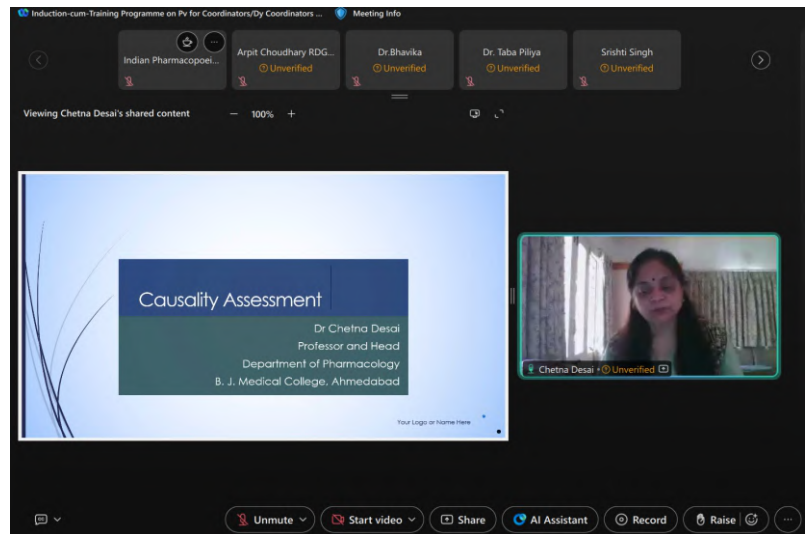
ENROLMENT OF NEW AMCs

33.	Rajasthan	Tantia General Hospital Sri Ganganagar EEG Center, 2-A-6 Sukhadia Nagar, Sri Ganganagar, Rajasthan - 335001	Non-Government
34.		Ananta Institute of Medical Sciences & Research Centre NH 58, Kaliwas, District Rajsamand Rajasthan - 313202	
35.		Priya Hospital Near Fal Mandi, College Road, Baran Rajasthan - 325205	
36.		Zeel Multispeciality Hospital Dungarpur, Sagwara, Rajasthan - 314025	
37.		MP Birla Hospital & Research Centre Chittorgarh, Senthii Purani Abadi, Opp. Rajiv Gandhi Park, Udaipur Road Chittorgarh, Rajasthan - 312001	
38.		Rajotia Hospital F 13,14 Model Town, Srinaganga Nagar Rajasthan -335001	
39.	Tamil Nadu	Grace Hospital and Nursing Home (Grace Medicals) PPM Junction, Kaliyakkavilai, Knayakumari Tamil Nadu - 629153	Non-Government
40.		Apollo KH Hospital Ranipet - Vellore Bypass Road, Melvisharam Ranipet, Tamil Nadu - 632509	
41.		Government Dharmapuri Medical College Tamil Nadu - 636701	Government
42.	Telangana	Government Medical College 24, Weavers Colony, Jangaon Telangana - 506167	Government
43.		Government Medical College Maheshwa, BIET Campus, Mangalpally Ibrahim Patnam, Rangareddy Telangana - 501510	

44.		Government Medical College / Government General Hospital Appakpally (Yill), Narayanpet Telangana - 509210	
45.	Uttar Pradesh	Baba Keenaram Medical College Chandauli, Sarai Fidai, Uttar Pradesh - 232110	Government
46.		Ganga Amrit Multispeciality Hospital Saharanpur Highway, Shamli Uttar Pradesh - 247776	Non-Government
47.		Yashoda Medicity Hospital Shakti Khand 2, Indrapuram, Ghaziabad Uttar Pradesh - 201014	
48.	Uttarakhand	Soban Singh Jeena Government Institute of Medical Sciences and Research Almora, Uttarakhand - 263601	Government
49.		The Medicity Hospital (A unit of V3 Healthcare Pvt. Ltd.) Teenpani Kichha Road, Rudrapur, U S Nagar Uttarakhand - 263153	Non-Government
50.		Metro Hospital and Heart Institute Plot No. F-1, Sector - 6A, Haridwar Uttarakhand - 249403	

Induction-cum-Training Programme, NCC-PvPI

NCC-PvPI, IPC, Ghaziabad organised Induction-cum-Training Programme through virtual mode on 14th January 2026. The objective of the programme was to enhance the skills of Coordinators/ Deputy Coordinators of the newly recognized AMCs in order to promote patient safety. A total of 22 participants attended this training programme.



CME organised at DCDSIMER, Ramanagar

Dr. Shiva Murthy N, Coordinator at Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research, Ramanagara, Karnataka organised Continuing Medical Education (CME) events from 16th January to 4th February 2026 which included multiple academic and outreach activities such as a quiz competition, staff training on ADR and MDAE form completion, pharmacovigilance awareness rally & street play, reels competition on awareness of ADR and reflective writing on ADR competition. The objective was to strengthen conceptual understanding, promote creativity along with awareness activities focused pharmacovigilance practices and patient safety. A total of 1800 delegates participated in the event.



Signal Detection in Pharmacovigilance

NCC-PvPI, IPC organised a virtual training on 'Signal Detection in PV' for Pharmacovigilance Associates at NCC & AMCs, Coordinators and Deputy Coordinators on 27th January 2026. The training programme aimed to enhance knowledge and skills in identifying, validating, and managing drug safety signals within pharmacovigilance systems. Mr. Vipin Kumar delivered an in-depth session on signal detection, complemented by an interactive Q&A discussion. A total of 187 participants attended this training programme.



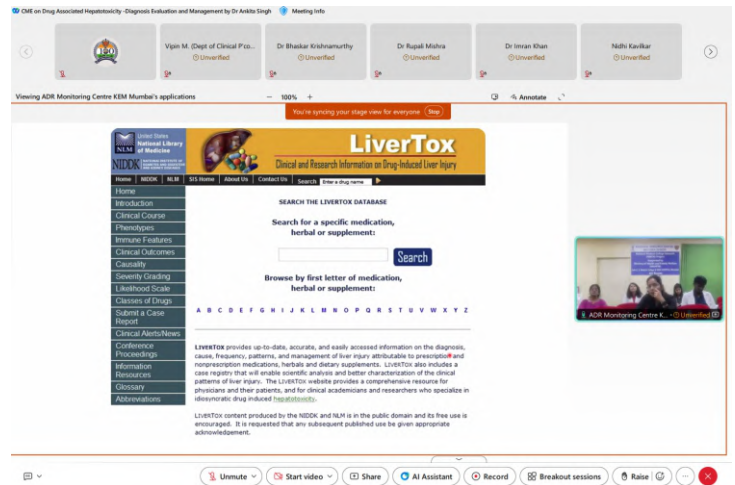
CME organised by AIMS, Kochi

Dr. Princy Louis Palatty, Coordinator, Dr. MP Narmda, Deputy Coordinator and Ms. Tinu TS, Pharmacovigilance Associate at Amrita Institute of Medical Sciences, Kochi, Kerala organised a CME in hybrid mode with the theme 'Reacting to Reactions' was held on 27th January 2026. It aimed to enhance healthcare professionals' knowledge on detecting, reporting, and managing ADRs. Multiple expert-led sessions covered topics like ADR terminology, psychiatry, ENT, Ayurveda, and general medicine. The program was successful in improving awareness of patient safety and strengthening pharmacovigilance practices. A total of 99 participants attended this training programme.



CME organised by KEM, Mumbai

Dr Nithya Gogtay, Coordinator, Dr Mahesh Belhekar, Deputy Coordinator and Ms. Pratiksha Thombare, PVA at Department of Clinical Pharmacology, Seth GS Medical College and KEM Hospital, Mumbai, Maharashtra organised CME on the theme "Drug-Induced Hepatotoxicity- Diagnosis, Evaluation and Management" on 5th February 2026. The session focused on causes, types, and diagnosis of Drug-Induced Hepatotoxicity, including patterns of liver injury and interpretation of liver function tests. Key concepts like R-value, Hy's Law, LiverTox database, and RUCAM scoring system were discussed for assessment and management. The session emphasized the importance of reporting cases to strengthen pharmacovigilance and ensure safer drug use. A total of 50 participants attended this training.



CME organised by SAIMS, Indore

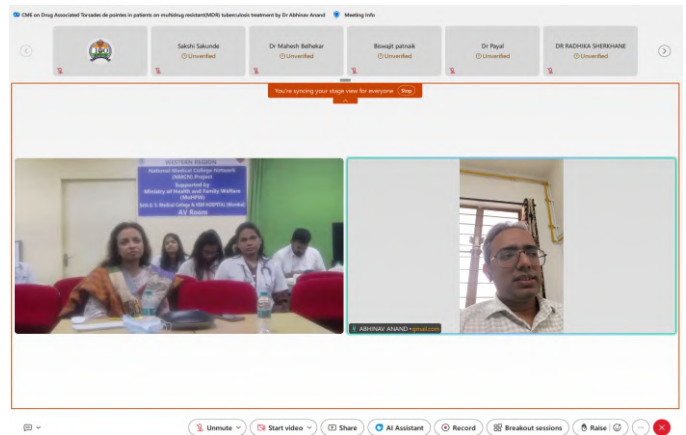
Dr. Chhaya Goyal, Coordinator and Dr. Pooja Reddy, Deputy Coordinator at Sri Aurobindo Institute of Medical Sciences, Sri Aurobindo University, Indore, Madhya Pradesh organised a CME on 'Role of Nursing Professionals (24x7) in Preventing Adverse Drug Reactions towards Patient Safety' which was held on 10th February 2026. The program saw participation from over 100 healthcare professionals, mainly from nursing and pharmacology backgrounds. Expert sessions covered pharmacovigilance, medication errors, and ADR reporting practices. The CME was well-received and emphasized improving patient safety through active ADR monitoring and reporting.



CME organised by KEM, Mumbai

Dr. Nithya Gogtay, Coordinator, Dr. Mahesh Belhekar, Deputy Coordinator, Pratiksha Dyaneshwar Thombare, Pharmacovigilance Associate at Department of Clinical Pharmacology, Seth GS Medical College and KEM Hospital, Mumbai organised Continuing Medical Education (CME) on the theme "Drug associated Torsades de points in Patients on multidrug resistant (MDR) tuberculosis treatment" on 12th February 2026.

The session focused on QT prolongation caused by second-line anti-tubercular drugs and its underlying mechanisms. Key risk factors, implicated drugs, and the importance of ECG monitoring were discussed. The session emphasized timely intervention and ADR reporting to improve patient safety and treatment outcomes. A total of 50 participants attended this CME event.



ALT organised by BJMC, Ahmedabad

Dr. Chetna Desai, Coordinator, Dr. Amita Sutaria, Deputy Coordinator, organised an Advanced Level Training on 17th February 2026 at BJ Medical College, Ahmedabad. The program aims to train Coordinators, Deputy Coordinators, PV Associates, and other pharmacovigilance personnel in key and evolving areas of drug safety. Dr. R.S. Ray, Scientific Assistant, PvPI, IPC provided updates on PvPI. Other sessions included pharmacovigilance in vulnerable populations (neonates, pediatrics, and geriatrics), and enhancing skills in detecting, analyzing, and managing drug-induced renal and liver injuries. It also covers recent developments in teratogenic drug safety and the role of pharmacovigilance in clinical trials. A total of 334 participants attended this event.



CME organised by SNMC, Agra

Dr. Mona Verma, Coordinator, Mr. Shiv Prakash Rajput, Pharmacovigilance Associate organised a CME on 'Need of ADR Reporting Culture Among Healthcare Professionals' at Sarojini Naidu Medical College, Agra on 23rd February, 2026. The programme



significantly improved awareness and understanding of ADR reporting and pharmacovigilance practices among healthcare professionals and consumers. A total of 196 participants attended this event.

1st Annual Meeting for AMCs and MDMCs

The Indian Pharmacopoeia Commission (IPC), Ministry of Health and Family Welfare, Government of India, in collaboration with the Andhra Pradesh MedTech Zone (AMTZ) organised a two-day Annual Meet on Strengthening Pharmacovigilance and Materiovigilance in India on 27th - 28th February 2026 at Kalam Institute of Health Technology (KIHT), Andhra Pradesh MedTech Zone (AMTZ), Visakhapatnam. The 1st Annual Meeting of Centres participating in the Pharmacovigilance Programme of India (PvPI) and the Materiovigilance Programme of India (MvPI) was organised to strengthen India's drug and medical device safety systems and enhance coordination among regulators, healthcare institutions, ADR Monitoring Centres (AMCs), and Medical Device Monitoring Centres (MDMCs). Senior officials from regulatory authorities, leading medical institutions, and representatives from the WHO Country Office for India participated in the deliberations.



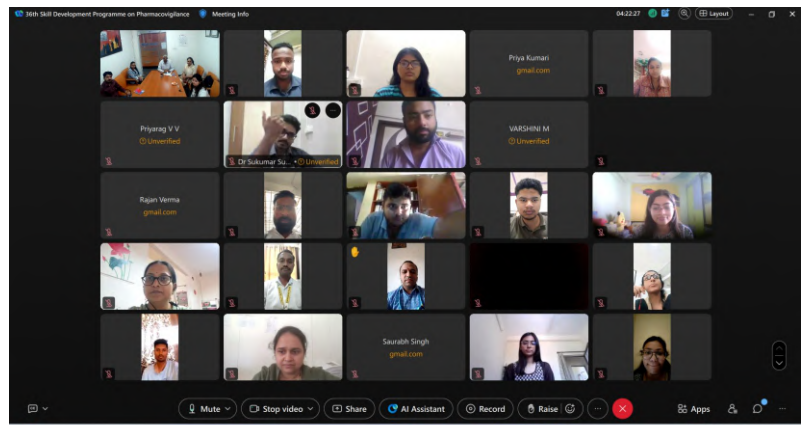
CME organised by MMC, Madurai

Dr. M. Vijaylaxmi, Coordinator, Dr. S. Meenambal, Deputy Coordinator, P. Mohana Krishnan, Pharmacovigilance Associate conducted a CME on “Pharmacovigilance unlocked: Elevating Clinical Practice through smarter drug safety” at Institute of Pharmacology, Madurai Medical College, Madurai on 5th March 2026. Updates on Pharmacovigilance Programme of India was delivered by Dr. R. S. Ray, Scientific Assistant, PvPI. The programme aimed to strengthen awareness and capacity building in pharmacovigilance among healthcare professionals. A total of 459 participants attended this event



36th Skill Development Programme on Pharmacovigilance

NCC-PvPI, IPC, Ghaziabad organised 36th Skill Development Programme on Pharmacovigilance from 9th-13th March, 2026. A total of 182 participants attended the Skill Development Programme including Industry Professionals, Physician, Academicians, Pharmacy Students, Medical Students, and Pharmacists across the country. Total of



19 technical sessions was conducted on various topics of Pharmacovigilance to enhance Pharmacovigilance skill of the healthcare professionals in order to promote patient safety.

CME organised by RMLIMS, Lucknow

Dr. Arpita Singh, Coordinator, Anoop Kumar, Pharmacovigilance Associate organised a CME on 'Community Pharmacovigilance & ADR Reporting' at Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow on 13th March, 2026 to enhance awareness, promote ADR reporting, and strengthen patient safety through active participation of healthcare professionals and students. This was followed by a community outreach programme at UHTC and RHTC, focusing on sensitizing healthcare workers and patients about ADR identification, reporting methods, and safe use of medicines. A total of 359 participants attended this event.



ALT organised by MAMC, New Delhi

Dr. Vandana Roy, Coordinator, Dr. Vandana Tayal, Deputy Coordinator, Jitender Charaya, Pharmacovigilance Associate organised an ALT on 'Pharmacovigilance in Women & Pediatric Age Group' at Maulana Azad Medical College on 17th March 2026. Scientific sessions covered causality assessment, narrative writing, ADR form filling, and pharmacovigilance in special populations such as women and pediatric groups. Key topics like AEFI and practical exercises enhanced hands-on learning were conducted. A total of 65 participants attended this event.



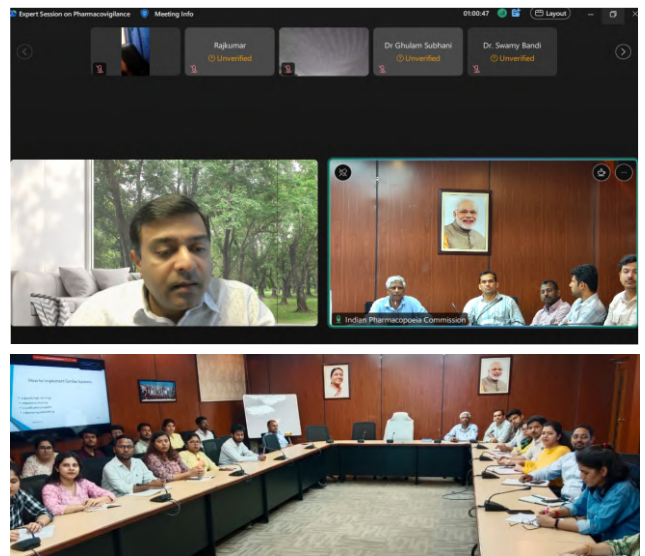
CME organised by MLBMC, Jhansi

Dr. Mani Goel, Coordinator, Neeraj Srivastava, Deputy Coordinator, Mr. Vinay Kumar Pharmacovigilance Associate organised a CME 'MLBMC XPOT 2026', at the Department of Pharmacology Maharani Laxmi Bai Medical College, Jhansi on 17th March, 2026. MLBMC XPOT 2026 successfully enhanced awareness and knowledge of pharmacovigilance and ADR reporting through expert sessions, discussions, and hands-on training. It fostered interdisciplinary collaboration and strengthened practical skills among healthcare professionals. Overall, the program significantly contributed to promoting safe and evidence-based clinical practices. A total of 200 participants attended this event.



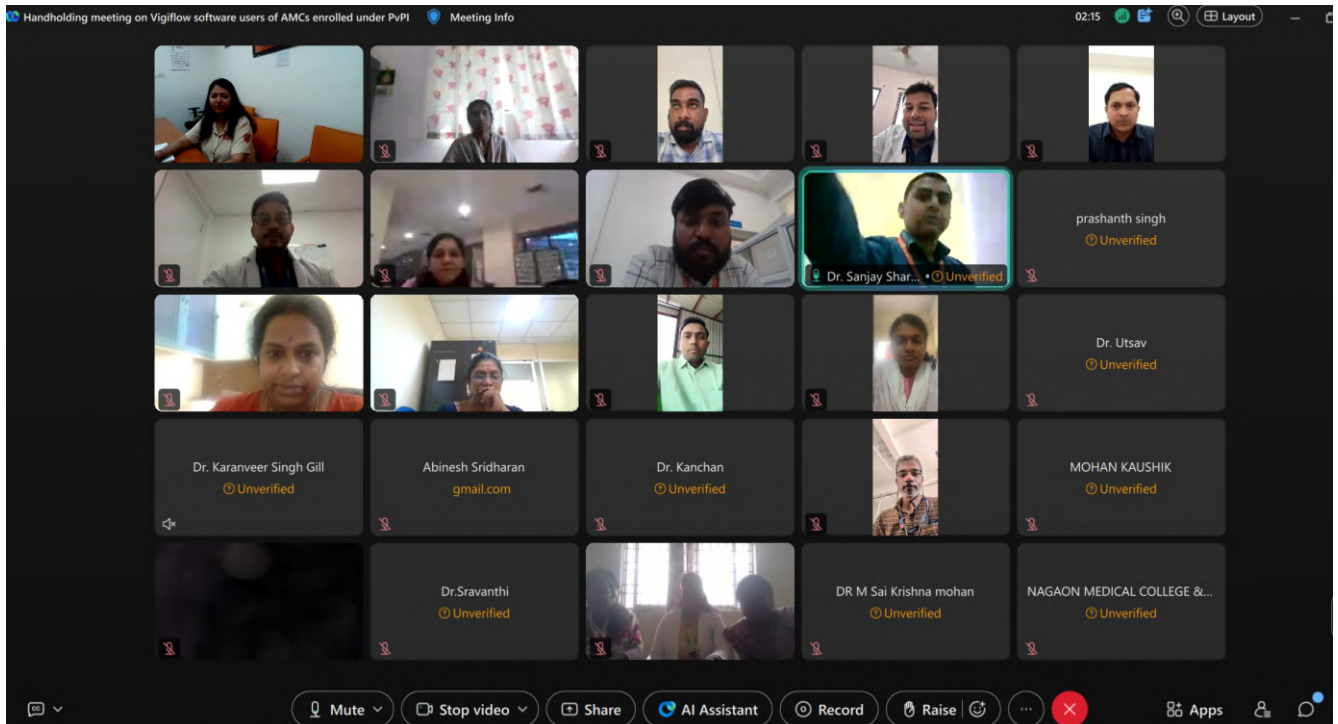
Expert talk on Pharmacovigilance, NCC-PvPI-IPC

The NCC-PvPI-IPC organised Expert talk on Pharmacovigilance on 19th March 2026. The training programme focused on enhancing awareness of pharmacovigilance and ADR reporting. Expert sessions highlighted drug safety, high-risk drugs, and the importance of a proactive safety culture in healthcare. The session concluded with an interactive Q&A and positive feedback from participants. A total of 183 participants attended the training session including PvPI & MvPI Teams at NCC, along with PvA's, Coordinators, and Deputy Coordinators at AMCs.



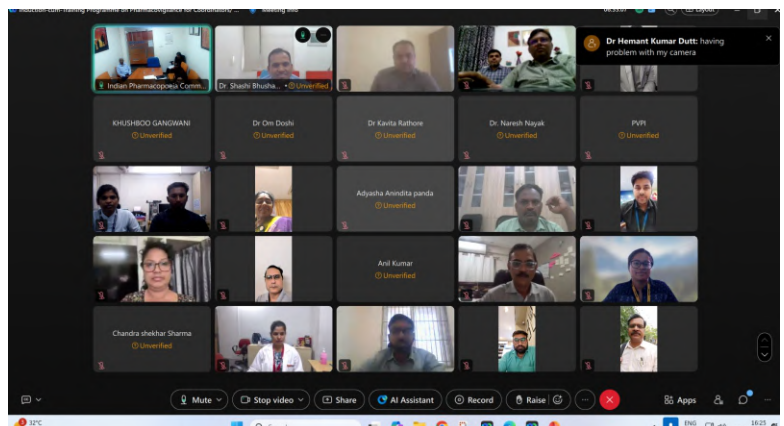
Handholding meeting on VigiFlow

NCC-PvPI, IPC conducted Handholding meeting on VigiFlow software users of AMCs enrolled under PvPI on 24th March 2026. Coordinators, Deputy-Coordinators, Junior Pharmacovigilance Associates attended the event. The session covered 'How to enter ICSRs into the VigiFlow software?' and resolved the queries of attendees regarding processing. A total no. of 158 participants attended the event.



Induction-cum-Training Programme organised by NCC-PvPI, IPC

Induction-cum-Training Programme was organised by NCC-PvPI, IPC on 25th March 2026. Coordinators, Deputy Coordinators and PvAs of newly recruited AMCs attended the event via virtual mode to enhance the pharmacovigilance skills to promote patient safety. A total of 81 participants attended the programme.



CME organised by MAMC, New Delhi

Dr Vandana Roy, Coordinator, Dr Vandana Tayal, Deputy Coordinator, and Mr Jitender Charaya, PV Associate organised CME on 'Gender Perspective in Pharmacotherapy, Disease prevention and Drug Safety' on 27th March 2026 at Maulana Azad Medical College, New Delhi. Dr. Shashi Bhushan, Sr. Scientific Officer, PvPI, IPC and Mr. Sumit Bhidwaria, PV Associate, PvPI, IPC have attended this

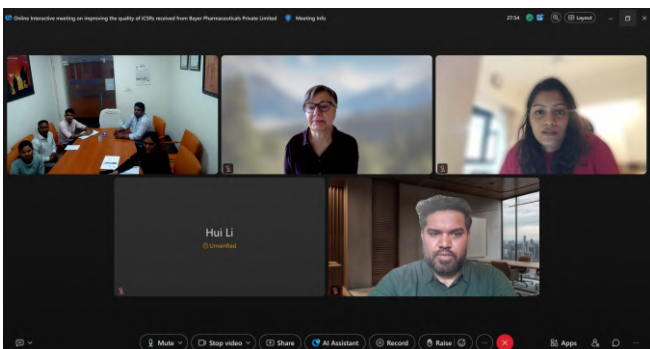


training programme. This CME training programme highlighted that how gender differences impact drug response, ADR patterns, and the need for vigilant pharmacovigilance practices for women's safety?. A total of 88 healthcare professionals have attended this training programme.

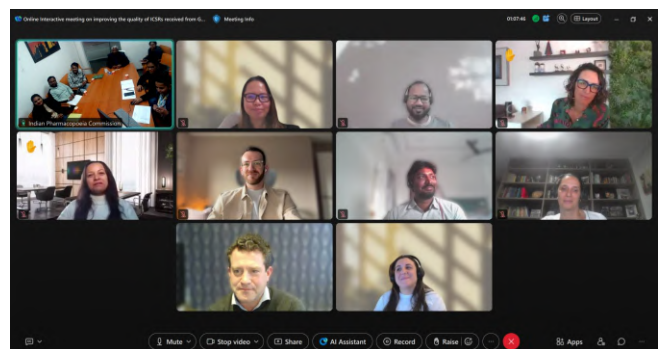
Interactive meetings with Marketing Authorization Holders

The objective of Interactive meetings is to review the quality, number of ICSRs received in a calendar year, and completeness score of ICSRs received from Marketing Authorization Holders (MAHs) and inform the same to representatives of MAHs for taking improvement measures. The details of such Interactive meetings held virtually with MAHs are as follows:

S. No.	Date	Marketing Authorization Holders	No. of Representatives
1.	29 th January, 2026	Glaxo Smith Kline Consumer (P) Ltd.	17
2.	24 th February, 2026	Bayer Pharmaceuticals (P) Ltd.	10
3.	27 th March, 2026	The Procter & Gamble Company	8



NCC-PvPI, IPC team and Bayer Pharmaceuticals (P) Ltd. representatives

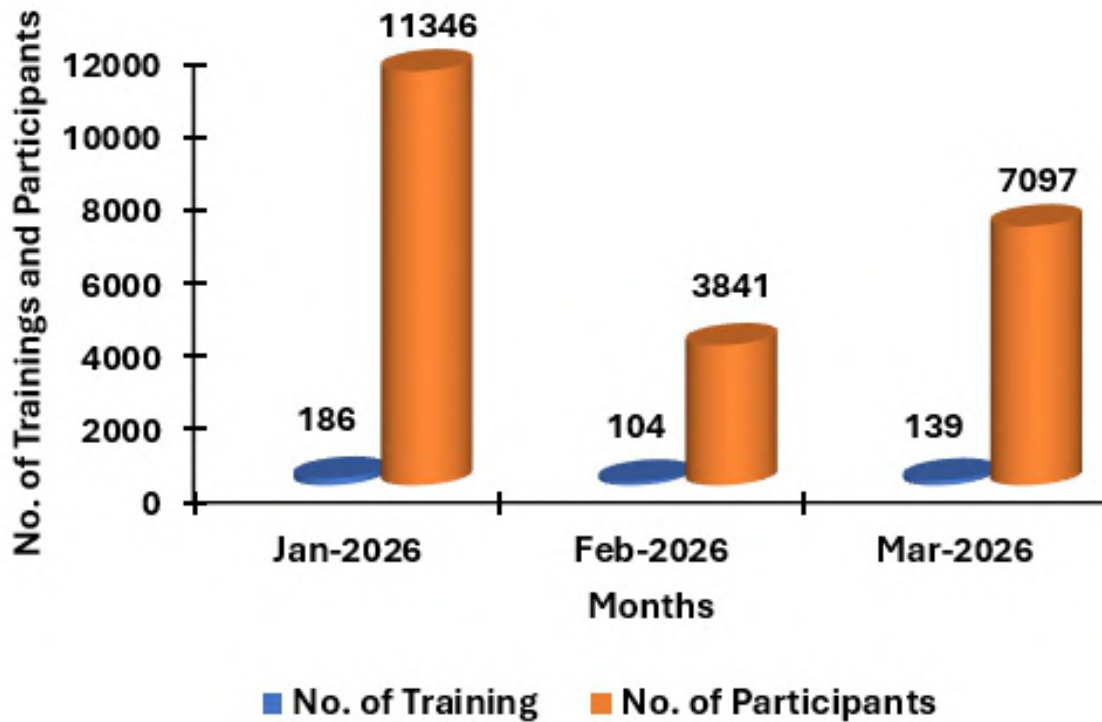


NCC-PvPI, IPC team and GSK Consumer (P) Ltd. representatives

TRAINING & EDUCATION

Monthly trends of training programmes conducted by PvPI

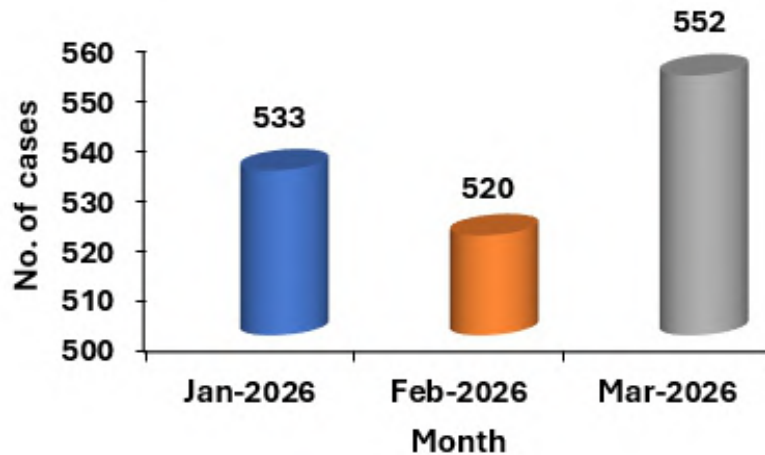
The NCC-PvPI, IPC organised a total of 429 training programmes including Skill Development Programmes, Continuing Medical Education, Advanced Level Training Programmes etc. and trained a total number of 22284 participants in the area of Pharmacovigilance across the country.



Monthly trends of training programmes

Monthly trends of Non-AMC cases received at PvPI

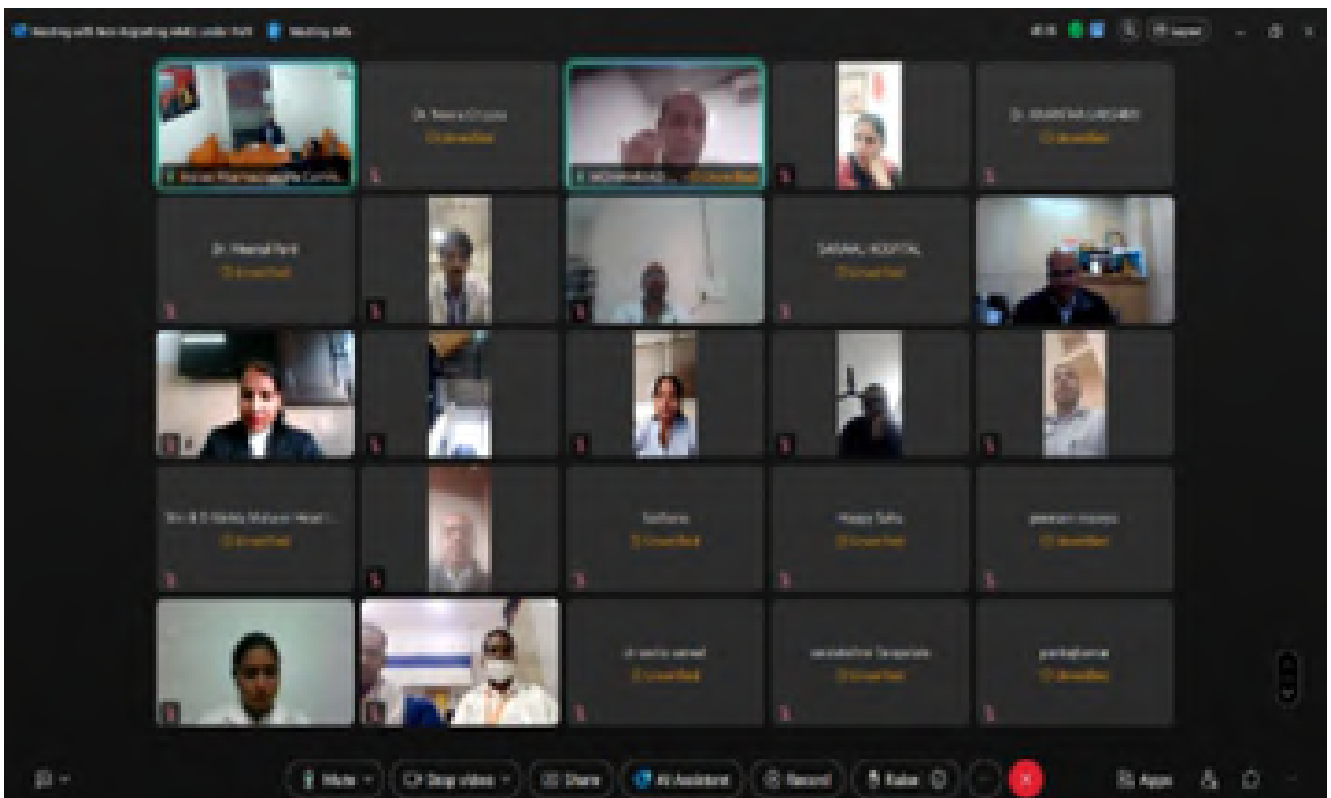
The NCC-PvPI, IPC received a total of 1605 cases from Non-AMCs from across the country.



Monthly trends of of Non-AMC cases

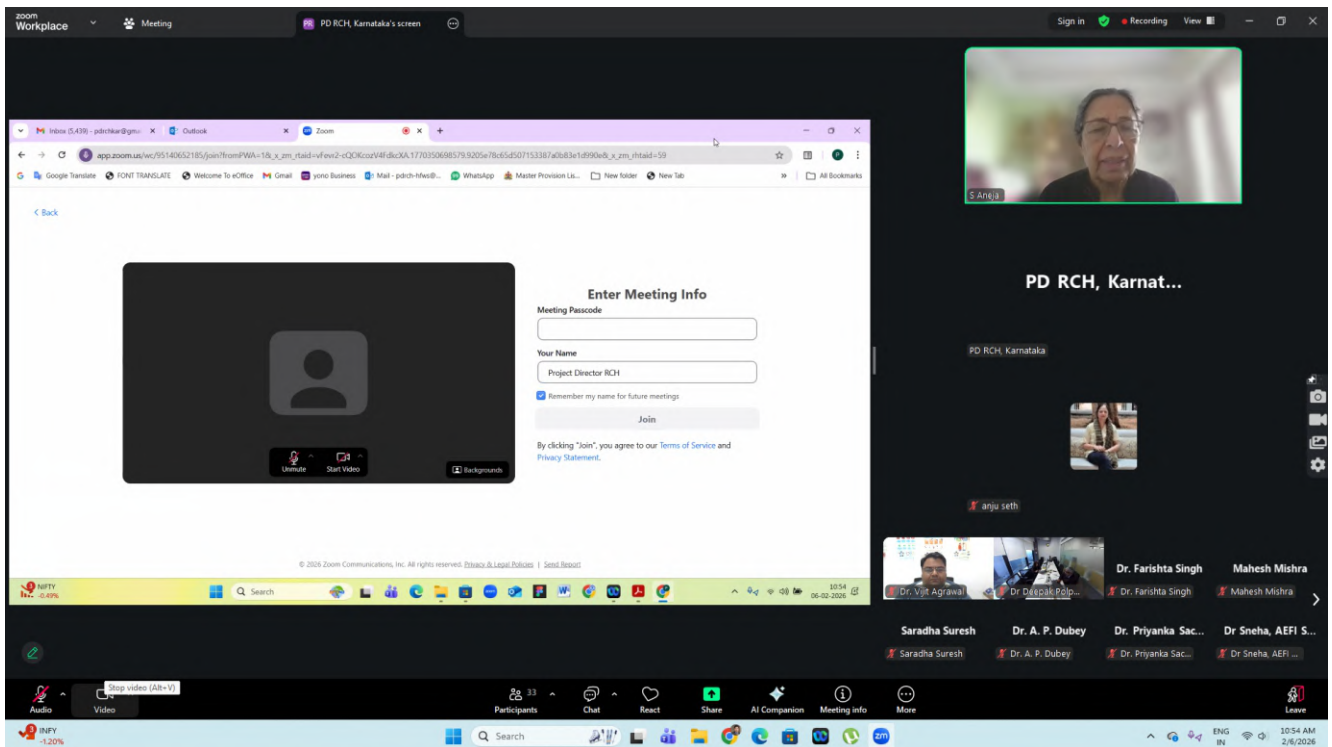
PvPI AMC Review Meeting

PvPI AMC Review meeting was conducted on 27th January 2026, 23rd February 2026 and 24th March 2026 during the index period. The purpose of the meeting is to review the performance of Pharmacovigilance Associates at AMCs and to have a interaction to understand issues of ADR reporting at AMCs. Dr. Jai Prakash, Sr. PSO, Officer-in-Charge, NCC-PvPI reviewed the no. of ICSRs received from the respective AMCs and also reviewed the no. of training conducted at AMC level for the respective months. He also emphasized on improving the quality of ICSRs reported by AMCs.



NHP Activities

- The Adverse Event Following Immunization (AEFI) secretariate organized National AEFI Committee meeting on 6th February, 2026 through virtual mode. The objective of this meeting was to discuss and confirm the causality assessment in reported AEFI cases. Dr. Vijit Agrawal Sr. PV Associate, IPC had participated in this meeting.



- The NCC-PvPI, IPC organized a virtual meeting with the National Tuberculosis Elimination Programme (NTEP) on 10th March, 2026 to discuss the reported cases of ethambutol associated ocular disorders such as optic neuropathy, vision impairment, blindness etc. Dr Sanjay Kumar Mattoo, Joint Commissioner (SAG Officer), Dr. Sandeep Chauhan, National Consultant, WHO - Technical Support Network from NTEP and Dr Ramesh Kumar, Coordinator, ICMR-NIRT, Chennai have participated in this meeting. Dr Jai Prakash, Officer in-Charge of PvPI, Dr R.S Ray, Scientific Assistant, PvPI, Dr Vijit Agrawal, Sr. PV Associate, PvPI, Dr Jaishree Suresh, Jr. PV Associate , Dr Chinmay Singh, Jr. PV Associate have discussed the reported cases with NTEP Team and also informed that the number of cases reported for ethambutol associated blindness became double from our last review meeting. Dr Jai Prakash highlighted the proposed integration of indigenous ADRMS Software of PvPI with NIKSHAY software of NTEP to facilitate seamless transfer of safety data in E2B, XML file across both the programmes. It was decided that jointly analysis of reported cases will be done by the PvPI & NTEP Team and IT Team, PvPI will coordinate with IT Team, NTEP for the integration of the ADRMS & NIKSHAY software.

- The World TB Day was celebrated in line with the Hon'ble Prime Minister Shri Narendra Modi's vision of a TB-Mukt Bharat on 24th March, 2026 at Gautam Buddha University, Greater Noida, Uttar Pradesh. The Hon'ble Union Minister of Health & Family Welfare and Chemicals & Fertilizers, Shri Jagat Prakash Nadda, Hon'ble Minister of State for Health and Family Welfare, Smt. Anupriya Patel, Secretary, D/o Health & Family Welfare, Smt. Punya Salila Srivastava and senior officials from the Govt. of India attended this celebration. On this occasion, the Hon'ble Union Health Minister flag off the focussed and intensified "TB Mukt Bharat Abhiyaan – 100 Days Campaign", along with the launch of the TB Mukt Bharat App and the TB Mukt Urban Ward Initiative. Dr Vijit Agrawal, Sr. PV Associate, PvPI attended this event.



Participation of PvPI Representatives in different meetings

- The Indian Society for Clinical Research has organised 19th Annual Conference having theme 'Accelerate Clinical Research in India: through digital innovation, global collaboration, regulatory excellence for patient-centric value creation' from 12th -14th February, 2026, at the Hotel Vivanta, New Delhi. Dr Jai Prakash, Officer in-Charge of PvPI has delivered a talk on "Overview of PvPI" on 14th February 2026.



- Department of Pharmacy, G.S.V.M. Medical College, Kanpur, organized a National Conference on 'Translational Research: New Horizons in Pharmaceutical Sciences for Viksit Bharat', on 13th February 2026. The conference aims to bring together eminent scientists, academicians, researchers, industry experts, and students from across the country to deliberate upon recent innovations, interdisciplinary approaches, and future directions in translational pharmaceutical and medicinal research aligned with the vision of Viksit Bharat. Dr Shashi Bhushan, Senior Scientific Officer, IPC delivered an invited lecture on "Pharmacovigilance Programme of India: Powering Patient Safety Across the Nation" in the conference. A short message for the Conference was also published in Souvenir. The event was also highlighted in National English/Hindi Newspaper of Kanpur city.



Message from Eminent Speaker



It is giving me an immense pleasure to know that Department of Pharmacy, Ganesh Shankar Vidyarthi Memorial (GSVM) Medical College, Kanpur is organizing the National Conference on "Translational Research: New Horizons in Pharmaceutical Sciences for Viksit Bharat" on 13th February 2026.

The current theme bridges the research laboratory discoveries with the real-world healthcare scenario that fill the gap in between drug discovery and drug development. This conference serves as a platform for the exchange of cutting-edge ideas, information, knowledge and experience bringing together esteemed researchers, scholars, and experts from across the nation. I am also delighted to see a wide range of Translational Research topics being covered in the conference.

I extend my best wishes and congratulate the organizing team from Department of Pharmacy, GSVM Medical College, and Kanpur for putting their efforts in organizing the National conference on Translational Research. I wish all the participants a very productive and rich conference experience and in their research endeavors in future.

Dr. Shashi Bhushan
Senior Scientific Officer,
Indian Pharmacopoeia Commission (IPC),
Ghaziabad, Uttar Pradesh

New drug formulations approved in India




The following new drugs were approved by the CDSCO during this index period;

S. No.	New Drugs	Approved Indication	Date
1.	Brexipiprazole Tablets 0.25/0.5/1/2/3/4 mg	Brexipiprazole is indicated for treatment of schizophrenia.	16 th February, 2026
2.	Sotorasib 240mg Film Coated Tablets.	Treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), who have received at least one prior systemic therapy	10 th March, 2026

Source

cdsco.gov.in/opencms/opencms/system/modules/CDSCO.WEB/elements/download_file_division.jsp?num_id=MTM5NjM=

 Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of AEs associated with the use of above new drugs. If any AE is encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form for HCPs/Medicines Side Effect Reporting Form for Consumer available at <https://www.ipc.gov.in>, PvPI Helpline Number (1800-180-3024), PvPI Mobile App 2.0 (available at Google Play store) and ADRMS (<https://adrmsipc.in/adrms/index.html>).


Drug Safety Alerts

The NCC-PvPI, IPC issued the following drug safety alerts and shared with AMCs through email for the sensitization of healthcare professionals, thereby strengthening the reporting of ICSRs to PvPI.


The PvPI, IPC being a WHO Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services also shared the drug safety alerts with South-East Asia Regional Network (SEARN) countries through email.




S. No.	Drug Safety Alert Issue Date	Suspected drugs	Indication(s)	Adverse Drug Reactions
1.	20 th February, 2026	Dacarbazine	Chemotherapy of malignant melanoma, Hodgkin's lymphoma and soft tissue sarcomas.	Transient reversible blurred vision
2.		Dolutegravir	In combination with other antiretroviral agents for the treatment of Human Immunodeficiency Virus Type 1 (HIV 1) infection.	Sexual dysfunction
3.	30 th March, 2026	Polymyxin B	Urinary tract infections caused by P. Aeruginosa and E. Coli, bloodstream infections caused by P. Aeruginosa, E. Aerogenes and K. Pneumoniae, Meningeal infections caused by P. Aeruginosa.	Hypokalemia
4.		Clomipramine	Antidepressant- obsessive compulsive disorders, phobic states and depression (when sedation is required).	Akathisia
5.		Famotidine	Indicated in the treatment of duodenal & peptic ulcer, Zollinger-Ellison syndrome.	Fixed Drug Eruption

 Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of AEs associated with the use of above suspected drugs. If such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form for HCP/Medicines Side Effect Reporting Form for Consumer available at <https://www.ipc.gov.in>, PvPI Helpline Number (1800-180-3024), PvPI Mobile App 2.0 (available at Google Play store) and ADRMS (<https://adrmsipc.in/adrms/index.html>).




 GOVERNMENT OF KERALA
Pinarayi Vijayan
 CHIEF MINISTER

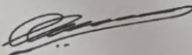
No. 55/Press/CMO/26 14 January, 2026.



I am pleased to learn that the Department of Pharmacy at The Dale View College of Pharmacy and Research Centre (Autonomous), in association with the Indian Pharmacopoeia Commission, Government of India., is releasing a commemorative magazine.

The initiative taken by the Dale View-Centre for Excellence in Pharmacy Practice (DV-CEPP) in Vellanad Grama Panchayath is truly commendable. By integrating modern technology, such as QR-based ADR reporting, into community health, you are setting a benchmark for grassroots pharmacovigilance. Such efforts are vital for ensuring patient safety and promoting the rational use of medicines within our State’s robust healthcare framework.

I congratulate the faculty, students, and Vellanad Panchayath for this successful collaboration. My best wishes for the publication and all future endeavors in public health.


Pinarayi Vijayan

The Managing Director
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Thyroid, infection drugs get fresh safety warnings after national review

Anuja Jaiswal / TNN / Feb 20, 2026, 02:44 IST

Preferred on Comments Share Print AA



Decision taken after national review

NEW DELHI: Two medicines used widely – antibiotic doxycycline and thyroid drug carbimazole – will soon carry stronger safety warnings, following a national review of adverse drug reaction reports.

After examining patient-level safety data, regulators have flagged possible mental health symptoms linked to doxycycline and a rare but potentially life-threatening blood disorder associated with carbimazole. In separate communications issued this month, Central Drugs Standard Control Organisation (CDSCO) and Drugs Controller General of India (DCGI)

directed all State and Union territory licensing authorities to ensure manufacturers update prescribing information and package inserts for both medicines and report compliance.

एसएन मेडिकल कॉलेज में 'फामेकीविजिलेंस' पर सीएमई आयोजित: दवाइयों के दुष्प्रभावों की रिपोर्टिंग है सुरक्षित भविष्य के लिए जरूरी



आगरा, दाता संदेश। सोमवार को सरोजिनी नायडू मेडिकल कॉलेज, आगरा के फामेकीलॉजी विभाग एवं नोडल डीआरटीबी सेंटर द्वारा 'फामेकीविजिलेंस प्रोग्राम ऑफ इंडिया' (गाजियाबाद) के अंतर्गत एक महत्वपूर्ण निरंतर चिकित्सा शिक्षा कार्यक्रम का आयोजन किया गया। इस संगोष्ठी का मुख्य विषय "स्वास्थ्य कर्मचारियों द्वारा दवाइयों से होने वाले साइड इफेक्ट/रिएक्शन की रिपोर्टिंग की आवश्यकता" रहा। प्रधानाचार्य डॉ. प्रशांत गुप्ता का संदेश इस अवसर पर एसएन मेडिकल कॉलेज के प्रधानाचार्य डॉ. प्रशांत गुप्ता ने अपने संदेश में कहा, "मरीजों की सुरक्षा हमारी सर्वोच्च प्राथमिकता है। दवाइयों के अनचाहे प्रभावों की समय पर रिपोर्टिंग न केवल मरीजों की जान बचाती है, बल्कि इससे नियामक संस्थाओं को दवाओं को और अधिक

सुरक्षित बनाने के लिए महत्वपूर्ण डेटा मिलता है। इस तरह के आयोजनों से चिकित्सा कर्मियों में जागरूकता बढ़ेगी, जिसका सीधा लाभ आम जनता को मिलेगा विशेषज्ञों के विचार राजकीय मेडिकल कॉलेज, कन्नौज से आई डॉ. शुचि जैन ने दवाइयों के साइड इफेक्ट्स और उनकी वैज्ञानिक रिपोर्टिंग की प्रक्रियाओं पर विस्तृत व्याख्यान दिया। फामेकीलॉजी विभाग की विभागाध्यक्ष डॉ. अलका यादव, डॉ. अनुराग जैन, डॉ. विपिन कुमार एवं डॉ. अकित गुप्ता ने फामेकीविजिलेंस के वैश्विक और राष्ट्रीय महत्व पर प्रकाश डाला पैनल डिस्कशन और प्रतिभागी: कार्यक्रम के दौरान एक उच्च स्तरीय पैनल डिस्कशन भी आयोजित किया गया, जिसमें शहर के प्रमुख विशेषज्ञों ने हिस्सा लिया प्रशासनिक एवं स्वास्थ्य अधिकारी: एसीएमओ डॉ. सुरेंद्र मोहन प्रजापति, जिला इम्यूनाइजेशन अधिकारी डॉ. उपेंद्र,

आईएमए आगरा के सचिव डॉ. रजनीश मिश्रा विभागीय विशेषज्ञ: डॉ. प्रोफेसर नीरज कुमार (बाल रोग), डॉ. प्रोफेसर प्रभात अग्रवाल (मेडिसिन), डॉ. प्रोफेसर रुचिका गर्ग (स्त्री रोग), डॉ. कर्मवीर सिंह (चर्मरोग), डॉ. सचिन गुप्ता (टीबी एवं छाती रोग) एवं एफएच मेडिकल कॉलेज से डॉ. प्रोफेसर मीक्षी मौर्या कैसे करें रिपोर्ट विशेषज्ञों ने बताया कि दवाओं से होने वाले किसी भी दुष्प्रभाव की जानकारी रोगी, उनके परिजन या कोई भी स्वास्थ्यकर्मी निम्नलिखित माध्यमों से दे सकते हैं टोल फ्री नम्बर: 18001803024 रिपोर्टिंग सेंटर: एडीआर मॉनिटरिंग सेंटर, फामेकीलॉजी विभाग, एसएन मेडिकल कॉलेज कार्यक्रम को सफल बनाने में फामेकीविजिलेंस एसोसिएट डॉ. शिवप्रकाश राजपूत एवं फामेकीलॉजी विभाग के समस्त रेजिडेंट डॉक्टरों की सराहनीय भूमिका रही।

Ministry of Health and Family Welfare



Indian Pharmacopoeia Commission (IPC) and Andhra Pradesh MedTech Zone (AMTZ) Organise National Meet on Strengthening Pharmacovigilance and Materiovigilance in India at Visakhapatnam

First-Ever National Annual Meet of PvPI and MvPI Regional Centres to Strengthen India's Drug and Medical Device Safety Framework and Institutional Coordination

ADR PvPI 2.0 Mobile Application Launched during the Meet to Enhance Real-Time Adverse Drug Reaction Reporting and Patient Safety Across India

From Awareness to Action: National Meet Drives Coordinated, Technology-Enabled Transformation of Drug and Medical Device Safety and Patient Protection in India

Posted On: 28 FEB 2026 4:39PM by PIB Delhi

The Indian Pharmacopoeia Commission (IPC), Ministry of Health and Family Welfare, Government of India, in collaboration with the Andhra Pradesh MedTech Zone (AMTZ) organised a two-day National Meet on Strengthening Pharmacovigilance and Materiovigilance in India on 27-28 February 2026 at Andhra Pradesh MedTech Zone (AMTZ), Visakhapatnam. In a first-time ever national meet, the 1st Annual Meeting of Regional Centres participating in the Pharmacovigilance Programme of India (PvPI) and the Materiovigilance Programme of India (MvPI) was organised to strengthen India's drug and medical device safety systems and enhance coordination among regulators, healthcare institutions, ADR Monitoring Centres (AMCs), and Medical Device Monitoring Centres (MDMCs). Senior officials from regulatory authorities, leading medical institutions, and representatives from the WHO Country Office for India participated in the deliberations.



The inaugural session was presided over by Dr V Kalaiselvan, Secretary-cum-Scientific Director, IPC, who underscored the need to transition from awareness-driven reporting to a performance-oriented pharmacovigilance framework with measurable outcomes. Senior leadership from leading AIIMS institutions, including Prof. Y K Gupta, Prof. Ashok Puranik, along with Dr Jitendra Sharma, Managing Director and Founder CEO, AMTZ, and Dr Kavita Kachroo, CEO, Kalam Institute of Health Technology, participated in the inaugural session and highlighted the importance of institutional collaboration in strengthening pharmacovigilance and materiovigilance systems across the country.



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Home > News > Industry > Pharma News > Drug Safety Alert: IPC...

Drug Safety Alert: IPC Flags Blurred Vision Risk with Dacarbazine, Sexual Dysfunction Linked to Dolutegravir

Written By : Susmita Roy | Published On 1 Mar 2026 12:30 PM | Updated On 1 Mar 2026 12:30 PM



Drug Safety Alert

जीएसवीएम में फार्मसी विभाग की ओर से आयोजित राष्ट्रीय सम्मेलन में बोले विशेषज्ञ

युवाओं के दिमाग को कुंद कर रहा एआई पर अत्यधिक भरोसा

कानपुर, प्रमुख संवाददाता। तरक्की और बेहतर परिणाम के लिए एआई का इस्तेमाल बेहद जरूरी है। जैसे-जैसे एआई का दायरा और उपयोग बढ़ रहा है, वैसे-वैसे यह लोग खासकर युवाओं को इसका आदी भी बना रहा है, जोकि बेहद गलत है। इसका उपयोग करें पर सिर्फ मदद और सहयोग के इरादे से। आमतौर पर देखा जा रहा है कि लोग इसके इस्तेमाल को दिनचर्या में शामिल कर चुके हैं। खुद से ज्यादा एआई पर भरोसा करने लगे हैं। खासकर युवाओं के लिए यह स्थिति ठीक नहीं है। कई मामले ऐसे सामने आ रहे हैं, जिसमें एआई ने दिमाग को गुलाम यानी कुंद बना रखा है। खुद के सोचने-समझने के बदले इसके भरोसे काम करना अधिक आसान और गुणवत्तापूर्ण माना जा रहा है।

यह दावा जीएसवीएम मेडिकल कॉलेज में शुरुआत को फार्मसी विभाग की ओर से आयोजित राष्ट्रीय सम्मेलन में ब्राह्मसाहेब भीमराव अंबेडकर विवि के प्रोफेसर डॉ गौरव कैथवास ने किया। उन्होंने कहा कि इस तकनीक को खुद पर हावी कर्तई न होने दें। दिनभर इसके सहारे काम करने की आदत दिमाग को दीमक की तरह खोखला कर रही है। उन्होंने रिसर्च करने वालों को सलाह दी कि एआई के भरोसे न रहें। रिसर्च में एआई के इस्तेमाल से कई ऐसी गलतियां भी संभव हैं, जिससे प्रतिभा पर सबाल खड़े होंगे। उन्होंने बताया कि एआई की भ्रष्ट से तैयार रिसर्च में कई गड़बड़ियां पकड़ी जा रही हैं। वहीं इंडियन फार्माकोपिया आयोग के वरिष्ठ वैज्ञानिक अधिकारी डॉ. शशि भूषण ने दवाओं के दुष्प्रभावों की निगरानी और सूचना प्रणाली को रोगी सुरक्षा की आधारशिला बताया। सीएसआईआर-केंद्रीय औषधि अनुसंधान संस्थान के मुख्य वैज्ञानिक डॉ. मनीष के. चौरसिया ने लक्षित औषधि वितरण प्रणाली और औषधि गतिकी के आधुनिक दृष्टिकोणों पर प्रकाश डाला। डॉ. नारायण प्रसाद यादव, वरिष्ठ प्रधान वैज्ञानिक, सीएसआईआर-केंद्रीय औषधीय एवं ससंघ पादप संस्थान ने सोराबसिस के लिए गैर-स्टेरॉयडिय पादप आधारित औषधि विकास और प्रोटोपिकी हस्तान्तरण की प्रक्रिया को विस्तार से समझाया। इससे पहले कार्यक्रम का शुभारंभ सरस्वती चंदना और दीप प्रज्ज्वलन से हुआ। प्राचार्य डॉ. संजय काला ने कहा कि जीएसवीएम में पहली बार हो रहे राष्ट्रीय सम्मेलन विद्यार्थियों को अनुसंधान के नए आयामों से परिचित कराते हैं। कार्यक्रम में डॉ मनीष सिंह, डॉ अजय कुमार समेत कई चिकित्सक मौजूद रहे।

जीएसवीएम मेडिकल कॉलेज में शुरुआत को फार्मसी विभाग की ओर से आयोजित राष्ट्रीय सम्मेलन में आए वक्ता।

03 नंबर पर भारत दवा उत्पादन के मामले में दुनिया भर में

15 से 20 साल पहले रिसर्च में नहीं पकड़ में आती थी गलतियां

■ एआई के आधार पर एकत्र जानकारियों के दम पर कर्तई न करें शोध, प्रतिभा पर सबाल

रिसर्च तभी सफल जब आम आदमी को मिले फायदा
फार्मसी काउंसिल ऑफ इंडिया की एजुकेशन रेगुलेशन कमेटी के चेयरमैन डॉ दीपेंद्र सिंह का कहना है कि रिसर्च करना जरूरी है लेकिन इसका घरातल पर आमजन को फायदा जरूर मिलना चाहिए। उन्होंने सरकार को रिसर्च पर बढ़ावा देने पर कहा कि यह भविष्य के लिए बेहतर है। डॉ दीपेंद्र ने कहा कि एकेडमिक रिसर्च की राह पर फंड की कमी आ रही है। फार्मसी कॉलेज खोलना अच्छी बात है लेकिन गुणवत्ता पर ध्यान देना जरूरी है।

गुलाम नहीं, सामने बैठे डॉक्टर पर करें भरोसा
डॉ दीपेंद्र ने कहा कि जिस तरह से रोगी में तेजी से इजाजा हुआ, उसी तरह फार्मा इंडस्ट्री भी विकसित और समृद्ध हुई। पहले ब्लड प्रेशर, शुगर की कई दवा खानी पड़ती थी लेकिन अब दवा की मात्रा कम हो गई है। उन्होंने मेडिकल स्टोर से दवा लेने को बेहद गलत बताया। कहा कि इससे रोग और तेजी से बढ़ते हैं। गुलाम पर दवा खोजने और उपयोग करने को बेहद खतरनाक बताया।

Stakeholders Feedback on PvPI



Dr. Shakil U Rehman

Coordinator
GMC, Baramulla
Jammu and Kashmir

As an AMC coordinator, I have seen the PvPI work in a more systematic way and in an efficient way at our centre with the procedures for adverse event reporting streamlined, regular training of healthcare professionals and timely follow up on each case. On the social impact side, we have seen a significant shift in patient awareness and engagement—people no longer remain silent about unexpected reactions to medicines; they come forward with confidence to report, knowing that their input can contribute immensely to overall benefit of patients. The programme has not only improved medication safety in our hospital but also fostered a culture of transparency and trust among patients, care givers and local health workers.



Dr. R. Kavitha

AMC Coordinator
SRMC-AMC
Chennai, Tamil Nadu

We sincerely thank the Indian Pharmacopoeia Commission as an AMC coordinator for its continuous support and guidance through the Pharmacovigilance Programme of India, which has significantly strengthened the functioning and social impact of pharmacovigilance and materiovigilance activities at our centre. We have observed a steady increase in ADR and MDAE reporting due to periodic training programs, active involvement of PvPI and MvPI interns, and growing awareness among healthcare professionals and clinicians who are now more proactive in reporting; the financial support for CMEs and encouragement during Pharmacovigilance Week have enabled impactful awareness initiatives, while consumer sensitization

particularly through Tamil-language interactions has improved public understanding of ADR reporting and patient safety, supported by positive public reviews reflecting increased awareness. Additionally, the initiation of a Certificate Course in Pharmacovigilance and Materiovigilance has helped build skills, promote a culture of patient safety, and create employment opportunities, collectively reflecting the positive outcomes of sustained support and collaboration with Pharmacovigilance Programme of India (PvPI).

Forthcoming Events

S. No.	Date	Title	Who can participate?
1.	22 nd April 2026	Refresher Trainings on Aggregate reporting in PV	<ul style="list-style-type: none"> • Coordinators • Deputy Coordinators • PV Associates at AMC and NCC
2.	13 th May 2026	Refresher Trainings on Narrative Writing	<ul style="list-style-type: none"> • Coordinators • Deputy Coordinators • PV Associates at AMC and NCC
3.	19 th May 2026	Regional Training for MAHs	<ul style="list-style-type: none"> • Professionals in Pharmacovigilance • Quality Assurance (QA) • Regulatory Affairs (RA) in Pharmaceutical Industries
4.	22 nd May 2026	Medication/Patient Safety Workshop cum Conclave at AIIMS-Kalyani in collaboration with NCC-PvPI, IPC	<ul style="list-style-type: none"> • Healthcare Professionals • Pharmacovigilance Professionals • Academicians • Pharmaceutical Industries
5.	15 th -19 th June, 2025	37 th Skill Development Programme at NCC-PvPI, IPC (Physical Mode) Registration Link (till 8 th June): https://docs.google.com/forms/d/e/1FAIpQLSegZ9V9TsR3S0HoQeU3oMf8jCdASHj1PlumouMqbireGJpaKw/viewform	<ul style="list-style-type: none"> • Healthcare Professionals • Pharmacovigilance Professionals • Medical/Para-medical/Pharmacy Students • Pharmacists • Academicians
6.	9 th July 2026	Induction-cum-Training Programme on Pharmacovigilance	<ul style="list-style-type: none"> • Coordinators • Deputy Coordinators • PV Associates at AMCs and NCC
7.	21 st July 2026	Training Programme on Pharmacovigilance for NABH Accredited Hospitals	<ul style="list-style-type: none"> • Medical/Paramedical/Other Healthcare Professionals

दवाइयों से होने वाले प्रतिकूल/दुष्प्रभाव की निगरानी एवं मरीजों की सुरक्षा के प्रति जागरूकता

फार्माकोविजिलेंस प्रोग्राम ऑफ़ इंडिया, स्वास्थ्य और परिवार कल्याण मंत्रालय,
भारत सरकार द्वारा जनहित में जारी

औषधि सतर्कता कार्यक्रम

(फार्माकोविजिलेंस प्रोग्राम ऑफ़ इंडिया) क्या है?

फार्माकोविजिलेंस प्रोग्राम ऑफ़ इंडिया, स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत कार्य करता है जिसका नोडल कार्यालय, भारतीय भेषज संहिता आयोग में स्थित है। मैटीरियोविजिलेंस प्रोग्राम ऑफ़ इंडिया जिसका नोडल कार्यालय भी भारतीय भेषज संहिता आयोग में स्थित है तथा हीमोविजिलेंस प्रोग्राम ऑफ़ इंडिया जिसका नोडल कार्यालय राष्ट्रीय जैविक संस्थान, नाँएडा में स्थित है, वे भी इसी के भाग हैं।

उद्देश्य

राष्ट्रीय औषधि सतर्कता सप्ताह का उद्देश्य औषधियों से होने वाले दुष्प्रभाव के प्रति जागरूकता फैलाना व इनसे होने वाले दुष्प्रभावों को फार्माकोविजिलेंस प्रोग्राम ऑफ़ इंडिया को रिपोर्ट करना है।

औषधि सतर्कता क्या है?

सामान्य मात्रा में किसी औषधि अथवा दवा का सेवन करने से होने वाले प्रतिकूल प्रभाव अथवा दुष्प्रभाव का पता लगाने, उसका मूल्यांकन करने, समझने व रोकथाम से सम्बंधित विज्ञान एवं गतिविधियों को औषधि सतर्कता विज्ञान कहते हैं तथा इस विषय में सजग/ सतर्क रहने को औषधि सतर्कता कहते हैं।

दवा प्रतिक्रिया/ एडवर्स ड्रग रिएक्शन (एडीआर)

औषधियों का वह प्रभाव जो हानिकारक और अनअपेक्षित है और जो आमतौर पर मनुष्यों में बीमारी की रोकथाम, निदान या उपचार के लिए या शारीरिक कार्य के संशोधन के लिए उपयोग की जाने वाली खुराक पर होती है, को दवा प्रतिक्रिया/ एडवर्स ड्रग रिएक्शन कहते हैं।

औषधि दुष्प्रभावों को कौन रिपोर्ट कर सकता है?

सभी स्वास्थ्य कर्मचारी (चिकित्सक, दंत चिकित्सक, फार्मासिस्ट, नर्स और उपभोक्ताओं सहित गैर-स्वास्थ्य देखभाल कर्मचारी) दवाओं के दुष्प्रभाव को रिपोर्ट कर सकते हैं।

औषधि दुष्प्रभावों को रिपोर्ट क्यों करें?

स्वास्थ्य कर्मचारी के रूप में सार्वजनिक स्वास्थ्य की सुरक्षा के लिए औषधि उत्पादों से जुड़े प्रतिकूल प्रभावों को रिपोर्ट करना एक नैतिक जिम्मेदारी है।

क्या रिपोर्ट करें?

औषधियों से होने वाले किसी भी प्रकार की प्रतिक्रियाएं भले ही ज्ञात हों या अज्ञात, गंभीर हों या अगंभीर, अक्सर हो या दुर्लभ, ऐसी सभी प्रतिक्रियाओं की रिपोर्टिंग कर सकते हैं।

कैसे और किसे रिपोर्ट करें?

1. हेल्पलाइन नंबर 1800-180-3024 पर कॉल करके।
2. हमारी वेबसाइट www.ipc.gov.in पर औषधि दुष्प्रभाव सूचना फॉर्म डाउनलोड करके व उचित तरीके से भरकर ई-मेल करें।
3. हमारी ई-मेल आई डी है pvpi.ipc@gov.in
4. यह सुविधा गूगल प्ले स्टोर पर मुफ्त उपलब्ध है।
5. आप "ADR PvPI 2.0" App डाउनलोड कर सकते हैं।

कोविड-१९ महामारी के दौरान उपयोग होने वाली औषधियों से होने वाले दुष्प्रभाव की जानकारी कहाँ और कैसे दें

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



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**For any other information/Suggestion/
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Let us join hands with PvPI to ensure patient safety