



Newsletter

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Rational Use of Medicines through NFI



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Message from Prof. Y.K. Gupta



The Pharmacovigilance Programme of India (PvPI) continues to evolve as a cornerstone of patient safety. It is encouraging to witness that PvPI is building up a strong culture of reporting Adverse Event (AE) in the country.

One of the key strengths of PvPI lies in its accessibility and inclusiveness at all levels of health care. The PvPI has extensive network of 1250 Adverse Drug Reaction Monitoring Centres (AMCs) in all the states and Union Territories of India.

The digital initiatives taken by the PvPI such as development of ADR PvPI 2.0 mobile application, toll-free (IVRS) helpline facility 1800 180 3024, and indigenously developed Adverse Drug Reaction Monitoring System (ADRMS) - for online reporting of AEs are praiseworthy.

The quality and completeness score of ICSRs reported to PvPI is relatively higher as compared to other countries in the world. However, there seems further scope for its improvement. The PvPI recommendations are also making the contribution for taking regulatory measures by the CDSCO. I wish all the best for the success and effective implementation of this programme in the interest of public health.

Prof. Y K Gupta

President

Chairman-Signal Review Panel, PvPI

National Scientific Coordinator, PvPI, IPC

Message from the Desk of Secretary-cum-Scientific Director, Indian Pharmacopoeia Commission



Dear Readers,

I am privileged to release the Pharmacovigilance Programme of India (PvPI) Newsletter Volume 16, Issue 2 for the index period of April to June, 2026 on the theme 'Rational Use of Medicines through NFI'.

During this period, 50 New Adverse Drug Reaction Monitoring Centres (AMCs) have been enrolled under PvPI and total number of AMCs are 1250 across the country. The total of 11.46 Lakh Individual Case Safety Reports (ICSRs) have been processed by PvPI till 30th June 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) programmes, etc. The PvPI has organized a total of 592 training programmes and trained a total of 24882 participants in the area of pharmacovigilance in this quarter.

The NCC-PvPI, IPC has issued a total of 190 drug safety alerts to sensitise healthcare professionals and encourage reporting of suspected adverse drug reactions associated with these drugs.

At the global level, the NCC-PvPI, IPC being a World Health Organization-Collaborative Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services is regularly sharing the latest information with 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 contributions in strengthening the pharmacovigilance system in India.

(Dr. V. Kalaiselvan)

Secretary-cum-Scientific Director
Indian Pharmacopoeia Commission
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Rational Use of Medicines through NFI

Medicines have transformed healthcare by preventing diseases, curing infections, managing chronic illnesses, and improving quality of life. However, these benefits can only be achieved when medicines are used rationally. Irrational use of medicines-including unnecessary prescriptions, overuse/misuse/under-use of antibiotics, polypharmacy, inappropriate dosages, and self-medication remain a major public health challenge. Promoting the rational use of medicines is therefore essential to ensure patient safety, improve treatment outcomes, reduce healthcare costs, and combat antimicrobial resistance.

The World Health Organization (WHO) defines the rational use of medicines as a situation in which patients receive medications appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate duration, and at the lowest possible cost to them and the community. Rational prescribing/use of medicines not only improves therapeutic outcomes but also minimizes adverse drug reactions, medication errors, and the emergence of drug resistance. It also ensures optimal utilization of limited healthcare resources, making quality healthcare more accessible and affordable.

The publication of the National Formulary of India (NFI) is one of the key mandates of the Indian Pharmacopoeia Commission (IPC). The NFI serves as a reference guidance document to healthcare professionals for rational prescribing of medicines. It is mainly based on the National List of Essential Medicines of India.

To further strengthen rational medicine use, patient safety data generated through the Pharmacovigilance Programme of India (PvPI) are incorporated into the 7th Edition of NFI. These data provide valuable evidence on the safety profile of medicines and support informed clinical decision-making. However, the selection of medicines for individual patients remains the responsibility of the prescribing healthcare professional, who should exercise their professional judgment based on the patient's specific needs. It also supports the use of generic medicines, thereby improving access and affordability to the patients. IPC has scheduled the release of 7th Edition of NFI 2026 during the celebration of 6th National Pharmacovigilance Week 2026.

The salient features of 7th Edition of NFI:

- Only approved indications by the National Regulatory Authority (CDSCO) and considered clinically relevant as per standard treatment guidelines are included in the drug monographs.

- Drug monographs have been revised to align with the National List of Essential Medicines (NLEM) and National Health Programmes (NHPs).
- A separate chapter on Blood and Blood-Related Products is included in view of their essential role in the management of conditions such as anaemia, trauma, surgical procedures, and bleeding disorders. This content was previously part of the chapter on Cardiovascular Drugs.
- Appendices on the Role of Artificial Intelligence in the Healthcare System, the Advisory for the Use of Cough Syrups in the Paediatric Population, the Role of Healthcare Professionals in Preventing Prescription Drug Misuse, and Cardiopulmonary Resuscitation (CPR) are included in accordance with the National Programme on Artificial Intelligence, the Ministry of Health & Family Welfare (MoHFW), National health advisories and national regulatory standards, the objectives of the Nasha Mukta Bharat Abhiyaan, and the MoHFW, Paramedic Training Guidelines, respectively.
- The appendix on the Pharmacovigilance Programme of India (PvPI) is revised, and a separate section on Medication Errors is added.
- The edition incorporates 83 new monographs and deletes 19 monographs. It also includes monographs on 13 rational Fixed-Dose Combinations (FDCs), of which five are used in National Health Programmes. Considering the large number of FDCs available in the market, only those recognised as rational by the National Regulatory Authority are included in this formulary. In addition, monographs on five vaccines implemented under the Universal Immunization Programme (UIP) form an integral part of this edition.
- Important weblinks related to National Health Programmes, the Immunization Schedule, the Jan Aushadhi Portal, and guidance on the safe disposal of medicines are provided wherever necessary for readers' reference.
- The appendix on Pictograms is supplemented with inclusion of a separate section on auxiliary labels.
- For the first time, the National Formulary of India (NFI) will also be made available in a digital format by the Indian Pharmacopoeia Commission (IPC), enhancing accessibility and ease of use for healthcare professionals.
- The chapter on Basics of Medical Emergencies is substantially expanded through the inclusion of a dedicated section on First Aid Measures for Snakebite (Community/Bystander Level), adapted from the guidelines issued by the MoHFW, Government of India.

The adverse drug reactions/adverse events should be reported promptly by scanning the QR Code of PvPI.



Pharmaceutical Impurities: Small Entities, Big Implications for Patient Safety

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Medicines are trusted to heal, relieve suffering, and improve quality of life. For patients and healthcare professionals alike, every tablet, capsule, injection, or syrup carries an expectation of safety, efficacy, and assured quality. While much attention is naturally focused on the active pharmaceutical ingredient (API), another equally important aspect often remains less visible but highly significant: pharmaceutical impurities.

Impurities are unintended substances present in a drug substance or finished product. They may arise during synthesis, manufacturing, storage, packaging, or distribution. Though usually present in trace quantities, their impact can be far from negligible, ranging from subtle quality degradation to severe patient toxicity (ICH Q3A R2, 1996; Yerram et al., 2026). In pharmaceutical science, even a very small impurity can have major implications for medicine quality and patient safety.

Understanding Pharmaceutical impurities

Pharmaceutical impurities are any components in a medicine that are not the intended API or approved excipients. Their complete elimination may not always be technically feasible, but their presence must remain within scientifically justified and regulatory-accepted limits.

Broadly, impurities may be classified as per the International Council for Harmonisation (ICH) Q3A (R2) guidelines (ICH, 1996):

- 1. Organic impurities:** These arise from the manufacturing process or degradation of the product. Examples include starting material residues, intermediates, by-products, side reaction products, and degradation compounds.
- 2. Inorganic impurities:** These include reagents, ligands, heavy metals, catalysts, filter aids, and residues from manufacturing equipment.
- 3. Residual solvents:** Volatile organic chemicals used during synthesis or formulation that remain in small amounts after production, classified by toxicity class under ICH Q3C (ICH, 1997 revised 2021).

- 4. Elemental impurities (Heavy metals):** Metals such as lead (Pb), cadmium (Cd), arsenic (As), or mercury (Hg) that may enter through raw materials, water, catalysts, or equipment contact surfaces. The framework for controlling these is defined under ICH Q3D (ICH, 2014 revised 2022).

Each category requires a different scientific approach for risk assessment, detection, and control.

How do impurities enter medicines?

Impurities can emerge at multiple stages of a product's lifecycle. During chemical synthesis, side reactions may generate unintended compounds (by-products). During storage, environmental factors such as heat, humidity, oxygen, and light may degrade the API, leading to degradation products. Even packaging materials can leach substances into the product (WHO, 2023). This highlights an important reality: impurity management is not a single test performed at the end of production; it is a continuous quality commitment across the entire lifecycle of the medicine.

Why do impurities matter? A pharmacovigilance perspective

The significance of impurities extends beyond chemistry laboratories. Their presence can directly influence patient outcomes in several ways:

- **Safety risks (Toxicity):** Certain impurities may be genotoxic (damaging DNA) or carcinogenic (causing cancer). The ICH M7 (R1) guideline provides a framework for assessing and controlling such mutagenic impurities (ICH, 2017). A prominent recent example is the recall of sartan (ARB) drugs and ranitidine due to contamination with Nitrosamines (probable human carcinogens), which led to global regulatory crises and highlights systemic weaknesses in Good Manufacturing Practices (EMA, 2018; FDA, 2019; Yerram et al., 2026).
- **Reduced efficacy:** Degradation of the API may result in lower therapeutic dose reaching the patient (ICH Q3B R2, 1997).
- **Hypersensitivity reactions:** Some impurities (including certain elemental impurities) can trigger allergic or hypersensitivity reactions in susceptible individuals (ICH Q3D R2, 2022).
- **Stability concerns:** Some impurities can catalyze further degradation, shortening shelf life (ICH Q3A R2, 1996).

How are impurities detected? The analytical frontier

Modern analytical science has greatly strengthened the ability to identify and quantify impurities, even at trace levels. The shift from outdated "heavy metal limits" to specific, sensitive methods has been a game-changer (USP <232>, 2014; USP <233>, 2014). Common tools include:

- **High Performance Liquid Chromatography (HPLC) and UPLC**
- **Gas Chromatography (GC)** for volatile impurities and solvents (ICH Q3C R8, 2021)
- **Liquid Chromatography–Mass Spectrometry (LC-MS/MS)** for structural elucidation of unknown impurities (Rajana et al., 2025)
- **ICP-MS (Inductively Coupled Plasma Mass Spectrometry)** – the gold standard for quantifying elemental impurities (Class 1 and 2A metals) at parts-per-billion levels (USP <233>, 2014; ICH Q3D R2, 2022)
- **Stability-indicating analytical methods** (ICH Q3B R2, 1997)

Regulatory framework and standards

Global and national regulatory frameworks provide the scientific foundation for impurity control. The ICH guidelines (Q3A, Q3B, Q3C, Q3D) are harmonized across major regulators (USFDA, EMA, Health Canada) (ICH, 1996; ICH, 1997; ICH, 2014 revised 2022).

In India, the Indian Pharmacopoeia Commission (IPC) plays a vital role. The IPC has consistently revised standards, adding new impurity standards and reference standards to align with global quality expectations, ensuring medicines in India meet acceptable limits for safety (IPC, 2008; IPC, 2024). While ICH Q3D focuses on risk-based control of elemental impurities, recent global incidents have forced regulators to scrutinize Nitrosamines strictly, classifying their presence as a major cGMP violation (EMA, 2018; FDA, 2019; Yerram et al., 2026).

Where quality meets pharmacovigilance: The Indian perspective

Impurity management is often viewed as a manufacturing or analytical issue, while pharmacovigilance (PV) is commonly associated with clinical adverse drug reactions. However, unexpected toxicity, therapeutic failure, or unusual clusters of adverse reactions may sometimes indicate underlying quality defects, including impurity-related concerns (IPC, 2024; Yerram et al., 2026).

India plays a vital role in the global pharmaceutical sector. With this leadership comes the responsibility to proactively identify risks. Strengthening the collaboration between manufacturers, the IPC, the PvPI (IPC-NCC), and healthcare professionals is essential to link quality defects with safety signals early (IPC, 2024).

The way forward and conclusion

The past decade has taught us that "trace amounts" can have catastrophic public health consequences. The key priorities for the future include:

- 1. Risk-based assessment:** Implementing ICH Q9 principles to conduct product-specific risk assessments for elemental and nitrosamine impurities rather than relying solely on end-product testing (ICH, 2005; ICH Q3D R2, 2022).
- 2. Advanced analytics:** Wider adoption of LC-MS and ICP-MS in Indian quality control labs for trace-level detection (USP <233>, 2014; Yerram et al., 2026).
- 3. Stronger PV linkage:** Reporting unexpected toxicity clusters to regulators to investigate potential impurity root causes (IPC, 2024).
- 4. Supplier qualification:** Ensuring raw material quality, as impurities often originate from starting materials or catalysts (WHO, 2023; Yerram et al., 2026).

Pharmaceutical impurities may be small in quantity, but their implications can be significant. They remind us that the safety of medicines depends not only on discovering effective molecules but also on ensuring the purity of every dose that reaches a patient. Managing impurities is therefore not just a regulatory obligation, it is a commitment to patient safety, public trust, and healthcare excellence.

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Enrolment of New AMCs

NCC-PvPI, IPC has enrolled 50 new AMCs in 30th Phase of PvPI expansion. The total number of AMCs enrolled by the end of this quarter were 1250 across the country (Government: 354 and Non-government: 896). The list of newly enrolled AMCs is mentioned below:

S. No.	States/UTs	Name of Hospitals/Medical Colleges/Institutes	Status of Hospital (Government/ Non-Government)
1.	Delhi	Bhagwati Hospital CS / OCF -6, Sector -13, Rohini, Delhi - 110085	Non-Government
2.		Fortis Escorts Heart Institute Okhla Road, Opp. Sukhdev Vihar Metro Station, Delhi - 110025	
3.		Max Super Speciality Hospital Plot No.1, Sector - 19, Dwarka, New Delhi - 110075	
4.		Sant Parmanand Hospital 18 th Sham Nath Marg, Civil Lines, Delhi - 110054	
5.		ESIC Model Hospital & PGIMSR Basaidarapur, New Delhi - 110015	Government
6.	Gujarat	Dr. M. K. Shah Medical College and Research Centre & Smt. SMS Multispeciality Hospital Gandhinagar Highway, Chandkheda, Ahmedabad, Gujarat - 382424	Non-Government
7.		INS Plus Multi Superspeciality Hospital Sandhkua, Navasari, Gujarat - 396445	
8.		N M Virani Wockhardt Hospital Kalawad Road, Rajkot Gujarat - 360006	
9.		Param Hospital 418-425, Time Square, Gauravpath, Pal Gam, Surat, Gujarat - 394510	
10.		Shree Prannath Hospital Shree Prannath Marg Ved Road, Surat, Choryasi, Gujarat - 395004	

ENROLMENT OF NEW AMCs

11.	Haryana	Amritdhara My Hospital ITI Chowk, Karnal, Haryana - 132001	Non-Government
12.		Aneja Hospital Nursing Home Ambala, Haryana - 133001	
13.		Devi Murti Hospital 59-62, Devi Murti Colony, Panipat, Haryana - 132103	
14.		N. C. Medical College & Hospital Panipat, Rohtak Road, Israna, Panipat, Haryana - 132107	
15.		Sadbhavna Hospital NH-1, Sector - 13P, Near Community Center, Tosham Road, Hisar, Haryana - 125001	
16.		Silver Streak Multispeciality Hospital Sector 87, Opposite DLF Skycourt, Gurugram, Haryana - 122505	
17.	Jharkhand	Asian Dwarkadas Jalan Super Specialty Hospital, A Unit of Blue Sapphire Health Cares (P) Ltd. Dhanbad, Jharkhand - 826001	Non-Government
18.	Karnataka	BGS Medical College & Hospital No.112, BGS Vinatham South Campus, Nagarur, Dasanapura Hobli, Bengaluru North, Karnataka - 562123	Non-Government
19.		MVM College of Pharmacy (MVM Educational Trust's) 1336/72/2, 1 st Main Road, Vikas Layout, Maruthi Nagar, Yelahanka, Bengaluru, Karnataka - 560045	
20.	Kerala	The Lifeline Multispeciality Hospital No.46, 14 th Nile Melood P.O., Adoor, Pathanamthitta, Kerala - 691554	Non-Government
21.	Madhya Pradesh	Government Medical College Seoni Village, Khandipur Seoni, Madhya Pradesh - 480661	Government
22.		ITM Hospital & Research Center NH-75, Sithouli, Jhansi Road, Gwalior, Madhya Pradesh - 474001	Non-Government

23.		Ram Krishna Medical College Hospital and Research Centre Inayatpur Kolar Road, Bhopal, Madhya Pradesh - 462042	
24.	Maharashtra	Cloudnine Hospital Kids Clinic India Limited Unit No. 103, 1 st Floor, Plot No. 17, Sector-19D, Palm Beach Galleria, Thane, Navi Mumbai, Maharashtra - 400705	Non-Government
25.		HCG-Khubchandani Cancer Centre Maharishi Karm Road, Colaba, Mumbai, Maharashtra - 400021	
26.		MGM Hospital & Research Center CBD- Belapur, Thane, Navi Mumbai, Maharashtra - 400614	
27.	Punjab	Goel Kidney Care Hospital Kapurthala Chowk, Jalandhar, Punjab - 144008	Non-Government
28.		Health Maxx Superspeciality Hospital Mohali, Punjab - 140301	
29.		Parhar Hospital 371, Guru Hargobind Nagar, Phagwara, Punjab - 144401	
30.		Chandigarh College of Pharmacy Sector - 112, Mohali, Punjab - 140307	
31.	Rajasthan	Barala Hospital & Research Center Khasra No 7093/ 1, 7100 /1 N.H 11, Jaipur, Rajasthan - 303702	Non-Government
32.		Sanjeevani Hospital Opp Tehsil Office Shanti Nagar, Purada Road, Pali, Rajasthan - 306902	
33.		Vasundhara Hospital Ltd. Jodhpur, Rajasthan - 342001	
34.		Government Medical College & Associate Hospital Old Bari Road, Dholpur, Rajasthan - 328001	Government
35.		Govt. Medical College Karauli, Rajasthan - 322241	

ENROLMENT OF NEW AMCs

36.	Tamil Nadu	Annai Medical College & Hospital (To be renamed as Rajalakshmi Medical College & Hospital Research Institute), Kanchipuram, Tamil Nadu - 602117	Non-Government
37.		Bharathi Infinity Hospital 19/28 Trichy to Madurai Highways, Behind Valar Nagar, Ilandaikulam, Madurai, Tamil Nadu - 625023	
38.		Holy Cross Hospital 208 Vettornimadam, Nagercoil, Kanyakumari Tamil Nadu - 629003	
39.		Kanyakumari Medical Mission Research Center and Hospital St Devasahayam Nagar, Kanyakumari, Tamil Nadu- 629202	
40.		Sri Ram Nallamani Yadava College of Pharmacy Kodikurichi, Tenkasi, Tamil Nadu - 627804	
41.		Government Medical College & Hospital Cuddalore, Annamalainagar Chidambaram, Cuddalore, Tamil Nadu - 608002	Government
42.	Telangana	Usha Mullapudi Cardiac Centre D. No. 2-145, II Floor, Gajula Ramaram, Qutubullahpur, Jeedimetla, Indira Nagar, Shapur Nagar Road, Hyderabad, Telangana - 500055	Non-Government
43.		Neelima Institute of Medical Sciences Venkatapur, Ghatkesar Manda, Medchal Malkajgir, Telangana - 500088	
44.	Uttar Pradesh	Autonomous State Medical College Saidapur Bhau, Aliganj Road, Near Deokali Mandir, Manaura, Lakhimpur Kheri, Uttar Pradesh - 262701	Government
45.		Kailash Hospital & Neuro Institute NH-I, Sector-71, Noida, Uttar Pradesh - 201309	Non-Government

46.		Saharanpur Institute of Medial Sciences Pvt. Ltd. 7 th KM Milestone, Chunhati Gada, Delhi Road, Saharanpur, Uttar Pradesh - 247001	
47.	Uttarakhand	Amrit Hospital National Highway 74, Gandhi Colony Kashipur Road, Rudrapur, Udham Singh, Uttarakhand - 263153	Non-Government
48.	West Bengal	HP Ghosh Hospital (A Health care Unit of the Eastern India Heart Care & Research Foundation) HB 36 /A Block, Sector 3, Bidhannagar, Kolkata, West Bengal - 700106	Non-Government
49.		Manipal Hospitals IB-193, Broadway Road, IB Block, Sector 3, Bidhannagar, Kolkata, West Bengal - 700106	
50.		Narayana Multispeciality Hospital (A Unit of Meriotan Meoical Research & Hospital Ltd) Howrah, West Bengal - 711103	

CME organised at AIIMS, Bhopal

Dr. Ratinder Jhaj, Coordinator, Dr. Balakrishnan S, Deputy Coordinator and Ms. Deepa, Pharmacovigilance Associate organised 9th Annual Continuing Medical Education (CME) on 13th April 2026 at All India Institute of Medical Sciences (AIIMS), Bhopal, Madhya Pradesh. The objective of this programme was to sensitize and provide hands on training to clinicians, nurses, pharmacists, and other healthcare professionals on the importance and need for active reporting of Adverse Drug Events (ADEs) to strengthen patient safety and pharmacovigilance practices. A total of 180 delegates participated in this event.



ALT organised by KEM, Mumbai

Dr Nithya Gogtay, Coordinator, Dr Mahesh Belhekar, Deputy Coordinator and Ms. Pratiksha Thombare, Pharmacovigilance Associate organised Advanced Level Training on 16th April 2026 at Department of Clinical Pharmacology, Seth GS Medical College and KEM Hospital, Mumbai, Maharashtra. In this event, delivered sessions



focused on various topics such as Pharmacovigilance Programme of India (PvPI) by Dr. RS Ray, Scientific Assistant, IPC, along with breakdown of toxicity profiles, CAR-T therapies and vaccine pharmacovigilance. A total of 121 participants attended this event.

ALT organised by MMC, Chennai

Dr. K.M Sudha, Coordinator, Dr. S. Gomathi, Deputy Coordinator and Ms. Siddiraju Devipriya, Pharmacovigilance Associate organised an Advanced Level Training in Pharmacovigilance on 22nd April 2026 at Institute of Pharmacology, Madras Medical College, Chennai, Tamil Nadu. Mr. Vipin Kumar, Sr. Pharmacovigilance Associate gave session on Signal detection under PvPI. In this ALT, other sessions were delivered on medication errors in pharmacovigilance, hemovigilance, herbal pharmacovigilance and ADRs related to pregnancy and lactation. A total of 184 participants attended this event.



CME organised at MGMMC, Indore

Dr. Pooja S Mishra, Coordinator, Dr. Anjali Kushwah, Deputy Coordinator and Ms. Preeti Acharya, Pharmacovigilance Associate organised CME titled 'Strengthening Drug Safety: Clinical Causality to eco pharmacovigilance' on 27th April 2026 at MGM Medical College,



Indore, Madhya Pradesh. The CME focused on overview of pharmacovigilance, causality assessment case-based discussion and eco-pharmacovigilance. A total of 250 participants attended this event.

CME organised at SMSMC, Jaipur

Dr. Monica Jain, Coordinator, Dr. Rupa Kapadia, Deputy Coordinator and Mr. Vaibhav Gupta, Pharmacovigilance Associate organised Pharmacovigilance CME on 16th May 2026 at SMS Medical College, Jaipur, Rajasthan. The CME focused on strengthening awareness and knowledge regarding drug safety monitoring and Adverse Drug Reaction (ADR) reporting practices. Various important and contemporary topics such as emerging role of artificial intelligence in pharmacovigilance, the scope of Pharmacovigilance in modern medicine, ADR recognition and reporting, causality and severity assessment, and special areas of pharmacovigilance such as pharmacovigilance in special populations, vaccine vigilance, and pharmacovigilance in clinical trials were discussed. A total of 150 participants attended this event.



National Conclave cum Workshop at AIIMS-Nadia

NCC-PvPI, IPC, in collaboration with Department of Pharmacology, All India Institute of Medical Sciences (AIIMS), Kalyani, West Bengal organised a one-day 'National Conclave cum Workshop on Medication Safety- Patient Safety: Navigating Special Scenarios & Antimicrobial Resistance' on 22nd May 2026. The conclave served as a significant platform for healthcare professionals, academicians, researchers, and pharmacovigilance experts to deliberate on emerging challenges and best practices related to patient safety, medication safety, and antimicrobial resistance.

This workshop was conducted under the esteemed patronage of Prof. (Dr.) YK Gupta, President, AIIMS, Kalyani. Eminent experts including Dr. Jai Prakash, Sr. PSO, IPC; Prof. (Dr.) Bikas Medhi, Professor & HoD of Pharmacology, PGIMER; Prof. (Dr.) Arvind Sinha, Executive Director, AIIMS, Kalyani; Prof. (Dr.) Madhabananda Kar, Executive Director, AIIMS, Bhopal; Prof. Dr. Tirthankar Deb, HoD of Pharmacology, AIIMS, Kalyani; Dr. Shashi Bhushan, Sr. Scientific Officer, IPC and Dr. Suparna Chatterjee, Professor, Department of Pharmacology, IPGIMER, Kolkata shared their valuable perspectives and expert insights on various dimensions of patient safety, rational use of medicines, medication error prevention, and

strengthening pharmacovigilance systems in the country. The sessions highlighted the importance of interdisciplinary collaboration and proactive safety monitoring in improving healthcare outcomes. The workshop included engaging panel discussions, expert deliberations, and a poster competition among participants, encouraging active participation and collaborative learning among delegates.

Dr. Shashi Bhushan, Sr. Scientific Officer, IPC and Mr. Rahul Kadiyan, Scientific Assistant, IPC also attended this conclave. A total of 100 participants attended this event.



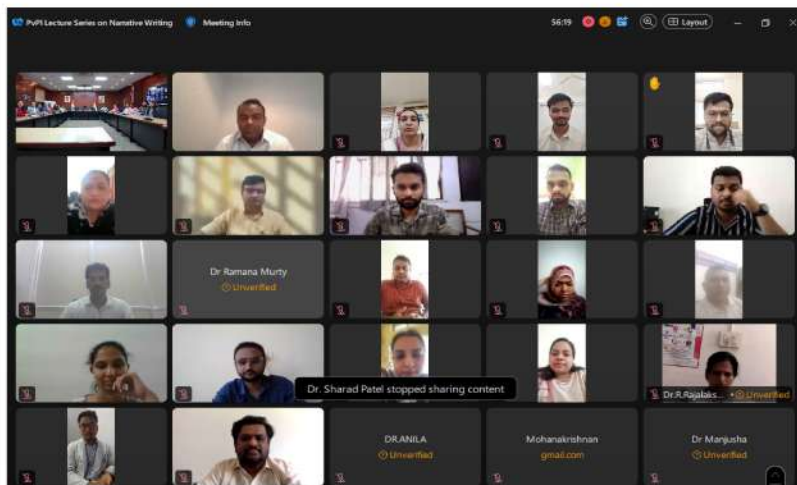
CME organised at GMERSMC, Ahmedabad

Dr. Ashwin Panchasara, Coordinator, Dr. Krina B. Patel, Deputy Coordinator and Dr. Payal Maulik Patel, Pharmacovigilance Associate organised CME titled 'Sensitization and Basic Training workshop in Pharmacovigilance and Pharmacovigilance Program of India' on 26th May 2026 at Department of Pharmacology, GMERS Medical College and Civil hospital, Sola, Ahmedabad, Gujarat. Detailed discussion on Pharmacovigilance, PvPI and ADR, hands-on-training on ADR form filing done in this CME. The group discussion on causality assessment was also organised for the participants. A total of 75 participants attended this event.



Training on Narrative Writing

The NCC-PvPI-IPC organised Training on 'Narrative Writing', virtually on 29th May 2026. The objective of the training programme was to enhance participants' knowledge and skills in Narrative Writing for pharmacovigilance. The session focused on the principles of preparing clear, concise, accurate, and medically meaningful case narratives, including the proper documentation of Adverse Drug



Reactions (ADRs), chronological presentation of clinical events, incorporation of relevant medical information, and compliance with regulatory pharmacovigilance reporting requirements. A total of 158 participants attended the training programme including PvAs at NCC and AMCs, along with Coordinators and Deputy Coordinators at AMCs.

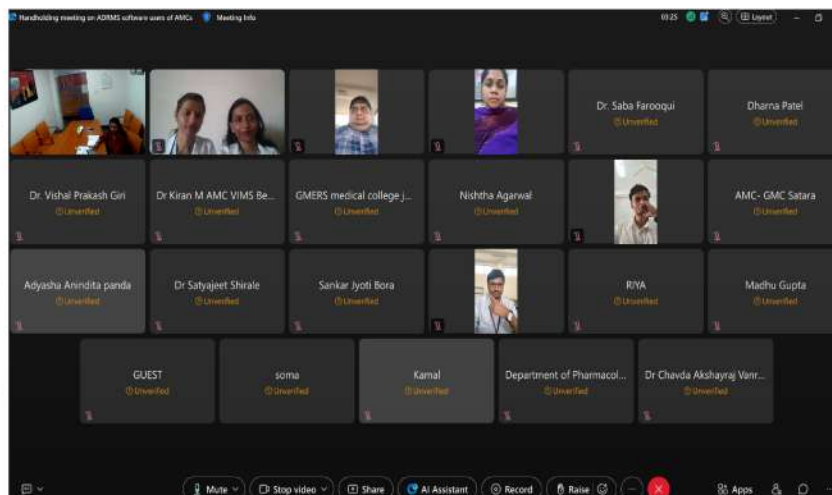
CME organised by NDMCMC, Delhi

Dr Sunita Singh, Coordinator and Ms. Kalpana Purohit, Pharmacovigilance Associate organised a CME on 'Pharmacology in the Digital Era: Integrating Innovative Approaches for Detection and Prevention of Adverse Drug Reactions (ADRs)' at North Delhi Municipal Corporation Medical College and Hindu Rao Hospital, Delhi on 29th May, 2026. The objective of the CME was to enhance awareness about the growing significance of digital transformation in pharmacology and the need for strengthening pharmacovigilance systems through technological innovations. Dr. Shashi Bhushan, Senior Scientific Officer, IPC delivered a comprehensive overview of pharmacovigilance. A total of 210 participants attended this event.



Handholding meeting on ADRMS software

NCC-PvPI organised training session virtually on ADRMS Software - Introduction & Data Entry on 29th May 2026 for Coordinators, Deputy-Coordinators & Pharmacovigilance Associates of NCC & ADR monitoring Centres enrolled under PvPI across the country. The session described entering the ICSRs into the ADRMS software and also resolved the queries of participants. A total no. of 51 participants attended this training session.



37th Skill Development Programme on Pharmacovigilance

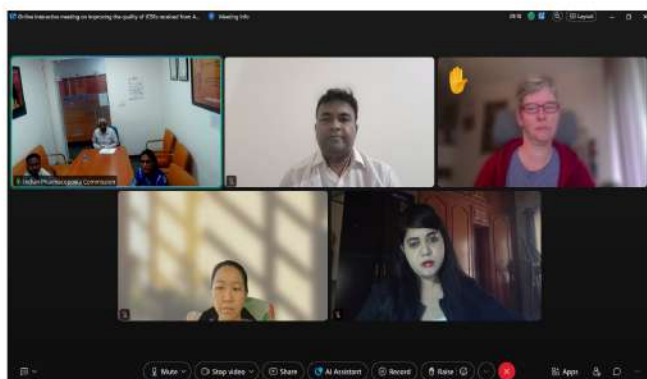
NCC-PvPI organised 37th Skill Development Programme on Pharmacovigilance from 15th-19th June, 2026 at IPC, Ghaziabad. A total of 51 participants attended this Programme including Industry Professionals, Physician, Academicians, Pharmacy Students, Medical Students, Pharmacists, Assistant Drug Controller and Drug Inspector across the country. A total of 35 technical sessions on various topics of Pharmacovigilance along with fun and quiz activities on PV were conducted to enhance Pharmacovigilance skill of the healthcare professionals in order to promote patient safety.



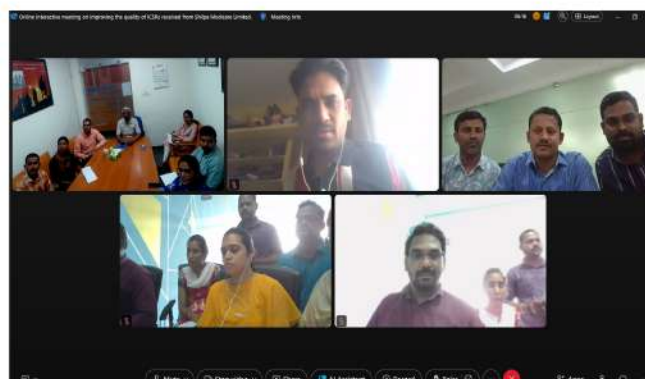
Interactive meetings with Marketing Authorization Holders

The objective of Interactive meetings is to review the quality, number and completeness score of ICSRs received from Marketing Authorization Holders (MAHs) and inform the same to representatives of MAHs for taking corrective action and 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.	7 th May, 2026	AbbVie Therapeutics India (P) Ltd.	8
2.	27 th May, 2026	Shilpa Medicare Ltd.	17
3.	29 th June, 2026	Venus Remedies Ltd.	10



*NCC-PvPI, IPC team and
AbbVie Therapeutics India (P) Ltd. representatives*



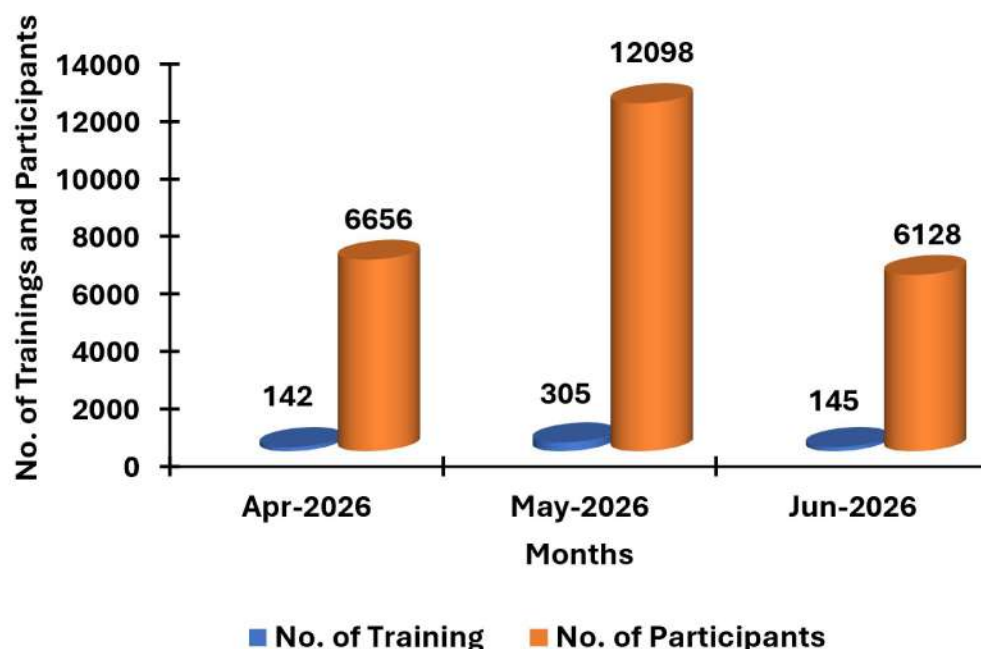
*NCC-PvPI, IPC team and
Shilpa Medicare Ltd. Representative*



*NCC-PvPI, IPC team and
Venus Remedies Ltd. Representative*

Monthly trends of training programmes conducted by PvPI

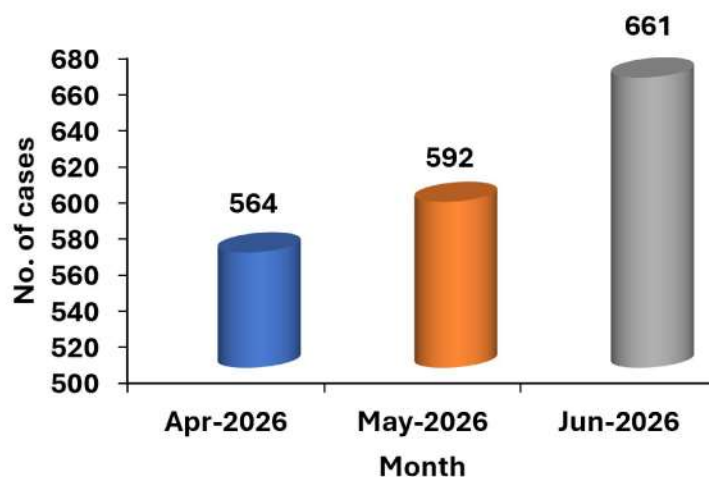
The NCC-PvPI, IPC organised a total of 592 training programmes including Skill Development Programmes, Continuing Medical Education, Advanced Level Training Programmes etc. and trained a total number of 24882 participants in the area of Pharmacovigilance across the country.



Monthly trends of training programmes

Monthly trends of Non-AMC cases received at PvPI

The NCC-PvPI, IPC received a total of 1817 cases from Non-AMCs across the country.



Monthly trends of Non-AMC cases

Pre-conference cum workshop on Pharmacovigilance during UP-UK APPICON

Pre-conference cum workshop on Pharmacovigilance during UP-UK APPICON 2026, the Joint Conference of the Uttar Pradesh and Uttarakhand Chapters of the Association of Physiologists and Pharmacologists of India on 3rd April, 2026 at Department of Pharmacology of the JN Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh. Dr. Shashi Bhushan, Sr. Scientific Officer, IPC delivered a talk on 'Pharmacovigilance Programme of India (PvPI): Powering Patient Safety Across the Nation' and Mr. Vipin Kumar, Sr. PV Associate, NCC-PvPI gave hands on training on 'Filling Suspected ADR Reporting Form'.



Capacity Building Workshop for Pharmacovigilance and Antimicrobial Resistance

The Central Leprosy Division in collaboration with the Pharmacovigilance Programme of India - Indian Pharmacopoeia Commission, Ministry of Health and Family Welfare and WHO India country office organized a Capacity Building Workshop for Pharmacovigilance and Antimicrobial Resistance (AMR) for District Leprosy Officers (DLOs) of Chhattisgarh on 6th May, 2026 at Raipur, Chhattisgarh. The workshop was aimed to strengthen pharmacovigilance systems and patient safety within public health programmes, particularly leprosy services. The workshop was focused on operational linkages particularly connecting District Leprosy Units with ADR Monitoring Centres and guided the participants on How to fill suspected ADR reporting forms for leprosy medicines?



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.	27 th May, 2026	Clonidine	Indicated in the treatment of Hypertension.	Hyponatremia
2.	25 th June, 2026	Metoprolol	- Antihypertensive agent- Indicated in the treatment of essential hypertension and angina pectoris. - Adjunct to the treatment of Hyperthyroidism. - Additional indication: - functional heart disorders - Migraine prophylaxis - Cardiac Arrhythmias - Prevention of cardiac death and reinfarction after the acute phase of myocardial infarction - Stable symptomatic CHF. - For the treatment of myocardial infarction	Hyperkalemia

 Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above 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>).

नशा मुक्ति जागरूकता कार्यक्रम का एएमयू के फार्माकोलॉजी विभाग ने किया आयोजन



रुहेला टाइगर्स टाइम्स
अलीगढ़, 18 जून: अलीगढ़ मुस्लिम विश्वविद्यालय के जवाहरलाल नेहरू मेडिकल कॉलेज के फार्माकोलॉजी विभाग ने भारत सरकार के भारतीय फार्माकोलॉजी आयोग के एडीआर से अंतरराष्ट्रीय मादक द्रव्य दुरुपयोग एवं अधिव्यक्ति विरोधी दिवस के उपलक्ष्य में एक जागरूकता कार्यक्रम आयोजित किया।
“विश्व मादक द्रव्य समस्याएँ लगातार बनी चुनौती, नई समस्याएँ और नवाचारपूर्ण समाधान” विषय पर आयोजित होने का कार्यक्रम का उद्देश्य मादक पदार्थों के दुरुपयोग के दृष्टभावी तथा उनका रोकथाम।

उपचार और पुनर्वसि के महत्व के प्रति जागरूकता बढ़ाना था। कार्यक्रम का मुख्य आकर्षण फार्माकोलॉजी विभाग की डॉ. रीथा शर्मा का व्याख्यान रहा, जिसमें उन्होंने 'मदक पदार्थ उपयोग विकार' में औषधीय हस्तक्षेप विशेष रूप से चर्चा की। उन्होंने नशे की वैज्ञानिक पृष्ठभूमि, सहनशीलता (टॉलरेंस), निम्न छोड़ने पर होने वाले लक्षण (विद्रव्यता) और निम्नरता (डिपेंडेंसी) की अवधारणाओं को समझाते हुए विशेष रूप से युवाओं में बढ़ती नशे की प्रवृत्ति को गंभीर चिंता का विषय बताया। सत्र की अध्यक्षता करते हुए फार्माकोलॉजी विभाग के अध्यक्ष डॉ.

सैयद जिहाउर रहमान ने नरेश की ललत के आँधीपथ, मनोवैज्ञानिक एवं सामाजिक-आर्थिक पहलुओं पर प्रकाश डाला। उन्होंने पेशेवरों और स्वयंसेवकों से जुड़े प्रभावशाली से नया मुक्त समाज के निर्माण में सक्रिय भूमिका निर्माण का आह्वान किया। कार्यक्रम में विभाग के शिक्षकगण एवं रैजिस्टर्ड डॉक्टरों ने भाग लिया, जिन्होंने जू.मील अमरम, डॉ. अम्मार खालिद और गुरुकान अली प्रमुख रूप से शामिल रहे। कार्यक्रम का समापन मादक पदार्थों के दुरुपयोग से जुड़ी उभरती चुनौतियों से निपटने की रणनीतियों पर आयोजित एक संवादात्मक चर्चा के साथ हुआ।



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IPC Warns of Potential Hyponatraemia Risk with Blood Pressure Drug Clonidine

Written By: Susmita Roy — Published On 6 June 2026 11:51 PM | Updated On 6 June 2026 11:51 PM



New Delhi: The Indian Pharmacopoeia Commission (IPC), in its latest Drug Safety Alert, has flagged a potential safety signal indicating that the antihypertensive drug Clonidine may be associated with hyponatraemia, a condition characterised by abnormally low sodium levels in the blood.

In connection with the above, the Indian Pharmacopoeia Commission (IPC), under the Ministry of Health and Family Welfare, has advised healthcare professionals and patients to remain vigilant and closely monitor the

Inquilab page No.03

منشیات کے استعمال کی روک تھام سے

متعلق: بیداری پر وگرام

علی گڑھ (پریس ریلیز) جہاں اعلیٰ تہذیبیہ ٹیکل کالج، علی گڑھ مسلم یونیورسٹی کے شعبہ فارماکولوجی میں حکومت ہند کے انجینئر فارماکوپیش کے اے۔ ڈی۔ اے۔ آرمیڈس ٹیک سائنس کے اسٹراک کے شعبات کے استعمال اور تھیراپوٹائی اسٹراک کے خلاف بین الاقوامی دن کے سلسلے میں ایک بیداری پر وگرام منعقد کیا۔ "عالمی غشیائی مسئلہ: برقرار مسائل، نئے چیلنجز اور آخری جوابات" کے موضوع پر منعقد ہونے والے پر وگرام میں شعبہ فارماکولوجی کی ڈاکٹر باربارا نے پیچیز ڈی۔ "نفاذ اور ایجا کے استعمال کے عارضے میں دواؤں کے ذریعے مداخلت" موضوع پر گفتگو کرتے ہوئے انہوں نے غشیائی کے استعمال کی سائنسی بنیادوں، برداشت، تریک استعمال کی علامات اور ہتھار کے مختلف پہلوؤں پر روشنی ڈالی اور خصوصاً جہازوں میں اور ہتھار کے استعمال کے بعد ہونے والے مسائل کی نشاندہی کی۔

उज्जैन
दिनांक: 7 मार्च 2026

अक्षरविश्व

आपका सहर,
आपका अन्धकार

वीकली हेल्थ टिप्स दवाइयां फायदे के साथ नकसान भी पहुंचा सकती हैं

कोई भी दवा 100 फीसदी सुरक्षित नहीं होती



 डॉ. सुर्यप्रकाश धोरे
 एच.ए.टी., एच.मैकेलॉन
 डिपार्टमेंट ऑफ मॉडर्न
 मेडिकल कॉलेज

कॉर्न भी दवा 100 फीसदी सुरक्षित न होती। अगर इनका सही तरीके से उपयोग न किया जाए तो यह फसल के साथ नुकसान पहुंचा सकती है। हर वर्षों के कुछ न कुछ खंड इमेक्ट या एडवर्स इमेक्ट भी होते हैं। इन अनखंड प्रभाव या दुष्प्रभाव भी न मिलते हैं।

युं पहचान सकते है

कुछ दुःखभाव ऐसे होते हैं जो दवाई से
करने वाले हर मरीज में हो सकते हैं जैसे
समूहह यानि दवापेक्षित मरीज में शूलित
ज्यादा खोज से खून में शर्करा की कमी हो

सरकार एकत्र करती है जानकारी, आप भी दे सकते हैं

भारत सरकार फार्मकोविजिलेंस
कीक ड्राइव के तहत दवाइयों में होने
वाले दुष्प्रभाव की जानकारी एकत्र
करती है। इसके तहत मरीज भी
दवाइयों में होने वाले दुष्प्रभावों
की जानकारी एक फॉर्म में भर

पर द संकेत है। मध्यप्रदेश
में यह फॉर्म हिंदी भाषा में भी
उपलब्ध है। यदि मरीज या
उनके परिवारों को ऐसा लगता है कि

यही प्रत्यक्ष खुन में धक्का नहीं जमाने की जाने वाली विधिमें दाग के ज्यादा खुन आने लगता है। परन्तु दावाई से कुछ दुष्प्रभाव, दावाई सेवन करने वाले को भी नहीं होता है। कुछ दुष्प्रभाव दावाई में सम्मिश्रण तथा सेवन करने से होते हैं। कुछ इसी भी होती हैं, जिसका यदि गर्भवती को भी गर्भस्थ शिशु का नुकसान हो सके तो गर्भस्थ शिशु को नुकसान हो सकता है।

दवाइयों का दुपुष्पभावन हो रहा है तो यह इसकी जानकारी उद्योगों में आर.डी.एच.डी. में मौखिकता बालेन पर सीधे आकर दे सकते हैं मरीज सीधे भी फार्मास्यूटिकल्स में प्रोद्योग

असि हिंदी का यह
जानकारी टोल फ्री नंबर
1800 180 3024 पर
सकते हैं। इसका मतलब यह है



लत होने का
कुछ दवाइयाँ ऐसी
सेवन की म
व लत
चिकित्सा
के उ
सा

ये होने वाले दुष्प्रभावों का निरोधन करने का सुनिश्चित उपयोग सुनिश्चित करना है। विशेषज्ञता प्राप्त चिकित्सक होना आवश्यक है, अनुभव, दवाओं के उपयोग के तरीके की तरह है यदि इनका तर्कसंगत एवं निवेदनपूर्ण उपयोग किया जाए तो वे जीवन को बचा सकते हैं, दूध और ताकतपूर्ण को कम करती हैं और स्थिति को पुनर्वर्धन करती हैं। अन्यथा यह तपस्वी भी देख सकती है।

आयंका
 खोती हैं जिन्हें
 प्यार को आदत
 पड़ जाती है।
 जब की दुहायी
 त्याग में अर्पित
 अपनी बरतना
 चाहिए।

अप्य भी हैं विशिष्टता
 और अप्य आदमी तक
 अपनी जानबूझी पहचान
 चाहते हैं तो इस नंबर
 पर सामग्री भेज सकते हैं।

94250-93123
 98263-11828

Hindustan page No.05

नशा मुक्ति जागरुकता कार्यक्रम का आयोजन

अलीगढ़। जवाहरलाल नेहरू मेडिकल कॉलेज के फार्माकोलाजी विभाग ने भारत सरकार के भारतीय फार्माकोपिया आयोग के एडीआर मानिटरिंग सेंटर के सहयोग से अंतरराष्ट्रीय मादक द्रव्य दुरुपयोग एवं अवैध तस्करी विरोधी दिवस के उपलक्ष्य में एक जागरूकता कार्यक्रम आयोजित किया।

Stakeholder's/Consumer's Feedback on PvPI



Dr. Dilip C
Principal, Coordinator
AMC and Materiovigilance
Regional Training Centre
Al Shifa College of Pharmacy,
Malappuram, Kerala

Our AMC played a vital role in strengthening patient safety through active pharmacovigilance. By systematically collecting, analysing, and reporting adverse drug reactions, we contributed to safer medication practices in the community. We engaged healthcare professionals and patients through awareness programs, which promoted responsible reporting and early detection of drug-related risks. This initiative helped reduce preventable harm, improved therapeutic outcomes, and supported evidence-based healthcare decisions. Through collaboration with hospitals and regulatory bodies, our centre became a trusted hub for drug safety information. Ultimately, our efforts created a meaningful social impact by safeguarding public health.



Dr. Munavvir Fairoze
Mundath Dental Clinic,
Perinthalmanna Road,
Koppam, Kerala

The AMC at KIMS Al Shifa Perinthalmanna has been very helpful in creating awareness about adverse drug reactions and the importance of reporting them. Through their guidance, I gained better knowledge about medication safety, possible side effects, and when to seek medical advice. The coordinators were supportive, approachable, and explained everything clearly. This initiative has increased my confidence in using medicines safely and has positively contributed to patient care.

Forthcoming Events

S. No.	Date	Title	Who can participate?
1.	24 th July, 2026	Induction-cum-Training Programme on Pharmacovigilance at NCC-PvPI, IPC (Virtual)	• Coordinators • Deputy Coordinators • PV Associates at AMCs and NCC
2.	11 th August, 2026	Expert Session on Biostatistics in PV at NCC-PvPI, IPC (Virtual)	• Coordinators • Deputy Coordinators • PV Associates at AMCs and NCC
3.	17 th - 21 st August, 2026	38 th Skill Development Programme at NCC-PvPI, IPC (Virtual)	• Healthcare Professionals • Pharmacovigilance Professionals • Medical/Para-medical/Pharmacy Students • Pharmacists • Academicians
4.	17 th - 23 rd September, 2026	6 th National Pharmacovigilance Week - 2026	• Healthcare Professionals • Pharmacovigilance Professionals • Medical/Para-medical/Pharmacy Students • Pharmacists • Academicians
5.	21 st September, 2026	Release of 7 th Edition of National Formulary of India during 6 th National Pharmacovigilance Week Campaign at the Dr. Ambedkar International Centre, New Delhi	• Healthcare Professionals • Pharmacovigilance Professionals • Medical/Para-medical/Pharmacy Students • Pharmacists • Academicians
6.	7 th October, 2026	Induction-cum-Training Programme on Pharmacovigilance at NCC-PvPI, IPC (Virtual)	• Coordinators • Deputy Coordinators • PV Associates at AMCs and NCC
7.	27 th October, 2026	Lecture on Literature Surveillance in PV at NCC-PvPI, IPC (Virtual)	• Coordinators • Deputy Coordinators • PV Associates at AMCs and NCC

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।



Indian Pharmacopoeia Commission
National Coordination Centre,
Pharmacovigilance Programme of India
Ministry of Health & Family Welfare, Govt. of India
Sector-23, Raj Nagar, Ghaziabad-201002
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For any information/Suggestion/Query, please contact:
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Email: lab.ipc@gov.in, pvpi.ipc@gov.in
Website: www.ipc.gov.in

Let us join hands with PvPI to ensure patient safety