A Brief Introduction to The Pharmacovigilance (Pv)

Krushna Raghu Bharwad¹, Onkar Subhash Khatode², Nikam Mohan Sunil³, Dnyandev Sudarshan

Barhate⁴, Aditya Sudhakar Bhalerao⁵, Krushna Deepak Bodhai⁶, Rushikesh Prakash Nirgude⁷,

Aniruddh Subhash Thorat⁸

Department of Pharmacology Matoshree College of Pharmacy Nashik Maharashtra

1. INTRODUCTION

Abstract—Pharmacovigilance (PV) constitutes a critical domain for ensuring patient safety across all aspects of pharmaceutical administration, whether oral or injectable. India remains in the early developmental phases of this field; considerable progress and knowledge acquisition are still necessary within PV to guarantee the secure execution of related protocols and achieve effective implementation of safety measures. Information plays central function я in pharmacovigilance through its comprehensive processes of data acquisition, examination, and distribution to ensure maximal patient safety. Pharmacovigilance is fundamentally grounded in effective information systems that enable the gathering of adverse event notifications from healthcare practitioners, patients, and various stakeholders. The transformation of data repositories has emphasized incorporating electronic health records, wearable technology, and real-world evidence to strengthen both the intensity and scope of information accessible for scrutiny. Cutting-edge technologies, particularly artificial intelligence and machine learning, are revolutionizing pharmacovigilance by automating signal identification and predictive frameworks. These instruments are employed to navigate extensive datasets, recognizing potential safety issues and supporting regulatory determinations. This elucidates the necessity for pharmacovigilance within pharmaceutical corporations, detailing its procedural aspects, historical evolution across centuries, and contemporary standing nationally. India's pharmaceutical sector ranks third globally by volume, positioning the country as a significant hub for clinical research and pharmaceutical development. The implementation of national pharmacovigilance programs has considerably enhanced public consciousness regarding medication safety.

IndexTerms—Adversedrugreactions,Clinicaltrials,Drugsafety,Drugefficacy,Drugmonitoring,Pharmacovigilance, Phases

Pharmacovigilance:

PV has been characterized as the science and activities relating to the detection, assessment, understanding and prevention of the adverse effects of drugs or any other possible drug-related problems. [2] It constitutes an essential element of effective drug regulation systems, public health programmes and clinical practice". Pharmacovigilance underpins the safe and appropriate utilization of medications by

- facilitating the identification of previously unrecognized ADRs and interactions, as well as increases in the frequency of known ADRs,
- determining risk factors associated with the occurrence of ADRs
- calculating quantitative aspects of benefit/risk analysis and distributing information to enhance drug prescribing and regulation.[5]

Indisputably, pharmacovigilance constitutes an essential component throughout the pharmaceutical development continuum. This discipline encompasses continuous surveillance, evaluation, and comprehension of potential adverse reactions or medication-related complications. It serves to safeguard patient welfare through the systematic assessment of risk-benefit profiles associated with particular pharmaceutical agents. The integration of information technology has markedly enhanced pharmacovigilance capabilities, facilitating more effective monitoring protocols and strengthening clinical safety methodologies.

2. HISTORY OF PHARMACOVIGILANCE

2.1 Thalidomide Tragedy (1950 to 1960):

A Thalidomide, initially utilized as a sedative and antiemetic, resulted in profound birth defects among numerous infants. This disaster highlighted the imperative for systematic drug safety surveillance. The consequences prompted heightened recognition of pharmaceutical risks, particularly during gestation periods.[7]

2.2 Formations of WHO Programs (1968 to 1970): Following the thalidomide crisis, WHO established the International Drug Monitoring Program in 1968. This initiative created the groundwork for a worldwide pharmacovigilance network, encouraging collaborative efforts in gathering and evaluating ADRs data.

2.3 AERS and FDA (1970 to 1972):

The FDA developed the Adverse Event Reporting System (AERS) during the 1970s. AERS emerged as a crucial mechanism for compilation, administration, and examination of drug-related adverse events, allowing the FDA to supervise and control pharmaceutical safety within the United States.[10]

2.4 ICH Guidelines (1990 to 1993):

The international conference on harmonization (ICH) was instrumental in standardizing pharmacovigilance methodologies worldwide. The ICH directives, notably E2B, established a unified structure for safety data collection and interchange, encouraging international regulatory authority collaboration.

2.5 EU Pharmacovigilance system (2005 to 2006):

The European Union implemented an extensive pharmacovigilance framework, enhancing medicinal product monitoring and oversight. The European medicinal agency (EMA) was pivotal in orchestrating safety evaluations and risk management protocols.

2.6 Periodic safety update reports (PSURs):

PSURs evolved into a mandatory stipulation for marketing authorization holders. These documents entail systematic submission of safety information to regulatory bodies, ensuring ongoing assessment of a medication's safety profile throughout its market presence.

2.7 Digital Era and Signal Detection (21st century): Technological progress in the 21st century enabled the incorporation of substantial data sets and digital systems in pharmacovigilance. Computerized signal detection mechanisms, employing algorithms and data mining strategies, improved the capability to identify potential safety issues from extensive databases.[14]

2.8 Global collaboration (Present):

Contemporary pharmacovigilance accentuates worldwide cooperation. Programs such as WHO global individual case safety Reports (ICSRs) platform enable standardized reporting and information sharing across nations. This cooperative framework encompasses regulatory institutions, pharmaceutical enterprises, healthcare practitioners, and patients in supervising and guaranteeing medicinal product safety.[13]

3. ADVANTAGES OF PHARMACOVIGILANCE:

- 3.1 Monitoring Adverse Effects
- 3.2 Data Collection and Analysis:
- 3.3 Assessment Of Risk and Benefits
- 3.4 Regulatory Compliance
- 3.5 Communication and Information Dissemination
- 3.6 Post Marketing surveillance
- 3.7 Risk Management and Mitigation[16]

4. OBJECTIVE OF PHARMACOVIGILANCE:

4.1. Enhance patient welfare and safety regarding medicinal usage and all medical and Para medical procedures.

4.2. Investigate drug efficacy through monitoring adverse reactions from laboratory stages through pharmaceutical distribution and continuing for numerous years.

4.3. Pharmacovigilance monitors severe drug effects systematically.

4.4. Enhance public health protection and safety concerning medicinal utilization.

4.5. Support the evaluation of benefits, harms, effectiveness and risks associated with medicines, fostering their secure, rational and more efficient (including cost-efficient) utilization.

4.6. Advance comprehension, education and clinical instruction in pharmacovigilance and its effective

dissemination to the general population.

4.7. Leakage and fusion of encapsulated drug/molecules [24]

5. STAGES OF PHARMACOVIGILANC:

Pharmacovigilance serves an essential function in safeguarding the safety and effectiveness of medicinal products across their entire lifespan. It incorporates diverse activities, such as gathering, identifying, evaluating, monitoring, and averting adverse reactions linked to pharmaceutical compounds. This text explores the four principal stages of pharmacovigilance

1. Pre-clinical Phase:

The pre-clinical phase examines the safety profile and potential hazards associated with novel pharmaceutical compounds prior to human trials. This stage encompasses comprehensive laboratory investigations and animal experimentation to evaluate the compounds:

Pharmacokinetics: The mechanisms by which the organism processes the substance through absorption, distribution, metabolism, and excretion pathways.

Pharmacodynamics: The substance's interactions with biological targets and its resultant therapeutic mechanisms.

Toxicology: The substance's capacity to induce adverse reactions and toxic manifestations.

These pre-clinical investigations yield crucial insights that inform clinical trial protocols and facilitate early identification of safety considerations.[12]

2. Clinical Trials Phase:

Clinical trials involve testing the drug in human volunteers to assess its safety, efficacy, and optimal dosage. These trials are typically conducted in four phases:

• Initial stage: Preliminary investigations involving a restricted cohort of healthy participants to determine the pharmaceutical compound's safety parameters and tolerability levels.

- Secondary stage: Expanded investigations including individuals diagnosed with the target disorder to measure the pharmaceutical's effectiveness and continue safety evaluation.
- Tertiary stage: Definitive investigations encompassing numerous patients from varied demographics to substantiate the pharmaceutical's effectiveness and safety in comparison to established therapies or inert substances.
- Quaternary stage: Subsequent monitoring investigations implemented following regulatory endorsement to track the pharmaceutical's enduring safety profile and efficacy in practical clinical environments.
- Clinical trials yield essential information enabling regulatory bodies to formulate evidence-based determinations regarding pharmaceutical authorization.[8]

3. Post-marketing Phase:

The post-marketing phase, also known as Phase IV, involves ongoing monitoring and research after a drug has been approved for market use. It focuses on collecting additional information about the drug's safety, efficacy, and long-term effects in a wider, more diverse patient population than was seen in clinical trials. This phase is crucial for identifying rare or unexpected adverse events that might not have been detected during the initial phases of drug development.[9]

6. CLASSIFICATION OF PHARMACOVIGILANCE:

According to International Conference on Harmonization Efficacy Guidelines 2 (ICHE2E), pharmacovigilance techniques are categorized as:[17]

- Passive surveillance
- 1. Spontaneous reporting system (SRS)
- 2. Case series. Stimulated reporting
- Active surveillance
- 1. Sentinel sites
- 2. Drug event monitoring
- 3. Registries
- Comparatives observational studies

- 1. Cross sectional study
- 2. Case control study
- 3. Cohort study
- Targeted clinical investigations
- 1. Descriptive studies
- 2. Natural history of disease
- 3. Drug utilization study

Pharmacovigilance techniques may also be classified based on their function in hypothesis management:[19]

- Hypothesis generating techniques
- 1. Spontaneous ADR reporting
- 2. Prescription event monitoring
- Hypothesis testing techniques
- 1. Case control study
- 2. Cohort studies
- 3. Randomized controlled trials

7. REGULATORY BODIES FOR PHARMACOVIGILANC:

• REGULATORY AUTHORITY

Medication errors encompassing overdose, drug addiction, misuse, and medication exposure during pregnancy or lactation warrant attention even in the absence of adverse events, as they may precipitate unfavorable pharmacological responses. {1}

Data obtained from patients and healthcare providers through pharmacovigilance agreements, alongside other sources including scholarly literature, is essential for pharmacovigilance purposes. Most jurisdictions require the license holder—typically a pharmaceutical corporation—to submit adverse event information to the regional drug regulatory authority when marketing or examining a pharmaceutical agent.

The fundamental aims of pharmacovigilance are to ascertain risks associated with pharmaceutical products and minimize their potential occurrence. $\{1,8\}$

- Functions of Regulatory Authority
- 1. Product registration, encompassing drug evaluation, authorization, and monitoring of efficacy and safety.
- 2. Supervision of drug production, importation, and

distribution.

- 3. Regulation and oversight of drug information and advertising.
- 4. Surveillance of adverse drug reactions (ADR).
- 5. Management of licenses for possession, use, and practice.
- 6. The principal aim of drug regulation is to ensure medicines' efficacy, safety, and quality.
- Various Regulatory Authority
- 1. CENTRAL DRUGS STANDARD CONTROL ORGANISATION

The Central Drugs Standard Control Organization (CDSCO) in India operates under the supervision of the Directorate General of health services, ministry of health and family welfare, governing the manufacture, distribution, and sale of drugs and Cosmetics. It operates through various collaborative bodies including the Drug Technical Advisory Board, Drugs Consultative Committee, and Central Drug Laboratories.

CDSCO oversees new medicine approvals, clinical trial supervision, prescription guideline establishment, and monitors drug efficacy while maintaining uniformity in the implementation of the Drugs and Cosmetics Act. The organization works in conjunction with State Drug Control Organizations to ensure appropriate regulation at state level, including authorization of testing facilities, regulation of production and marketing, and supervision of manufacturing processes within states. [1,4,6]

This regulatory framework, established under the 1940 Drug and Cosmetics Act and its 1945 rules, involves coordination between Central and state agencies to safeguard pharmaceutical quality and safety in India. For those seeking assistance with CDSCO approval processes, eStartIndia provides complimentary expert consultation services.

Regarding CDSCO's functions, the organization serves a crucial role in regulating safety, efficacy, and quality of drugs, Cosmetics, medical devices and biological products in India. Its responsibilities encompass regulatory oversight of pharmaceuticals and related products; evaluation and approval of new drugs and formulations; enforcement of quality control measures; regulation of clinical trials; postmarketing surveillance; licensing and inspection of manufacturers, importers, and distributors; and development of policies and guidelines for the pharmaceutical industry.

• Functions Of CDSCO

The Central Drugs Standard Control Organization (CDSCO) in India serves a crucial function in the regulation of safety, efficacy, and quality standards for drugs, Cosmetics, medical devices and biological products. Its responsibilities encompass:

1. Regulatory Oversight: CDSCO administers the approval, licensing, and regulation processes for Pharmaceuticals, medical devices, and Cosmetics across India.

2. Drug Approval: The organization evaluates and authorizes new drugs and formulations, verifying their adherence to safety and efficacy requirements prior to market introduction.

3. QualityControl: CDSCO implements quality control protocols to sustain pharmaceutical standards, ensuring compliance with established regulations.

4. Clinical Trials: The body supervises and governs Clinical trials within India, safeguarding ethical practices and patient welfare.

5. Post Marketing surveillance: CDSCO conducts ongoing monitoring of drugs and medical devices in the marketplace, confirming their continued adherence to safety and quality standards following approval.

6. Licensing and Inspection: The organization confers licenses to drug manufacturers, importers, and distributors.

2. FOOD AND DRUG ADMINISTRATION (FDA) The United States Food and Drug Administration is a federal agency of the Department of Health and Human Services.

Headquarters: Silver Spring, Maryland, United States

Commissioner: Janet Woodcock

Jurisdiction: United States

Founded: 30 June 1906

Subsidiaries: Center for Drug Evaluation and Research, more

Founders: Theodore Roosevelt, Harvey Washington Wiley

The 1906 Pure Food and Medications Act, a law that took 25 years to pass and outlawed interstate commerce in contaminated and misbranded food and drugs, marked the beginning of FDA's contemporary regulatory activities, even though it did not take on its current name until 1930. The law's primary proponent and early enforcer was Harvey Washington Wiley, Chief Chemist of the USDA Bureau of Chemistry, who provided the fundamental {8}

A. Function of FDA

The Food and Drug Administration is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiat. {4}

B. Components Food Drugs Medical Devices Vaccines, Blood, and Biologics Animal and Veterinary Cosmetics Tobacco Products

3. EUROPEAN MEDICAL AGENCY (EMA)

The European Medicines Agency (EMA) is an organisation within the European Union (EU) in responsibility of monitoring and evaluating pharmaceuticals. The name of the organisation was the European Agency for the

Medicinal Product Evaluation or European Medicine Evaluation

Agency (EMEA) (EMEA)

Founded on January 1, 1995, or 27 years ago

Headquarters: Netherlands, Amsterda

Since its founding in 1995, the European Medicines Agency (EMA) has worked to safeguard human and animal health throughout the European Union (EU) and around the world by evaluating medications in accordance with strict scientific standards and by giving partners and stakeholders unbiased, factual information on medications. {14}

• Fuctions of European Medical Agency (EMA)

The European Medicines Agency (EMA) protects and promotes human and animal health by evaluating and monitoring medicines within the European Union (EU) and the European Economic Area (EEA).

For 25 years, EMA has been fostering research and innovation in the creation of medicines while assuring the efficacy and safety of human and veterinary medicines throughout Europe. {14}

4. THERAPEUTIC GOODS ADMINISTRATION (TGA)

The Therapeutic Goods Administration (TGA) is the Australian government's regulatory body for drugs and treatments. [4] The TGA oversees the quality, supply, and marketing of drugs, pathology equipment, medical devices, blood products, and the majority of other therapies as a division of the Department of Health. The Therapeutic Goods Act of 1989, the Therapeutic Goods Regulations of 1990, or a ministerial order all require the TGA to approve and register in the Australian Register of Therapeutic Goods any products that make a therapeutic effect claim, are used in the administration of medication, or fall under any other of those categories. {17} In Australia, the TGA and Office of Drug Control are responsible for overseeing the regulation of medicinal items (ODC). The Health Products Regulation is made up of the TGA and ODC together. {17,4}

5. MINISTRY OF HEALTH AND WELFARE

Japan's Ministry of Health, Labor, and Welfare (MHLW) is the regulatory authority responsible for establishing and enforcing safety standards for pharmaceuticals and medical equipment. The Pharmaceutical and Medical Device Agency (PMDA), a separate organisation that works with the MHLW, is in charge of examining applications for drugs and medical devices. In order to evaluate the safety of new products, create thorough rules, and keep track of postmarket safety, the PMDA collaborates with the MHLW. The Pharmaceuticals and Medical Devices

Act (PMD Act).

The Pharmaceuticals and Medical Devices Act (PMD Act) outlines the current Japan PMDA rules.

The Act on Securing Quality, Efficacy and Safety of Pharmaceuticals, Medical Devices, Regenerative and Cellular Therapy Products, Gene Therapy Products, and Cosmetics is commonly referred to as the Medical Devices Act (PMD Act).

6. ABBREVITED NEW DRUG APPLICATION Abbreviated New Drug Application

The Abbreviated New Drug Application (ANDA) constitutes a formal submission to the FDA for generic drug approval. This mechanism enables manufacturers to develop generic versions of previously FDAapproved medications after patent or exclusivity expiration. An ANDA must demonstrate bioequivalence to the reference branded product, confirming identical active ingredient, strength, dosage form, administration route, and performance characteristics. Unlike original applications, ANDAs do not require comprehensive clinical trials, though they must substantiate the medication's safety, efficacy, and quality through various analyses, including bioavailability studies.

• Functions of ANDA

The ANDA serves a fundamental role in pharmacovigilance by verifying generic drug safety and efficacy.

1. Regulatory submission: ANDA is presented to regulatory bodies (such as the FDA in the United States) seeking authorization to market a generic variant of a previously approved reference product. This necessitates comparative investigations to establish equivalent pharmacokinetic parameters.

2. Pharmacovigilance Data: The submission encompasses pharmacovigilance information addressing safety profiles and adverse reactions associated with the generic medication. This involves documenting adverse events observed during clinical evaluations or post-marketing surveillance.

3. Post-Marketing surveillance: Following approval, ongoing post-marketing surveillance monitors the

© June 2025 | IJIRT | Volume 12 Issue 1 | ISSN: 2349-6002

generic medication's safety and effectiveness. Pharmacovigilance protocols involve collection, analysis, and assessment of adverse drug reactions and related safety information.

4. Safety Reporting Obligations: ANDA holders must expeditiously report emerging safety information to regulatory authorities, including updates regarding known risks, new safety concerns, and modifications to the benefit-risk profile.

5. Risk Management plans (RMP): When appropriate, ANDAs may incorporate risk management strategies outlining approaches for identifying, characterizing, preventing, and minimizing risks associated with the generic medication. [1,7,15]

7. NEW DRUG APPLICATION (NDA)

The NDA process represents a critical and complex phase in the introduction of novel pharmaceutical products to the United States market. This procedure commences with thorough preclinical evaluations, including laboratory research and animal investigations, designed elucidate the to pharmaceutical's safety characteristics and potential therapeutic benefits. Upon favorable preclinical results, the sponsor submits an Investigation New Drugs (IND) application to the FDA, containing comprehensive preclinical data and proposed clinical trial methodologies.

Clinical trials, progressing through phases I-III, engage human participants to evaluate various drug parameters, including safety profiles, dosage optimization, and therapeutic efficacy. These investigations adhere to stringent ethical and regulatory frameworks to protect participant welfare and ensure data integrity.

The NDA constitutes an exhaustive dossier amalgamating all pertinent information gathered throughout drug development. This encompasses thorough analyses of preclinical and clinical findings, details regarding chemical composition and manufacturing processes, necessitating coordination among scientific, clinical, and regulatory professionals.

Following submission, the FDA conducts a meticulous review. This evaluation involves multiple FDA divisions, each examining specific NDA components such as pharmacological properties, statistical analyses, and production methods. The FDA may additionally consult an advisory panel of independent specialists for supplementary insights.

The ultimate FDA determination stems from a comprehensive assessment of the provided evidence. Upon NDA approval, the pharmaceutical may be commercialized in the United States, signifying the culmination of an extensive and frequently protracted development and regulatory pathway. Post-approval, the pharmaceutical entity continues to monitor the drug's safety and effectiveness through post-market surveillance, maintaining regulatory compliance and addressing any subsequent concerns.

This methodical and elaborate process is essential for protecting public health by confirming that new pharmaceuticals satisfy rigorous safety and efficacy standards prior to widespread distribution.

• Functions of New Drug Application

1. Data Compilation: - Assemble comprehensive information regarding a novel pharmaceutical agent, encompassing both preclinical and clinical investigations.

2. Regulatory Submission: - Official petition for marketing authorization, presented to appropriate regulatory bodies.

3. Through Review: - Regulatory authorities conduct a meticulous assessment of safety parameters, therapeutic efficacy, and manufacturing specifications.

4. Decision Making: - Governing bodies determine whether to grant or deny the New Drug Application (NDA).

5. Labeling Approval: - Encompasses proposed pharmaceutical labeling, offering usage instructions upon authorization.

6. Post-Marketing Surveillance: - Continuous evaluation of the pharmaceutical agent's safety profile

and efficacy following market approval.

7. GMP Adherence: - Authorization indicates compliance with good manufacturing practices to ensure consistent product quality standards.

8. Public Health Protection: - Guarantees that only pharmaceuticals demonstrating safety and efficacy enter the marketplace, thereby minimizing potential risks

9. Innovation Facilitation: - Establishes a procedural framework for novel pharmaceutical agents to address medical requirements and become accessible to patients.[18]

8. ADVERSE DRUG REACTION (ADR):

ADR can be interpreted as alternative dispute resolution, which refers to various out-of-court methods for resolving conflicts. These typically encompass mediation, neutral assessment, and arbitration processes. Adverse drug reactions ADR occurs when patients suffer negative effects from medications that were prescribed appropriately and taken according to instructions. It is important to distinguish between an adverse reaction to a drug and its side effects. ADR evaluation holds particular significance in pharmacovigilance contexts. [25]It constitutes an undesirable and unintended response occurring at dosages normally employed in humans for prophylaxis, diagnosis, therapy, or physiological function modification. In contrast to an adverse event, an adverse drug reaction is characterized by healthcare professionals' reported suspicion of a causal relationship between the pharmaceutical agent and the occurrence, suggesting the event may be treatmentrelated.

9. ADVERSE DRUG REACTION MONITORING:

ADR monitoring constitutes the systematic surveillance of negative effects resulting from medication usage. Pharmacovigilance is essential in tracking adverse drug reactions. Regulatory requirements mandate pharmaceutical entities to monitor their products for potential adverse effects in the marketplace and document such occurrences. ADRs may emerge from various sources including

pharmaceutical medications, herbal preparations, cosmetic products, medical devices, and biological agents. This monitoring system aims to ensure medication safety and efficacy for patients. Lasanga and Karth, 1997 The absence of documentation regarding unfavourable incidents may result in therapeutic products causing undesirable and hazardous consequences. [20] Hence, proper implementation of ADR monitoring protocols contributes to mitigating the negative impacts of medicinal substances. ADRs are common, frequently unrecognized, typically underreported. and Nevertheless, contemporary knowledge regarding management. ADR identification. evaluation. prevention, and transparent communication is fundamental for effective global pharmacovigilance practices.

10. ABBREVIATIONS

PV: Pharmacovigilance,WHO: World Health organisation,ICH:The international conference on harmonization,EMA:The European Medicines Agency,FDA:The Food and Drug Administration, ANDA:Abbreviated New Drug Application,NDA:New Drug Application

11. CONCLUSION

Pharmacovigilance (PV) continues to be an evolving component for healthcare professionals and society at large. The timely reporting and analysis of adverse drug reactions is crucial following their occurrence. It is important that not only healthcare providers understand the PV program, but patients should also be educated about it to enhance self-reporting capabilities, thereby alleviating pressure on medical practitioners. India's PV system is still developing, and increased reporting is required to align with global standards for documenting adverse events, particularly to ensure safe medication use in vulnerable populations such as children and pregnant women.

Pharmacovigilance plays an essential role in public health maintenance through its function of preventing, detecting, and assessing adverse reactions to human pharmaceutical medicines. It encompasses safetyoriented management of pharmaceutical products throughout their complete lifecycle. The significance of pharmacovigilance extends beyond post-market surveillance, representing a continuation and culmination of medication analysis that begins during clinical trials when a drug is first administered to humans.

As a critical mechanism for addressing risks associated with the expanding pharmaceutical repertoire, pharmacovigilance confronts the inherent unpredictability of potential harm linked to medications. Any adverse effects or toxicity, particularly novel manifestations. must be appropriately documented, analysed, and interpreted by qualified experts capable of evaluating such data. Harm reduction is achieved through the rational utilisation of therapeutic products that meet high standards of quality, safety, and efficacy. Therapeutic decision-making processes also incorporate patients' expectations and concerns regarding outcomes.

12. ACKNOWLEDGEMENTS

I would like to thank the management and Principal of Matoshree college of Pharmacy College for providing all the facilities required to carry out my work.

REFERENCE

- [1] Tripathi DK, Shiv S. Pharmacovigilance (Nirali Prakashan). and others, editor; 2017. p. 262.
- [2] Dr R. history And Development of pharmacovigilance. and others, editor; p. 1–10.
- [3] Nimesh S. Pharmacovigilance program of review article Acta scientific pharmaceutical sciences; 2022.
- [4] Sahu RK, Yadav R. Adverse drug reaction monitoring prospects and impending challenges for pharmacovigilance
- [5] Dhanya dharman, parimala krishnan, kg ravikumar, shaiju s dharan, shammy rajan : The era of pharmacovigilance and the need of pharmacovigilance in psychiatry: a review. Journal of drug delivery and therapeutics 2019; 9(1-s):449-452.
- [6] Kumar sumit, baldi ashish: Pharmacovigilance in india: perspectives and prospects. Journal of drug delivery & therapeutics 2013; 3(4):237.
- [7] Nagashree kotturi' and phani kumarkotturi: Role of pharmacovigilance in health care industry. Research & reviews: journal of pharmacology

and toxicological studie 2015; 3(1):201-208

- [8] Snehitha megaj: Current prospects of pharmacovigilance. Research and reviews: journal of pharmacy and pharmaceutical sciences 2016; 5(2):140
- [9] Pallavi, r.k. patil, ankita dutta h.c. patil: A review on pharmacovigilance: methods recent developments future perspectives and software. Journal of emerging technologies and innovative research 2019; 8(12):420-421
- [10] Bord ca, rachi cl: Adverse drug reactions in united states hospitals. Pharmacotherapy 2006; 26(5):601-608.
- [11] Macedo af, marques fb, ribeiro cf, texeira f: Causality assessment of adverse drug reactions: comparision of the results obtained from published decisional algorithms and from the evaluations of an expert panel. Pharmacoepidemiological drug sof 2005; 14:885-890.
- [12] Arimone y, begnad b. Miremont, salame g, fourrier-regalt a, moore n, molimard metal: Agreement of expert judgment in causality assessment of adverse drug reactions. Eur j clin pharmacology 2005; 61:169-173,
- [13] Moore n: The role of clinical pharmacologist in management of adrs. Drug safety 2001; 211(1):1-7.
- [14] J.p loannidis, j lau: Completeness of safety reporting in randomized trials: an evaluation of seven medical areas. Jama 2001; 285(4):437-443.
- [15] P.biswas, a.biswas: Setting standards for proactive pharmacovigilance in india: the way forward. Indian journal of pharmacology 2007; 39:124-128.
- [16] Moore n: The role of clinical pharmacologist in the management of adrs. Drug safety 2001; 24(1):1-7
- [17] WHO. Pharmacovigilance: Ensuring the Safe Use of Medicines. Geneva: WHO; 2004.
- [18] WHO. Policy Perspectives on Medicines. Geneva: WHO; 2004.Skalli S, Soulaymani Bencheikh R. Safety monitoring of herb-drug interactions: A component of pharmacovigilance. Drug Saf 2012;35(10):785-91.
- [19] Arnott J, Hesselgreaves H, Nunn AJ, Peak M, Pirmohamed M, Smyth RL,et al. What can we

learn from parents about enhancing participation in pharmacovigilance? Br J Clin Pharmacol 2013;75(4):1109-17.

- [20] Gerritsen R, Faddegon H, Dijkers F, van Grootheest K, van Puijenbroek E. Effectiveness of pharmacovigilance training of general practitioners: A retrospective cohort study in the Netherlands comparing two methods. Drug Saf 2011;34(9):755-62.
- [21] Kshirsagar N, Ferner R, Figueroa BA, Ghalib H, Lazdin J. Pharmacovigilance methods in public health programmes: The example of miltefosine and visceral leishmaniasis. Trans R Soc Trop Med Hyg 2011;105(2):61-7.
- [22] Lazarou J, Pomeranz BH, Corey PN. Incidence of adverse drug reactions in hospitalized patients: A meta-analysis of prospective studies. JAMA 1998;279(15):1200-5.
- [23] Danan G, Benichou C. Causality assessment of adverse reactions to drugs--I. A novel method based on the conclusions of international consensus meetings: Application to druginduced liver injuries. J Clin Epidemiol 1993;46(11):1323-30. Agbabiaka TB, Savovic J, Ernst E. Methods for causality assessment of adverse drug reactions: A systematic review. Drug Saf 2008;31(1):21-37.
- [24] Macedo AF, Marques FB, Ribeiro CF, Texeira F. Causality assessment of adverse drug reactions: Comparison of the results obtained from published decisional algorithms and from the evaluations of an expert panel. Pharmacoepidemiol Drug Saf 2005;14(12):885-90.
- [25] Dangoumau J, Evreux JC, Jouglard J. Mehtod for determination of undesirable effects of drugs. Therapie 1978;33(3):373-81.
- [26] Kramer MS, Leventhal JM, Hutchinson TA, Feinstein AR. An algorithm for the operational assessment of adverse drug reactions. I. Background, description, and instructions for use. JAMA 1979;242(7):623-32.