iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 **Issue:** IV **Month of publication:** April 2025

DOI: https://doi.org/10.22214/ijraset.2025.69294

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue IV Apr 2025- Available at www.ijraset.com

A Review: Pharmacovigilance and Studies of Clinical Research for Health Care

Mr. Narendra Kaluram Choudhari[1], Ms. Aishwarya Todkar[2], Mr. Nitin Gawai[3]
B Pharmacy Department, Mahadev Kanchan College of Pharmaceutical Education and Research, Uruli Kanchan, Pune, Maharashtra, India

Abstract: ***Pharmacovigilance (PV) plays a critical role in ensuring drug safety by monitoring, detecting, assessing, and preventing adverse drug reactions (ADRs) and other medication-related risks. This review explores the evolution of pharmacovigilance, from its historical foundations to modern advancements in artificial intelligence, big data analytics, and real-world evidence (RWE).***
Key topics include global regulatory frameworks (e.g., WHO, ICH, FDA, EMA), methodologies for signal detection, risk management plans (RMPs), and the growing importance of patient-reported outcomes. Challenges such as underreporting, data quality, and globalization of drug markets are discussed, alongside emerging trends like digital pharmacovigilance and vaccine safety surveillance. The article underscores the need for robust PV systems to enhance public health and foster trust in therapeutic interventions.
Keywords: ADR, Clinical trials, Phases of Clinical trials, DCGI, CDSCO, ANDA, NDA

I. INTRODUCTION TO PHARMACOVIGILANCE

Pharmacovigilance (PV) is the science and activities related to the detection, assessment, understanding, and prevention of adverse effects (AEs) or any other drug-related problems. It plays a crucial role in ensuring drug safety and protecting public health by monitoring the risks and benefits of medicines throughout their lifecycle—from clinical trials to post-marketing surveillance.[1-2]

II. KEY ASPECTS OF PHARMACOVIGILANCE

1) Identify previously unrecognized adverse drug reactions (ADRs).
2) Evaluate the risks and benefits of medicines to ensure their safe use.
3) Prevent harm by taking regulatory actions (e.g., label updates, restrictions, or drug withdrawals).
4) Communicate risks to healthcare professionals and patients.
5) Promote rational and safer use of medicines.[3-5]

III. IMPORTANCE OF PHARMACOVIGILANCE

1) Patient Safety: Protects patients from harmful side effects.
2) Public Health: Ensures that medicines remain safe when used in larger populations.
3) Regulatory Compliance: Helps pharmaceutical companies and regulators make informed decisions.
4) Continuous Monitoring: Some side effects appear only after long-term use (e.g., cardiovascular risks, carcinogenicity).[6-7]

IV. PHARMACOVIGILANCE PROCESS

1) Data Collection: Spontaneous reports, clinical trials, literature, and patient registries.
2) Signal Detection: Identifying potential safety concerns using statistical and medical analysis.
3) Risk Assessment: Evaluating causality and severity of ADRs.
4) Risk Management: Implementing measures like Risk Management Plans (RMPs).
5) Communication: Updating drug labels, issuing safety alerts, and educating stakeholders.[8-9]

V. HISTORY OF PHARMACOVIGILANCE

Pharmacovigilance (PV) began in the **1960s** after the **thalidomide disaster**, where thousands of babies were born with birth defects due to an unsafe drug. This tragedy led to stricter drug safety regulations.

©IJRASET: All Rights are Reserved

1) 1961: Dr. William McBride linked thalidomide to birth defects, prompting global action.
2) 1968: The WHO established the International Drug Monitoring Programme, with the Uppsala Monitoring Centre (UMC) later managing global ADR reports.
3) 1970s-1980s: Countries set up national PV systems (e.g., US FDA's MedWatch, UK's Yellow Card Scheme).
4) 1990s: The ICH (International Council for Harmonisation) developed guidelines (e.g., E2E, E2B) for global PV standards.
5) 2000s: The EU introduced EudraVigilance, and the FDA launched FAERS for real-time ADR monitoring.
6) 2010s-Present: Advances in AI, big data, and social media improved signal detection. Risk Management Plans (RMPs) became mandatory for new drugs.

Today, PV is a global, tech-driven system ensuring drug safety from clinical trials to post-market surveillance.[10-11]

VI. OBJECTIVES OF PHARMACOVIGILANCE

1) Detect Adverse Drug Reactions (ADRs) – Identify previously unknown or poorly understood side effects of medicines.
2) Assess Risks and Benefits – Evaluate whether a drug's benefits outweigh its risks in real-world use.
3) Prevent Harm – Take regulatory actions (e.g., label updates, restrictions, or withdrawals) to minimize risks.
4) Improve Patient Safety – Ensure medicines are used safely by monitoring their effects over time.
5) Enhance Public Health – Provide evidence-based recommendations for safer drug use.
6) Promote Rational Use of Medicines – Educate healthcare professionals and patients about drug risks.
7) Support Regulatory Decision-Making – Assist health authorities (FDA, EMA, WHO) in drug approvals and surveillance.[12-13]

VII. SCOPE OF PHARMACOVIGILANCE

Pharmacovigilance covers all aspects of drug safety, including:

1. Pre-Marketing Surveillance
   - Clinical trial safety monitoring (Phase I-IV).
   - Identifying common and rare adverse events.
2. Post-Marketing Surveillance (PMS)
   - Spontaneous reporting systems (e.g., FDA's FAERS, WHO's VigiBase).
   - Observational studies (cohort studies, case-control studies).
3. Risk Management
   - Developing Risk Management Plans (RMPs) for high-risk drugs.
   - Implementing Risk Minimization Measures (e.g., black box warnings, patient monitoring programs).
4. Signal Detection & Evaluation
   - Using data mining, AI, and statistical tools to detect safety signals.
   - Assessing causality (e.g., WHO-UMC scale, Naranjo algorithm).
5. Regulatory Compliance & Reporting
   - Ensuring compliance with global PV regulations (ICH-GCP, GVP).
   - Submitting Periodic Safety Update Reports (PSURs/PBRERs).
6. Special Populations
   - Monitoring drug safety in pregnant women, children, elderly, and patients with comorbidities.
7. Herbal & Traditional Medicines
   - Assessing safety risks of non-prescription and alternative therapies.
8. Vaccine Safety (Pharmacovigilance of Vaccines)
   - Monitoring adverse events following immunization (AEFIs).[12-13]

VIII. LIST OF ADR MONITORING CENTERS IN INDIA

There are over 250 ADR Monitoring Centers (AMCs) across India, including:

1) AIIMS (New Delhi & other branches)
2) Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh
3) JIPMER, Puducherry
4) Seth GS Medical College & KEM Hospital, Mumbai

©IJRASET: All Rights are Reserved

5) Nizam's Institute of Medical Sciences (NIMS), Hyderabad
6) Christian Medical College (CMC), Vellore
7) King George's Medical University (KGMU), Lucknow
8) Government Medical College (GMC), Srinagar
9) Institute of Medical Sciences (IMS), BHU, Varanasi
10) Apollo Hospitals, Chennai[14]

IX. TYPES OF PHARMACOVIGILANCE

A. *Based on Scope*

- Passive Pharmacovigilance (Spontaneous Reporting)
  - Relies on voluntary reporting of adverse drug reactions (ADRs) by healthcare professionals, patients, or pharmaceutical companies.
  - Examples: Yellow Card Scheme (UK), FAERS (FDA Adverse Event Reporting System, USA).
- Active Pharmacovigilance (Proactive Surveillance)
  - Involves systematic monitoring of drug safety through predefined methods.
  - Examples: Cohort event monitoring, registries, and electronic health record (EHR) analysis.

B. *Based on Phase of Drug Lifecycle*

- Pre-marketing Pharmacovigilance (Clinical Trials Phase I-IV)
  - Monitors drug safety during clinical development.
  - Identifies common and rare adverse events before approval.
- Post-marketing Pharmacovigilance (Phase IV – Post-Approval Surveillance)
  - Tracks drug safety in real-world use after approval.
  - Detects rare or long-term adverse effects not seen in trials.

C. *Based on Methodology*

- Spontaneous Reporting Systems (SRS)
  - Voluntary reporting of suspected ADRs.
- Cohort Studies & Registries
  - Tracks a group of patients taking a specific drug over time.
- Case-Control Studies
  - Compares patients with a specific adverse event to controls to identify drug associations.
- Electronic Health Records (EHR) & Big Data Analysis
  - Uses AI and data mining to detect safety signals from large databases.
- Risk Management Plans (RMPs) & Pharmacovigilance Plans
  - Proactive strategies to minimize risks, including additional monitoring (e.g., EU's Black Triangle Scheme).

D. *Based on Purpose*

- Signal Detection & Hypothesis Testing
  - Identifies potential new risks associated with a drug.
- Risk Assessment & Evaluation
  - Analyzes the severity, frequency, and causality of ADRs.
- Risk Minimization & Mitigation
  - Imposes restrictions, warnings, or educational programs to reduce risks.

E. *Specialized Pharmacovigilance Types*

- Vaccine Pharmacovigilance (Vaccine Safety Monitoring)
  - Focuses on adverse events following immunization (AEFIs).

- Herbal & Traditional Medicine Pharmacovigilance
  - Monitors safety of herbal and alternative medicines.
- Oncopharmacovigilance
  - Special focus on anticancer drugs and their unique toxicity profiles.
- Paediatric Pharmacovigilance
  - Ensures drug safety in children, who may react differently than adults.

F. Regulatory Pharmacovigilance

- Regulatory Authority-Led PV (e.g., FDA, EMA, WHO-UMC)
  - Ensures compliance with drug safety regulations.
- Industry-Led PV (Pharma Companies)
  - Drug manufacturers monitor and report ADRs as per legal requirements.[15-16]

X. CLINICAL RESEARCH AND PHASES OF CLINICAL TRIALS

Clinical research involves systematic studies to evaluate the safety and efficacy of new drugs, medical devices, or treatment strategies in humans. The process follows strict ethical and regulatory guidelines to ensure patient safety and data reliability.

A. Phases of Clinical Trials

1) Preclinical Phase (Before Human Trials)
- Laboratory (in vitro) and animal (in vivo) studies are conducted.
- Assesses drug safety, biological activity, and potential toxicity.
- Only promising candidates proceed to human trials.

2) Phase 0 (Exploratory)
- Small-scale trial (10-15 healthy volunteers).
- Uses sub-therapeutic doses to study pharmacokinetics.
- Helps decide whether to proceed to Phase I.

3) Phase I (Safety & Dosage)
- Conducted on 20-100 healthy volunteers (or patients, e.g., in cancer trials).
- Determines safe dosage range, side effects, and how the body processes the drug.
- Lasts several months.

4) Phase II (Efficacy & Side Effects)
- Larger group (100-300 patients with the target disease).
- Evaluates effectiveness and further assesses safety.
- May compare the new drug with existing treatments or a placebo.
- Lasts several months to 2 years.

5) Phase III (Large-Scale Testing)
- Involves 300-3,000+ patients across multiple centers.
- Confirms efficacy, monitors adverse reactions, and compares with standard treatments.
- Required for regulatory approval (e.g., FDA, DCGI)
- Duration: 1-4 years.

6) Phase IV (Post-Marketing Surveillance)
- Conducted after the drug is approved and marketed.
- Tracks long-term safety and rare side effects in a larger population.
- May lead to new warnings or withdrawal if risks are identified.[17]

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

XI. DCGI AND CDSCO: ROLES AND FUNCTIONS IN DRUG REGULATION IN INDIA

The Drugs Controller General of India (DCGI) and the Central Drugs Standard Control Organization (CDSCO) are the primary regulatory bodies responsible for ensuring the safety, efficacy, and quality of drugs, medical devices, and cosmetics in India.

A. Central Drugs Standard Control Organization (CDSCO)

Headquarters: New Delhi
Under: Ministry of Health & Family Welfare, Government of India
Key Functions:

- Regulatory Approvals: Grants approvals for new drugs, clinical trials, and import/export licenses.
- Standards & Quality Control: Enforces compliance with Drugs and Cosmetics Act, 1940.
- Licensing: Issues licenses for manufacturing, sale, and distribution of critical drugs (e.g., vaccines, blood products).
- Pharmacovigilance: Monitors adverse drug reactions (ADR) via the Pharmacovigilance Programme of India (PvPI).
- Medical Devices Regulation: Regulates medical devices under Medical Devices Rules, 2017.
- Ban on Harmful Drugs: Recommends bans on unsafe drugs (e.g., FDC bans, opioid restrictions)[18]

B. Drugs Controller General of India (DCGI)

Position: Head of CDSCO (Appointed by the Central Government)
Key Functions:

- New Drug Approval: Grants permissions for clinical trials (Phases I-IV) and market authorization.
- Biologics & Vaccines Regulation: Oversees approvals for vaccines, biosimilars, and blood products.
- Import/Export Control: Regulates the import of unapproved drugs for patient use.
- Ban on Unsafe Drugs: Recommends bans on drugs found hazardous (e.g., Nimesulide for children).
- Digital Initiatives: Implements Sugam Portal for online licensing and e-governance in drug regulation.
- International Collaboration: Works with WHO, US FDA, EMA for global drug harmonization.[18]

XII. ANDA (ABBREVIATED NEW DRUG APPLICATION)

An Abbreviated New Drug Application (ANDA) is a submission to the U.S. Food and Drug Administration (FDA) for approval of a generic drug in the U.S. market. Unlike a New Drug Application (NDA), an ANDA does not require extensive clinical trials since it relies on the safety and efficacy data of an already approved reference listed drug (RLD).

A. Key Components of an ANDA

- Bioequivalence (BE) Studies – The generic drug must demonstrate similar rate and extent of absorption as the branded drug.
- Chemistry, Manufacturing, and Controls (CMC) – Ensures the drug is produced under Good Manufacturing Practices (GMP).
- Labeling – Must match the RLD's labeling (with permissible differences).
- Patent Certification – The applicant must certify that the generic does not infringe on existing patents (via Paragraph I-IV certifications).

B. Types of ANDA Approvals

- Full Approval – Granted when no patents or exclusivity issues exist.
- Tentative Approval – Given if the drug meets FDA standards but cannot be marketed due to patent/exclusivity barriers.
- First-to-File (FTF) Status – The first generic applicant may get 180-day exclusivity, blocking competitors temporarily.
- ANDA vs. NDA
- NDA requires full clinical trials (Phases I-III), while ANDA relies on bioequivalence data.
- NDA is for new drugs, while ANDA is for generics.

C. Significance of ANDA

- Reduces drug costs by enabling generic competition.
- Faster approval than NDAs, improving drug accessibility.

In India, the **CDSCO** follows a similar process for generic approvals under the **Drugs and Cosmetics Act**.[19-20]

ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue IV Apr 2025- Available at www.ijraset.com

XIII. NDA (NEW DRUG APPLICATION)

An NDA (New Drug Application) is a comprehensive submission to regulatory authorities (such as the U.S. FDA or India's CDSCO) seeking approval to market a new drug for human use. Unlike an ANDA (for generics), an NDA requires extensive preclinical and clinical trial data to prove the drug's safety, efficacy, and quality.

A. Key Components of an NDA

1) Preclinical Data
- Laboratory (in vitro) and animal (in vivo) studies assessing toxicity, pharmacokinetics, and pharmacodynamics.

2) Clinical Trial Data (Phases I-III)
- Phase I: Safety & dosage in healthy volunteers.
- Phase II: Efficacy & side effects in patients.
- Phase III: Large-scale testing for safety & effectiveness.

3) Chemistry, Manufacturing, and Controls (CMC)
- Details on drug composition, manufacturing process, and quality control.

4) Proposed Labeling
- Includes indications, dosage, side effects, and contraindications.

5) Risk Evaluation & Mitigation Strategies (REMS)
- Plans to manage serious risks (if applicable).

Types of NDAs

Type	Purpose
Standard NDA	For most new drugs (full clinical data required).
505(b)(2) NDA	For modifications (e.g., new dosage forms) using existing data.
Priority Review NDA	Fast-tracked for drugs treating serious conditions.
Breakthrough Therapy NDA	Expedited for drugs showing significant improvement over existing therapies.

B. NDA Review Process (U.S. FDA)

- Submission – Sponsor files the NDA.
- Preliminary Review – FDA checks for completeness.
- In-Depth Evaluation – Teams assess clinical, CMC, and labeling data.
- Advisory Committee (Optional) – Experts recommend approval/denial.
- Decision – FDA grants approval, tentative approval, or rejection.
- Timeline: Typically 10-12 months (6 months for Priority Review).

C. NDA in India (CDSCO Process)

- Submitted to the DCGI (Drugs Controller General of India).
- Requires local clinical trial data unless waived.
- Approval pathway aligns with Schedule Y of Drugs & Cosmetics Rules.

NDA vs. ANDA

Feature	NDA	ANDA
Purpose	New drug approval	Generic drug approval
Data Required	Full clinical trials	Bioequivalence studies only
Cost & Time	High cost, 10+ years	Lower cost, faster approval
Exclusivity	Patent + 5-year exclusivity	180-day exclusivity (FTF)

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

D. Significance of NDAs

- Ensures only safe, effective drugs reach the market.
- Drives pharmaceutical innovation.
- Regulatory compliance prevents drug recalls or adverse effects.[19-20]

XIV. CONCLUSION

Pharmacovigilance (PV) plays a critical role in ensuring drug safety by monitoring, detecting, assessing, and preventing adverse drug reactions (ADRs) and other medication-related risks. Through robust systems like VigiFlow, EudraVigilance, and PvPI (India), PV bridges the gap between clinical trials and real-world drug use, uncovering rare or long-term side effects that may not be evident during pre-marketing studies.

The evolution of pharmacovigilance—from spontaneous reporting to AI-driven signal detection—has significantly enhanced drug safety surveillance. However, challenges such as underreporting, data heterogeneity, and globalization of drug supply chains persist. Strengthening digital tools, global collaboration, and patient engagement will be key to advancing PV systems.

XV. FUTURE DIRECTIONS

- AI/ML integration for predictive pharmacovigilance.
- Patient-centric reporting via mobile apps and social media.
- Harmonization of global PV standards for faster data sharing.

Pharmacovigilance remains the **cornerstone of drug safety**, and its continuous advancement is essential in an era of rapid pharmaceutical innovation.[21-22]

XVI. ACKNOWLEDGEMENT

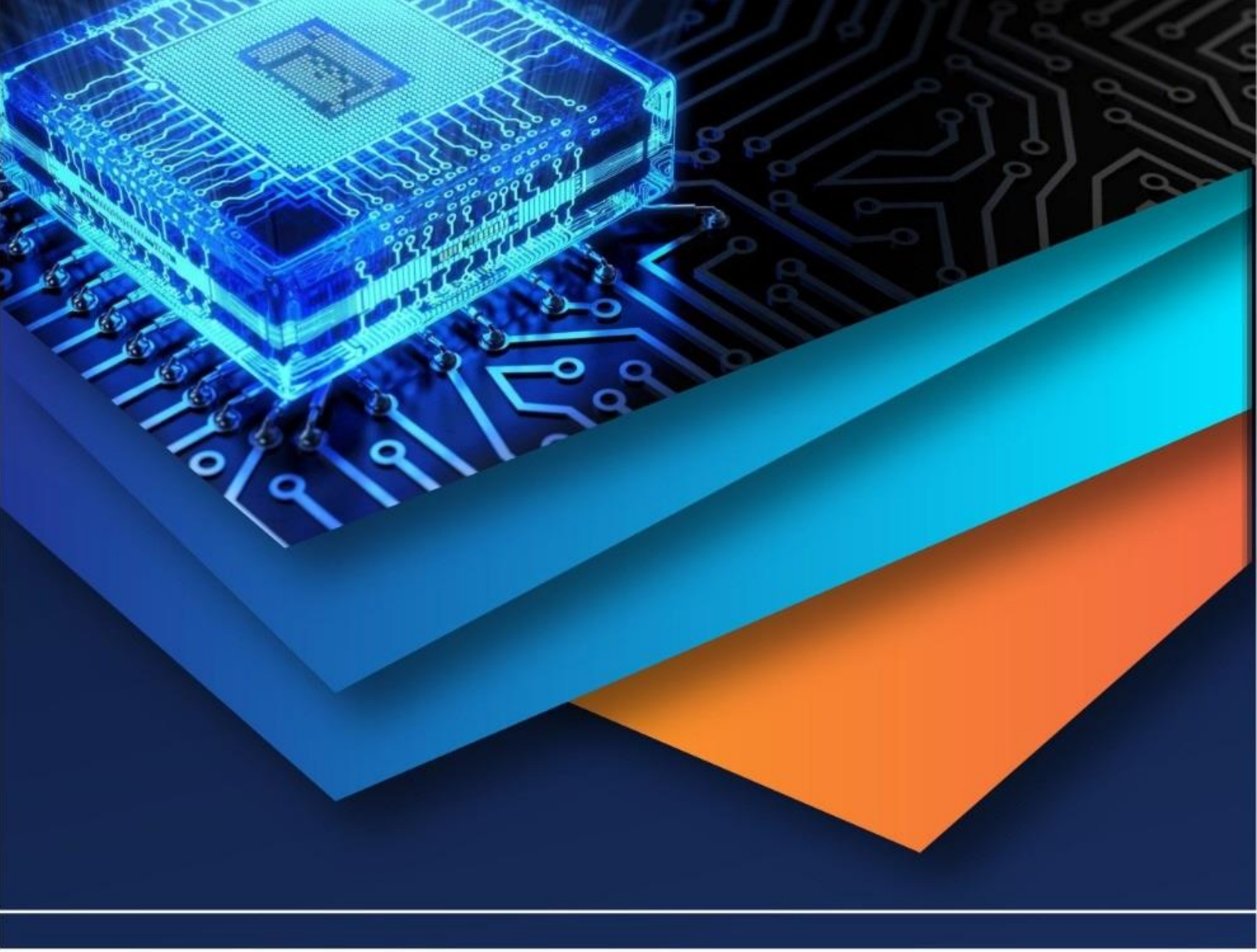
I would like to thank all the people who have made direct or indirect contributions to publish this article especially my mentor and my guide.I am very grateful and thank them for their suggestions and support throughout this work.I express my gratitude to them for providing all the necessary resources during the work.I would also like to thank my family for their support.Without their contributions,this work would not have been possible.

REFERENCES

[1] World Health Organization. Pharmacovigilance: ensuring the safe use of medicines. Geneva: WHO; 2014.
[2] European Medicines Agency. Guideline on good pharmacovigilance practices (GVP). EMA/813938/2011. London: EMA; 2012.
[3] Edwards IR, Aronson JK. Adverse drug reactions: definitions, diagnosis, and management. Lancet. 2000 Oct 7;356(9237):1255-9. DOI: 10.1016/S0140-6736(00)02799-9
[4] Stricker BH, Psaty BM. Detection, verification, and quantification of adverse drug reactions. BMJ. 2004 Jul 3;329(7456):44-7. DOI: 10.1136/bmj.329.7456.44
[5] U.S. Food and Drug Administration. FDA's Adverse Event Reporting System (FAERS). Silver Spring: FDA; 2023.
[6] Lazarou J, Pomeranz BH, Corey PN. Incidence of adverse drug reactions in hospitalized patients: a meta-analysis of prospective studies. JAMA. 1998 Apr 15;279(15):1200-5. DOI: 10.1001/jama.279.15.1200
[7] Pirmohamed M, James S, Meakin S, et al. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18,820 patients. BMJ. 2004 Jul 3;329(7456):15-9. DOI: 10.1136/bmj.329.7456.15
[8] Hauben M, Aronson JK. Defining 'signal' and its subtypes in pharmacovigilance based on a systematic review of previous definitions. Drug Saf. 2009;32(2):99-110. DOI: 10.2165/00002018-200932020-00003
[9] Council for International Organizations of Medical Sciences (CIOMS). Practical aspects of signal detection in pharmacovigilance. Geneva: CIOMS; 2010.
[10] McBride WG. Thalidomide and congenital abnormalities. Lancet. 1961 Dec 16;2(7216):1358.
[11] Uppsala Monitoring Centre. The WHO Programme for International Drug Monitoring.
[12] Meyboom RH, Egberts AC, Edwards IR, et al. Principles of signal detection in pharmacovigilance. Drug Saf. 1997 Jun;16(6):355-65. DOI: 10.2165/00002018-199716060-00002
[13] ICH Harmonised Guideline. Pharmacovigilance planning E2E. Geneva: ICH; 2004.
[14] Pharmacovigilance Programme of India (PvPI). Indian Pharmacopoeia Commission.
[15] Hazell L, Shakir SA. Under-reporting of adverse drug reactions: a systematic review. Drug Saf. 2006;29(5):385-96. DOI: 10.2165/00002018-200629050-00003
[16] Coloma PM, Trifirò G, Patadia V, et al. Postmarketing safety surveillance: where does signal detection using electronic healthcare records fit into the big picture? Drug Saf. 2013 Mar;36(3):183-97. DOI: 10.1007/s40264-013-0018-x
[17] Friedman LM, Furberg CD, DeMets DL. Fundamentals of clinical trials. 5th ed. New York: Springer; 2015.

[18] Central Drugs Standard Control Organization. CDSCO: Functions & responsibilities. New Delhi: CDSCO; 2023.
[19] U.S. FDA. Abbreviated New Drug Application (ANDA).
[20] U.S. FDA. New Drug Application (NDA)
[21] Bate A, Hobbiger SF. Artificial intelligence in pharmacovigilance: practical applications. Drug Saf. 2021;44(4):439-48. DOI: 10.1007/s40264-020-01032-0
[22] A, Ginn R, Nikfarjam A, et al. Utilizing social media data for pharmacovigilance: a review. J Biomed Inform. 2015 Apr;54:202-12. DOI: 10.1016/j.jbi.2015.02.004
[23] Rawlins MD. Clinical pharmacology: adverse reactions to drugs. BMJ. 1981 Jan 3;282(6257):974-6.
[24] Moore TJ, Cohen MR, Furberg CD. Serious adverse drug events reported to the FDA: 1998-2005. Arch Intern Med. 2007 Sep 10;167(16):1752-9.
[25] Lindquist M. VigiBase, the WHO Global ICSR Database System: basic facts. Drug Inf J. 2008;42(5):409-19.
[26] Avorn J. The $2.6 billion pill—methodologic and policy considerations. N Engl J Med. 2015 Jun 18;372(25):1877-9.
[27] Bates DW, Cullen DJ, Laird N, et al. Incidence of adverse drug events and potential adverse drug events. JAMA. 1995 Jul 5;274(1):29-34.
[28] Strom BL. Pharmacoepidemiology. 5th ed. Chichester: Wiley; 2012.
[29] Kessler DA. Introducing MEDWatch: a new approach to reporting medication and device adverse effects and product problems. JAMA. 1993 Jun 2;269(21):2765-8.
[30] Ratanawijitrasin S, Wondemagegnehu E. Effective drug regulation: a multicountry study. Geneva: WHO; 2002.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)