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| Name: |  |
| Enrolment No: | |

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| UPES | |
| End Semester Examination, May 2024 | |
| Course: Pharmacovigilance I | Semester: IV |
| Program: B.Sc. (Clinical Research) & Integrated (B.Sc.) - (M.Sc.) Clinical Research | Duration: 03 Hours |
| Course Code: HSCR2009 | Max. Marks: 75 |
| Instructions: All the sections are compulsory. | |

| S. No. | Section A Short answer questions/ MCQ/T&F (20Qx1.5M= 30 Marks) | Marks | COs |
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| Q 1 | Define ATC classification system of drug and disease. | 1.5 | CO1 |
| Q 2 | Give an example of a Type B ADR. | 1.5 | CO2 |
| Q 3 | Enlist any two key functions of CROs in management of ADRs. | 1.5 | CO1 |
| Q 4 | How does pharmacovigilance practice determine the severity of an ADR? | 1.5 | CO2 |
| Q 5 | Name the regulatory body for medical devices in India. | 1.5 | CO1 |
| Q 6 | Highlight the significance of the periodic safety update report in pharmacovigilance. | 1.5 | CO2 |
| Q 7 | Enlist the key objectives of pharmacovigilance. | 1.5 | CO1 |
| Q 8 | Drug & Cosmetics Rule, 1945: Rules 122D is applicable for the: a) Permission to Import of Drugs b) Approval to Manufacture of Drug c) Permission to import/manufacture Fixed Dose Concentration d) Permission to conduct Clinical Trials | 1.5 | CO2 |
| Q 9 | Which one of these is a genetically determined adverse drug reactions? a) Addication. b) Teratogenicity. c) Carcinogenicity. d) Idiosyncrasy. | 1.5 | CO2 |
| Q 10 | Name CIOMS was adopted in: a) 1949 b) 1952 c) 1958 | 1.5 | CO2 |

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| | d) 1979 | | |
| Q 11 | Write any two key objectives of WHO collaborating center in pharmacovigilance. | 1.5 | CO1 |
| Q 12 | Define predictability and preventability in pharmacovigilance. | 1.5 | CO1 |
| Q 13 | Define causality. | 1.5 | CO1 |
| Q 14 | Naranjo scale method of causality assessment is - a) Algorithmic method b) Probabilistic method c) Global introspection d) Algebraic Method | 1.5 | CO1 |
| Q 15 | What is MedDRA in pharmacovigilance? | 1.5 | CO1 |
| Q 16 | Define Pharmacogenomics. | 1.5 | CO1 |
| Q 17 | What are the primary objectives of pharmacovigilance law? | 1.5 | CO1 |
| Q 18 | Define Dechallenge. | 1.5 | CO1 |
| Q 19 | Define special population in context of Pharmacovigilance. | 1.5 | CO1 |
| Q 20 | What does the “quality of reports” indicator measure in a pharmacovigilance system? | 1.5 | CO2 |
| Section B (4Qx5M=20 Marks) | | | |
| Q 1 | Write a short note on CIOMS and its working groups. | 5 | CO2 |
| Q 2 | Enlist the WHO pharmacovigilance collaborating centers. Discuss role and responsibilities of any two centers. | (1+4) | CO3 |
| Q 3 | Write the differences between Indian and global pharmacovigilance requirements. | 5 | CO3 |
| Q 4 | Discuss the drug safety evaluation in Pediatrics and Geriatrics population. | 5 | CO4 |
| Section C (2Qx15M=30 Marks) | | | |
| Q 1 | The patient is a 72-year-old male with Type 2 diabetes, hyperlipidemia, and hypertension. He has no history of liver disease. | (3+3+3 +3+3) | CO4 |

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| | <p>Background:</p> <ul style="list-style-type: none"> • Started Drug X on Feb 11, 2016 • Other medications: simvastatin and lisinopril • Labs drawn on Feb 11 revealed liver enzymes, INR, creatinine, and bilirubin all within normal limits • No alcohol use • 8 weeks after starting Drug X, patient presented to ER with 5- day history of jaundice, dark urine, and nausea/vomiting • He was admitted to ICU and subsequently diagnosed with acute liver failure • Drug X stopped upon admission • Viral hepatitis was ruled out • 7 days after stopping the medication, all lab values returned to normal <p>Q (i) List two reasons why this patient may be at risk for an adverse event.</p> <p>Q (ii) Is a temporal relationship of acute liver failure with drug X reported in this case? Yes or No (Justify)</p> <p>Q (iii) Based on the information on recovery of acute liver failure reported in this case, the patient experienced:</p> <p>A. Positive rechallenge B. Negative dechallenge C. Positive dechallenge D. Negative rechallenge (Justify)</p> <p>Q (iv) Name two characteristics in this case that support a causal association of acute liver failure with Drug X. (Justify)</p> <p>Q (v) Based on this case, should regulatory action be taken to add acute liver failure to the label? If not, what additional information may be helpful? (Justify)</p> | | |
| <p>Q 2</p> | <p>Write a note on the following:</p> <p>a) Role of clinical pharmacist in Pharmacovigilance. b) Pharmacovigilance databases. c) Aspect of pharmacovigilance laws in pharmacovigilance regulation.</p> | <p>(5+5+5)</p> | <p>CO3</p> |
| <p>Section D (2Qx10M=20 Marks)</p> | | | |
| <p>Q 1</p> | <p>Discuss the responsibilities of sponsors, investigators, and ethical committees in compliance with Schedule Y.</p> | <p>10</p> | <p>CO3</p> |
| <p>Q 2</p> | <p>Discuss the structure of Pharmacovigilance Program of India (PVPI) and highlight its scopes and objectives. Explain the process of ADR reporting in India.</p> | <p>10</p> | <p>CO4</p> |