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Changes to Adverse Reaction reporting requirements

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Overview

- Expanded scope of the definition of 'Adverse Reaction' and introduction of new definitions
- Changes to reporting requirements
- Simplification of reporting requirements
- Follow up of ICSRs and monitoring of data quality
- Impact of Transitional Measures on reporting
- Implementing Measures and Good Vigilance Practice (GVP)
- Current status/expected timelines for implementation of changed requirements



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What's Changed?

Definition – Adverse Reaction

- Adverse reaction: *‘A response to a medicinal product which is noxious and unintended’*
- Expanded to capture effects resulting from medication errors, uses outside the terms of the marketing authorisation, misuse and abuse* and occupational exposure
- Concept of ‘suspected’ reinforced as sufficient reason for reporting. *‘Therefore, the term ‘suspected adverse reaction’ should be used when referring to reporting obligations’*



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Expanded Scope of the Definition

- *‘The pharmacovigilance system shall be used to collect information on the risks of medicinal products as regards patients’ or public health. That information shall in particular refer to adverse reactions in human beings, arising from use of the medicinal product within the terms of the marketing authorisation as well as from use outside the terms of the marketing authorisation, and to adverse reactions associated with occupational exposure’*

Article 101



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What's new?

Additional definitions

- New proposals, included in the Concept Paper on the Implementing Measures submitted for public consultation (Annex I)
 - Draft texts – intended to initiate debate
 - Subject to change
- Misuse refers to situations where the medicinal product is intentionally and inappropriately used not in accordance with the prescribed or authorised dose, route of administration and/or indication(s) or where a prescription only medicinal product was used without a prescription
- Abuse refers to the sporadic or persistent, intentional excessive use of a medicinal product, which is accompanied by harmful physical or psychological effects

What's new

More definitions

- Medication error, which refers to inappropriate use of a medicinal product while in the control of the healthcare professional, patient, or consumer
- Overdose, which refers to the administration of a quantity of a medicinal product given per administration or per day, which is above the maximal recommended dose according to the authorised product information. This shall also take into account cumulative effects due to overdose
- Occupational exposure, which refers to the exposure to a medicinal product for human use as a result of one's occupation



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Encouraging reporting by patients

Member States shall:

- *‘take all appropriate measures to encourage patients, doctors, pharmacists and other healthcare professionals to report suspected adverse reactions to the national competent authority; for these tasks, organisations representing consumers, patients and healthcare professionals may be involved as appropriate;*
- *facilitate patient reporting through the provision of alternative reporting formats in addition to web-based formats;’*

Article 102 (a) and (b)



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Formalisation of management of patient reports

Member States shall also:

- *‘... record all suspected adverse reactions that occur in its territory which are brought to its attention from healthcare professionals and patients.*
- *‘... involve patients and healthcare professionals, as appropriate, in the follow-up of any reports they receive in order to comply with Article 102 (c) and (e)’*

Article 107a



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Formalisation of management of patient reports

Marketing Authorisation Holder Requirements:

- *‘Marketing Authorisation Holders shall record all suspected adverse reactions in the Union or in third countries brought to their attention, whether reported spontaneously by patients or healthcare professionals, or occurring in the context of a post-authorisation study*
- *Marketing Authorisation Holders shall not refuse to consider reports of suspected adverse reactions received electronically or by any other appropriate means from patients and healthcare professionals’*

Article 107 (1) and (2)



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Requirement for Product Identification

Member States shall:

- *'ensure, through the methods for collecting information and where necessary through the follow-up of suspected adverse reaction reports, that all appropriate measures are taken to identify clearly any biological medicinal product prescribed, dispensed, or sold in their territory which is the subject of a suspected adverse reaction report, with due regard to the name of the medicinal product, in accordance with Article 1(20), and the batch number*

Article 102 (e)



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Medication Error

- Introduction of legal provision supporting reporting of adverse reactions occurring in association with medication errors
 - Previously addressed in guidance (Volume 9A)
 - New provision requires reporting of adverse reactions occurring in association with medication errors by national bodies responsible for patient safety to National Competent Authorities
 - Submission of such reports to EV and made available to any authorities, bodies, organisations and/or institutions, responsible for patient safety within that Member State
 - Reports of medication error not associated with harm should be collated by the Marketing Authorisation Holders and considered in the context of cumulative data review/impact on risk management/minimisation



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Additional Monitoring Requirements

- All medicinal products with a new active substance and biological medicinal products, including biosimilars,
- Medicinal products subject to the obligation to conduct a post-authorisation safety study or to conditions or restrictions with regard to the safe and effective use of the medicinal product.
- Medicinal products subject to additional monitoring should be identified as such by a black symbol and an appropriate standardised explanatory sentence in the summary of product characteristics and in the package leaflet.
- A publicly available list of medicinal products subject to additional monitoring should be kept up to date by the European Medicines Agency
- Products to be removed from the list after 5 years (normally at the renewal), or once conditions have been met



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Confidentiality Issues

- *‘Member States should ensure that reporting and processing of personal data related to suspected adverse reactions, including those associated with medication errors is carried out on a confidential basis*
- *This should not affect Member States’ obligations regarding the mutual exchange of information on pharmacovigilance issues or their obligation to make available to the public important information on pharmacovigilance concerns.’*



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Reinforcement of Data Protection Requirements

- Cross reference to the Privacy Directive 95/46/EC wrt the processing of personal data and on the free movement of such data

'In order to detect, assess, understand and prevent adverse reactions, and to identify and take actions to reduce the risks of, and increase the benefits from, medicinal products for the purpose of safeguarding public health, it should be possible to process personal data within the Eudravigilance system while respecting Union legislation relating to data protection. The purpose of safeguarding public health constitutes a substantial public interest and consequently the processing of personal data can be justified if identifiable health data are processed only when necessary and only when the parties involved assess this necessity at every stage of the pharmacovigilance process'



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Strengthened provision for harmonisation of reporting requirements

- *‘Unless there are justifiable grounds resulting from pharmacovigilance activities, individual Member States shall not impose any additional obligations on marketing authorisation holders for the reporting of suspected adverse reactions’*

Article 107a (6)



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What's changed?

Simplification of Reporting Requirements

- In order to simplify the reporting of suspected adverse reactions, Marketing Authorisation Holders and Member States should only report adverse reactions to Eudravigilance
- *The Eudravigilance database should be equipped to immediately forward reports on suspected adverse reactions received from marketing authorisation holders to the Member States on whose territory the reaction occurred*



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Changes to literature reporting requirements

- Reduced duplication - EMA to undertake lead in literature monitoring for certain active substances
 - Agency will identify the literature and substances
 - Agency will enter relevant information from the literature in EV
- *'For medicinal products containing the active substances referred to in the list of publications monitored by the Agency pursuant to Article 27 of Regulation (EC) No 726/2004, marketing authorisation holders shall not be required to report to the Eudravigilance database the suspected adverse reactions recorded in the listed medical literature, but they shall monitor all other medical literature and report any suspected adverse reactions.'*

Article 107 (3)



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Single point of reporting for MAHs/MS

- Marketing Authorisation Holders and Member States shall submit electronically to the Eudravigilance database information on all serious suspected adverse reactions that occur in the Union and in third countries within 15 days
- Marketing Authorisation Holders and Member States shall submit electronically to the Eudravigilance database information on all non-serious suspected adverse reactions, within 90 days
- Marketing Authorisation Holders and Member States shall access reports through the Eudravigilance database
- EudraVigilance Access Policy in development



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Follow up of ICSRs

- *‘Marketing authorisation holders shall establish procedures in order to obtain accurate and verifiable data for the scientific evaluation of suspected adverse reaction reports. They shall also collect follow-up information on these reports and submit the updates to the Eudravigilance database.’*
- *‘For reports submitted by a marketing authorisation holder, Member States on whose territory the suspected adverse reaction occurred may involve the marketing authorisation holder in the follow-up of the reports.’*

Article 107 (4) and 107a (2)



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Interaction on duplicate detection

- Marketing Authorisation Holders and Member States shall collaborate with each other and the Agency in the detection of duplicates of suspected adverse reaction reports

Article 107 (5) and 107a (3)



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Transitional Measures

- Expected timeline for single point of reporting – 2015, i.e. following completion of assessment of the functionalities of the EudraVigilance database and announcement of these by the Agency
- Interim arrangements
 - at present, business as usual
 - discussions ongoing at EU level
 - IMB intention to access all non-Irish cases, serious and non-serious via EudraVigilance



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Implementing Measures

- Consultation on electronic submission of suspected adverse reaction reports (Annex 1)
- Included the proposed new definitions
- Format and content
 - quality and completeness of the information
 - provision of follow-up information
 - product/batch identification
 - narratives/text descriptions
 - translations, as appropriate

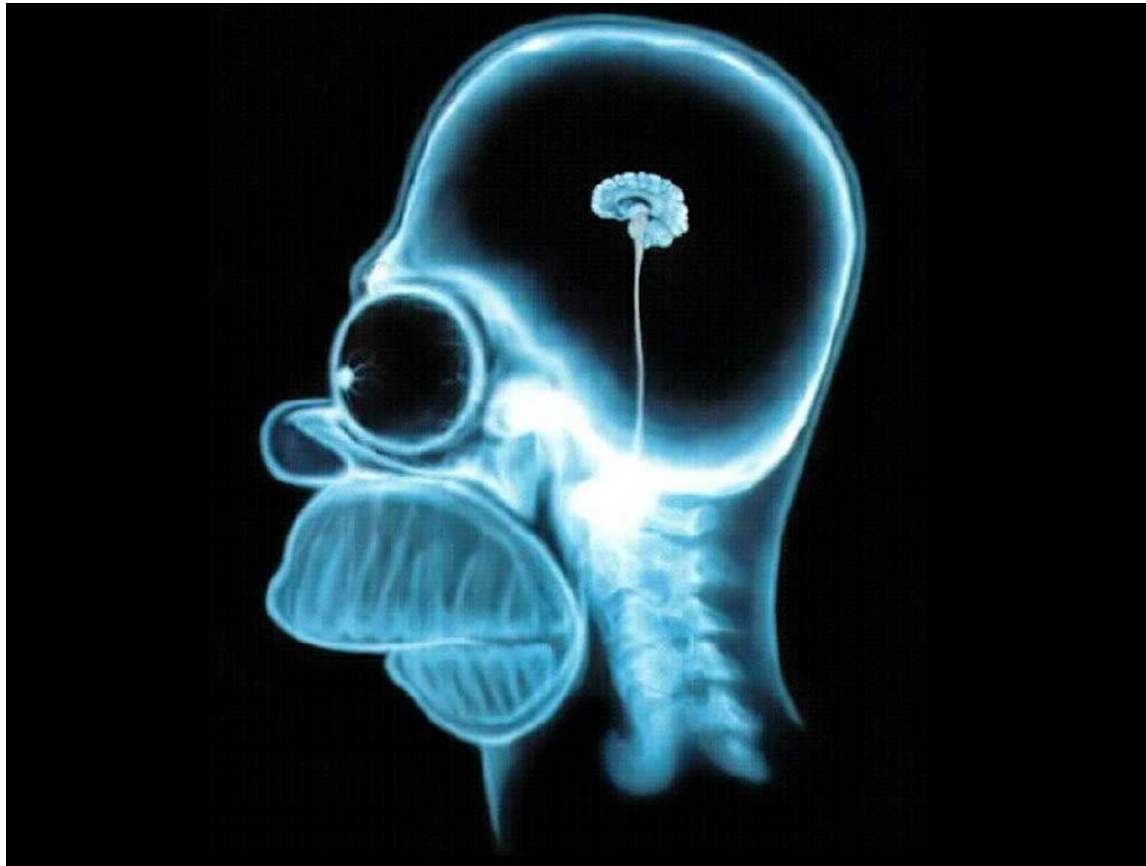


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Conclusion

- Significant changes in reporting arrangements and requirements for all parties
- Ongoing interaction at national and EU level to facilitate timely implementation of requirements
- Transitional measures provide for a step-wise approach and development of enhanced functionality of the EudraVigilance database
- Development of guidance on GVP for Competent Authorities and Marketing Authorisation Holders underway with consultation expected early in 2012

Questions/comments?



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