



GVP Module XV

Safety communication

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- This Module provides guidance to marketing authorisation holders, competent authorities in Member States and the European Medicines Agency on how to communicate and coordinate emerging safety information in the EU
- It mainly focuses on:
 - Principles of safety communication
 - Means of safety communication (with particular consideration to DHPC, including process for preparation)
 - Coordination of safety announcements within EU

GVP Module XV

- Module released for consultation in July 2012
- Comments received from:
 - Patients' organisations
 - Regulatory authorities
 - Learned societies
 - Industry and industry associations
- Overall positive and constructive feedback

Feedback received

- Patients' organisations:
 - European Organisation for Rare Diseases (EURORDIS)
- Regulatory authorities:
 - Medicines Evaluation Board (CBG- MEB)
 - Danish Health and Medicines Authority (DKMA)
 - Estonian State Agency of Medicines (Ravimiamet)
 - Medicines and Healthcare Products Regulatory Agency (MHRA)
- Healthcare professionals and learned societies:
 - Standing Committee of European Doctors (CPME)
 - European Industrial Pharmacists Group (EIPG)
 - Royal Pharmaceutical Society

Feedback received (2)

- Industry and industry associations:
 - European Federation of Pharmaceutical Industries and Associations (EFPIA)
 - Association of the European Self-Medication Industry (AESGP)
 - European Generic Medicines Association (EGA)
 - European Association of Biotechnology Industries (EuropaBio)
 - German Pharmaceutical Industry Association (BPI)
 - Association of the Austrian pharmaceutical industry (PHARMIG)
 - Gilead Sciences International Limited
 - Novartis
 - Pfizer
 - Zentiva

Introduction

- Scope has been further clarified:
 - Safety communication – broad term
 - Module focuses on 'emerging safety information'
- Reference to Module XI (public participation) and Module XII (continuous pharmacovigilance)
- Recommendation for two-way interaction in designing safety communication

Principles of safety communication

- Reinforce the need to address uncertainties - balance the usefulness of early communication if uncertainties are not properly addressed
- Need to complement with relevant follow-up communication (e.g. resolution/ updated recommendations)
- Safety communication to address both prescribers and CT investigators on any safety concern at the same time.

Means of safety communication

- 'Tools' and 'channels' used indistinctly
- Specific consideration and guidance (for preparation) is given for DHPC:
 - Due to central importance of DHPCs in targeting healthcare professionals
 - Because of the level of coordination required between marketing authorisation holders and competent authorities in their preparation
- Introduce specific reference/description of 'EU Medicines web portal' as key tool to communicate safety in EU

Coordination of safety announcements

- No major comments/changes to be incorporated
- Largely discussed with MSs prior to consultation
- Extend criteria for coordination so that it is fully in line with legal scope of article 107 (to cover restricted indication, restricted populations and new contraindications)
- Role of industry and stakeholders recognised as part of the process.
- Any safety announcement should be provided to the concerned MAH prior to its publication

Processing of DHPCs

- Simplification
- More precise guidance on roles and responsibilities
- Flowchart illustrating the process to be added
 - For CAPs and referrals, DHPC submitted to the Agency
 - For MR or decentralised procedure, DHPC submitted to Reference MS(which will coordinate with Concerned MSs)
 - For purely NAPs, DHPC submitted to MSs where the product is authorised

Processing of DHPCs

- The PRAC should always be consulted on draft DHPCs related to a safety concern being discussed at the PRAC and the DHPC should form part of the PRAC assessment
- Final DHPC to be circulated within EU regulatory Network as part of 'coordination of safety announcements'

- Next steps:
 - Implementation of additional specific comments, finalisation and publication by end of 2012

- Acknowledgements:
 - To stakeholders for the useful, constructive comments received
 - To contributing authors:
 - Ingebjørg Buajordet
 - Priya Bahri
 - Federica Castellani
 - Nacho Mbaeliachi