EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Management of safety data from Patient Support Programmes (PSPs) and Market research Programmes MRPs: Overview of legal requirements applicable to MAHs

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Gilles Touraille (Pharm. D., PhD.)
Pharmacovigilance and Risk Management

An agency of the European Union

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Topics

Overview of current legal requirements and guidance concerning management of suspected adverse reactions from PSPs or MRPs by Marketing Authorisation Holders (MAHs).

- Directive 2001/83/EC [DIR]
- Implementing Regulation (EU) No 520/2012 [IR]
- Good Vigilance Practices Module VI [GVP VI]

Provide clear basis of requirements for all subsequent discussions of workshop.

Directive 2001/83/EU

Title IX Pharmacovigilance

Chapter 1: General provision

Article 104 (1)

The marketing authorisation holder shall operate a *pharmacovigilance system for the fulfilment of his pharmacovigilance tasks* equivalent to the relevant Member State's pharmacovigilance system provided for under Article 101(1).

Directive 2001/83/EU

Article 101 (1)

(…)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*.

Directive 2001/83/EU

Chapter 3: Recording, reporting and assessment of pharmacovigilance data

Section 1: Recording and reporting of suspected adverse reactions

Article 107 (1)

Marketing authorisation holders *shall record all suspected adverse reactions in the Union or in third countries* which are brought to their attention, whether *reported spontaneously* by patients or healthcare professionals, or occurring in the context of a *post-authorisation study*. (…)

Directive 2001/83/EU

Article 107 (3)

Marketing authorisation holders shall submit electronically to the database and data-processing network referred to in Article 24 of Regulation (EC) No 726/2004 (hereinafter referred to as the "Eudravigilance database") *information on all serious suspected adverse reactions that occur in the Union and in third countries within 15 days* following the day on which the marketing authorisation holder concerned gained knowledge of the event.

Directive 2001/83/EU

Article 107 (3)

Marketing authorisation holders shall submit electronically to the Eudravigilance database *information on all non-serious suspected adverse reactions that occur in the Union, within 90 days* following the day on which the marketing authorisation holder concerned gained knowledge of the event. (…)

Directive 2001/83/EU

Article 107 (4)

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.

Directive 2010/84/EU

Transitional provisions

Article 2 (4)

Until the Agency can ensure the functionalities of the Eudravigilance database (…), *marketing authorisation holders shall report, within 15 days* (…), *all serious suspected adverse reactions that occur in the Union, to the competent authority of the Member State* on whose territory the incident occurred and shall report *all serious suspected adverse reactions that occur on the territory of a third country to the Agency* and, *if requested, to the competent authorities* of the Member States in which the medicinal product is authorised. (…)

Directive 2010/84/EU

Article 2 (5)

Until the Agency can ensure the functionalities of the Eudravigilance database (…), the *competent authority of a Member State may require marketing authorisation holders to report to it all non- serious suspected adverse reactions that occur on the territory of that Member State, within 90 days* of the day on which the marketing authorisation holder concerned gained knowledge of the event.

Implementing Regulation (EU) No 520/2012

Chapter V: Transmission of reports of suspected adverse reactions

Individual case safety reports

Article 27

Individual case safety reports shall be used for reporting to the Eudravigilance database suspected adverse reactions to a medicinal product that occur in a single patient at a specific point in time.

Implementing Regulation (EU) No 520/2012

Content of the individual case safety report

Article 28 (1)

Member States and marketing authorisation holders shall ensure that *individual case safety reports are as complete as possible* and shall communicate the updates of those reports to the Eudravigilance database in an accurate and reliable manner.

In the case of expedited reporting, the *individual case safety report shall include at least an identifiable reporter, an identifiable patient, one suspected adverse reaction and the medicinal product(s) concerned*.

Implementing Regulation (EU) No 520/2012

Article 28 (2)

Member States and *marketing authorisation holders shall record the details necessary for obtaining follow-up information* on individual case safety reports. *The follow-up of reports shall be adequately documented*.

Article 28 (3)

When reporting suspected adverse reactions, Member States and marketing authorisation holders *shall provide all available information on each individual case* (…).

- Article 28 (3) a – n: Detailed list of information required in ICSR.

GVP Module VI

VI.C.2.2.11. Reports from PSPs and MRPs

A patient support programme is an organised system where a marketing authorisation holder receives and collects information relating to the use of its medicinal products. Examples are post-authorisation patient support and disease management programmes, surveys of patients and healthcare providers, information gathering on patient compliance, or compensation/ re-imbursement schemes.

GVP Module VI

VI.C.2.2.11. Reports from PSPs and MRPs (Contd.)

A market research programme refers to the systematic collection, recording and analysis by a marketing authorisation holder of *data and findings about its medicinal products, relevant for marketing and business development*.

GVP Module VI

VI.C.2.2.11. Reports from PSPs and MRPs (Contd.)

Safety reports originating from those programmes *should be considered as solicited reports*.

Marketing authorisation holders should have the same mechanisms in place as for all other solicited reports (See VI.C.2.2.2) to manage that information and *report valid cases of adverse reactions*, which are *suspected to be related to the concerned medicinal product*.

Valid ICSRs should be reported as solicited in accordance with the electronic reporting requirements provided in VI.C.6.2.3.7.

GVP Module VI

VI.C.2.2.2. Solicited reports

(…) For post authorisation studies, marketing authorisation holders *should have mechanisms in place to collect full and comprehensive case information and to evaluate that information, in order to allow meaningful assessment of individual cases and reporting of valid ICSRs* (See VI.B.2) *related to the studied (or supplied) medicinal product*.

GVP Module VI

VI.C.2.2.2. Solicited reports (Contd.)

Marketing authorisation holders should therefore *exercise due diligence in establishing such system, in following-up those reports* (See VI.B.3) *and in seeking the view of the primary source as regard the causal role* of the studied (or supplied) *medicinal product on the notified adverse event*.

GVP Module VI

VI.C.2.2.2. Solicited reports (Contd.)

Where this opinion is missing, the marketing authorisation holder should exercise its own judgement based on the information available in order *to decide whether the report is a valid ICSR*, which should be reported to the competent authorities. (…)

In Summary

- [DIR] requires marketing authorisation holders to record all suspected adverse reactions in the Union or in third country, reported spontaneously or occurring in post-authorisation study.
- [IR] defines legal requirements concerning content and follow-up of individual case safety reports.
- [GVP VI] provides guidance on management of safety reports from PSPs and MRPs. Should be considered as solicited reports and managed as such. Causality assessment need to be done to report only cases of suspected adverse reactions.

Thank you

gilles.touraille@ema.europa.eu