







PHARMACOVIGILANCE IN SERBIA

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Objectives

Beginnings of PhV in Serbia
Established system and achieved results
Regulatory PhV requirements
Changes by new legislation
Goals and constraints





Former Yugoslavia



1972 – Centre for ADRs monitoring in Zagreb, Republic of Croatia



Republic of Serbia

1994 – Clinical Centre of Serbia

2000 – Member of WHO Programme for International Drug Monitoring

2005 – Medicines and Medical Devices Agency of Serbia (ALIMS)







Legal basis Serbian PhV System



Law on Medicines and Medical Devices (2010)

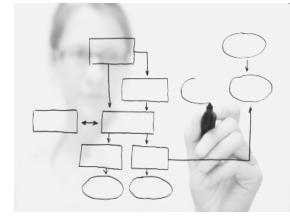
Bylaw defining the manner for reporting, collecting data and monitoring adverse reactions of medicinal products (2006 – under revision)

VOLUME 9A (EU)

Established pharmacovigilance system for the collection and evaluation of information relevant to the risk-benefit balance of medicinal products.



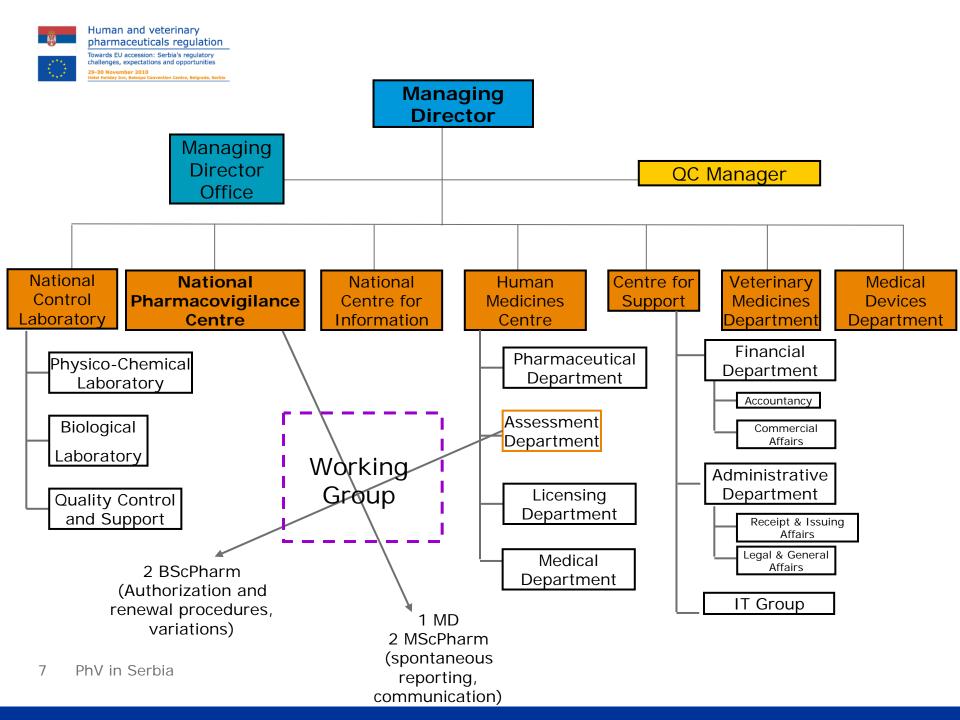
Serbian PhV System Roles and Responsibilities



Regulatory authority (ALIMS, Ministry of Health - MoH)

Marketing Authorization Holder – MAH

Health Care Professionals - HCP





National Pharmacovigilance Centre - NPC

ADRs reporting (database and signal detection, communication, regulatory measures)

Regulatory procedures (authorizations, renewals, variations)



alims

Centralized System of Pharmacovigilance

ALIMS











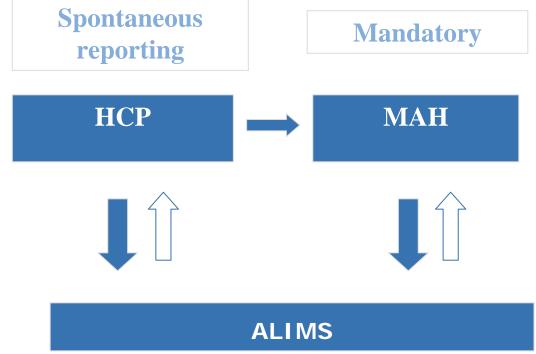






ADRs reporting





Прилог 1

ПРИЈАВА НЕЖЕЉЕНИХ РЕКЦИЈА НА ЛЕК

Извештач:_	25							нска средства Србије армаковигилансу		
Контакт-те	лефон:					1011461	ин центир за ф			
Специјално	oct:				Адреса:			Телефони:		
Потпис: Датум:				Војводе Сто 11152 Беогј		8, епублика Србија				
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14. ЛЕК ЗА КОЈИ СЕ СУМЊА ДА ЈЕ УЗРОКОВАО НЕЖЕЉЕНЕ РЕАКЦИЈЕ (заштићени назив, ИНН, облик и јачина):					20. ДА ЛИ СУ РЕАКЦИЈЕ ПРЕСТАЛЕ НАКОН ОБУСТАВЕ ЛЕКА					
15. ДНЕВНА ДОЗА И РЕЖИМ ДОЗИРАЊА:				16. НАЧИН ПРИМЕНЕ ЛЕКА:			ДА НЕ Пиелознат			
17. ИНДИКАЦИИЕ:						21. ДА ЛИ СУ СЕ РЕАКЦИЈЕ ПОЈАВИЛЕ ПОСЛЕ ПОНОВНОГ ДАВАЊА ЛЕКА				
18. ПОЧЕТАК И КРАЈ ПРИМЕНЕ ЛЕКА (од/до):					19. УКУПНО В	РЕМЕ П	ДА НЕ Пнепознат			
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							д/до (лекови коришћени эм менструације, итд.):	за контролу реакције се не наводе):		
				IV. OC	СТАЛИ ПОД	АПИ				
24а. НАЗИВ И АДРЕСА ПРОИЗВОЂАЧА ЛЕКА / НОСИОЦА ДОЗВОЛЕ ЗА СТАВЉАЊЕ ЛЕКА У ПРОМЕТ:						(КОД КЛИНИЧКЕ СТУДИЈЕ НАВЕСТИ БРОЈ ПРОТОКОЛА, БРОЈ ОДОБРЕЊА И НАЗИВ):				
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24¢. ДАТУМ КАДА ЈЕ ПРОИЗВОЂАЧ / НОСИЛАЦ ДОЗВОЛЕ ЗА СТАВЉАЊЕ ЛЕКА У ПРОМЕТ / СПОНЗОР ДОБИО ОВУ ПРИЈАВУ:				24d. ИЗВОР ПО	ДАТАК	A:	-			
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ДОДАТНЕ ИНФОРМАЦИЈЕ МОГУ БИТИ ПРИЛОЖЕНЕ НА СЛЕДЕЋОЈ СТРАНИ СА ОЗНАКОМ ПОЉА НА КОЈЕ СЕ ОДНОСЕ!

Немојте одустати, ако вам неки подаци недостају - довољна је само сумња на немсљену реакцију. Нека вам не буде тешко да попуните образац - подаци могу бити значајни за безбедну примену лекова.

Пошаљите попуњен образац на горе наведену адресу - нису неопходни сви подаци.

CIOMS FORM

SUSPECT ADVERSE REACTION REPORT														
	I. REACTION INFORMATION													
1. PATIENT INITIALS 1a.	COUNTRY						ACTIO	N ONS	SET	0.12	CHECK	. AII		
1. PATIENT INITIALS (first, last) 1a. COUNTRY 2. DATE OF BIRTH Day 2a. AGE Years 3. SEX Day 4-6 REACTION ONSET Day Month Years								8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION						
7 + 13 DESCRIBE REA	s/lab data)						□ PATIENT DIED							
								☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION						
									PERSISTENCE OR SIGNIFICANT DISABILITY OR INCAPACITY					
										LIFE THREATENING				
	II. SUSPECT DRUG(S) INFORMATION													
14. SUSPECT DRUG(S) (in	nclude generi	ic name)								5	BATE	EACT E AFT ING DI NO	ER RUG?	
15. DAILY DOSE(S)				16. ROUTE(S) OF ADMINISTRATION					N	21. DID REACTION REAPPEAR AFTER REINTRO-				
17. INDICATION(S) FOR U	17. INDICATION(S) FOR USE										UCTI			
18. THERAPY DATES (fro	18. THERAPY DATES (from/to)					19. THERAPY DURATION								
	III. CONCOMITANT DRUG(S) AND HISTORY													
22. CONCOMITANT DRUG	G(S) AND DA	TES OF A	DMINISTR	ATION (exclude	those	used	to tre	eat r	eactio	n)			
23. OTHER RELEVANT HI	STORY (e.g.	diagnostic	s, allergics	s, pregna	ncy wit	h last	mont	h of p	erio	d, etc	.)			
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergics, pregnancy with last month of period, etc.)														
IV. MANUFACTURER INFORMATION														
24a. NAME AND ADDRESS OF MANUFACTURER														
	24b. M	FR CONTR	OL NO.	-										
24c. DATE RECEIVED BY MANUFACTURER	□ STU	PORT SOU JDY _ LIT ALTH PROFE	ERATURE											
DATE OF THIS REPORT		PORT TYP												



ADRs reporting - HCP





Feed-back assessment

Assessment (ICH E2D, WHO)

NPC

Inform MAH
within 15 days for
serious cases

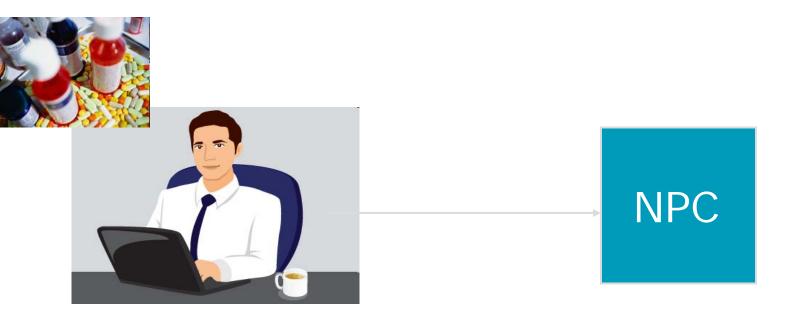


WHO database entering - VigiFlow





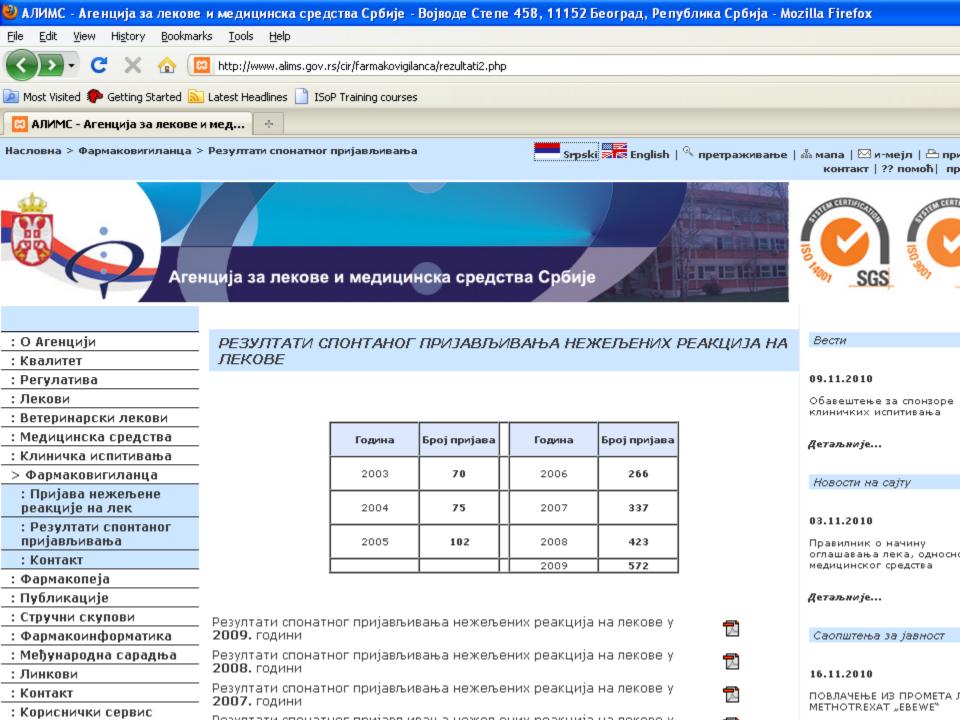
ADRs reporting - MAH



Serious case reports from Serbia
Serious unlisted case reports from abroad

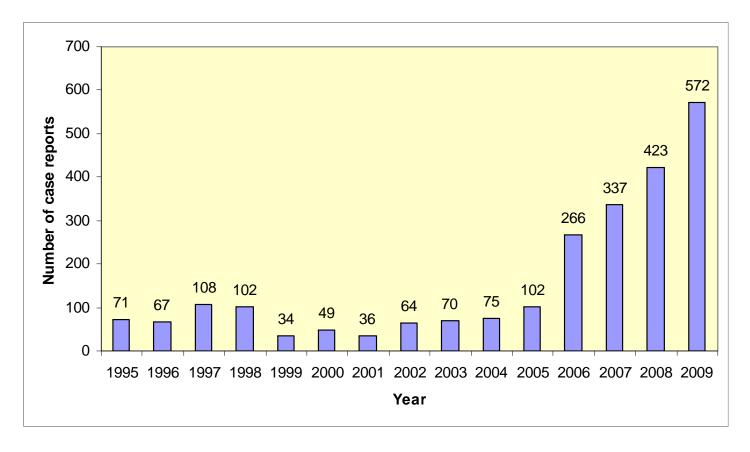
NO gateway for electronic reporting of ICSR

EXPEDITED REPORTING (15 days)





Serbian Pharmacovigilance Database Reporting Rate





Serbian Pharmacovigilance Database Year 2009

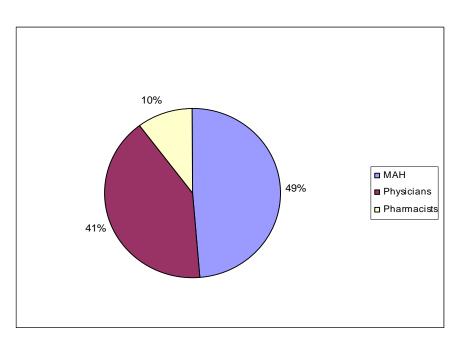


Figure 1. Distribution of cases according to reporter

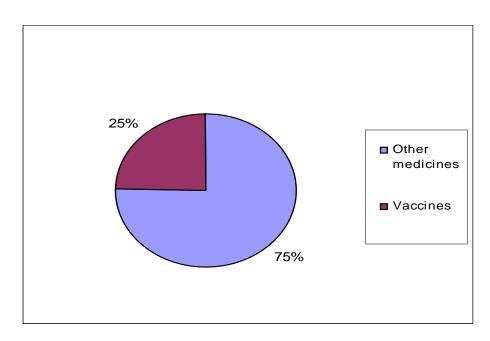


Figure 2. Distribution of cases according to suspected drug



Serbian PhV Database Year 2009

Table 1. Most freuqently reported suspected drugs.

Antineoplastics	70	15.18%
Antiinfectives for		
systemic use	64	13.88%
Antipsychotics	28	6.07%

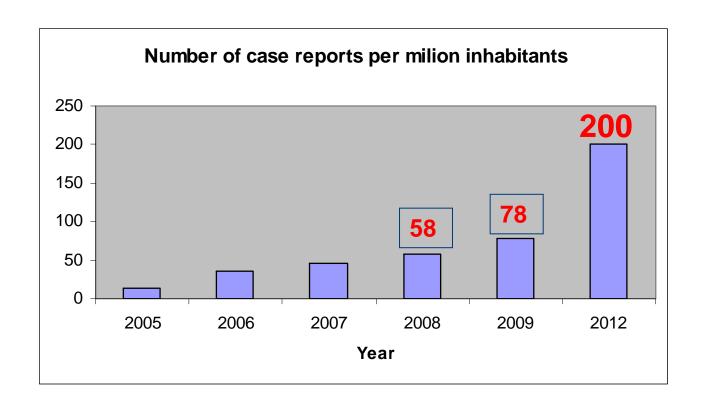
Table 2. Most freugently reported ADRs.

Pruritus	33
Rash	32
Nausea	32
Urticaria	25
Flushing	23





Serbian Pharmacovigilance Database Reporting Rate – Goal to Achieve





ESTABLISHMENT OF REGIONAL CENTRES







REGULATORY PROCEDURES



Authorizations

National procedure

Periodic Safety Update Report (PSUR)

By the Law – full documentation: ... *Postmarketing experience*...

Generic drugs?

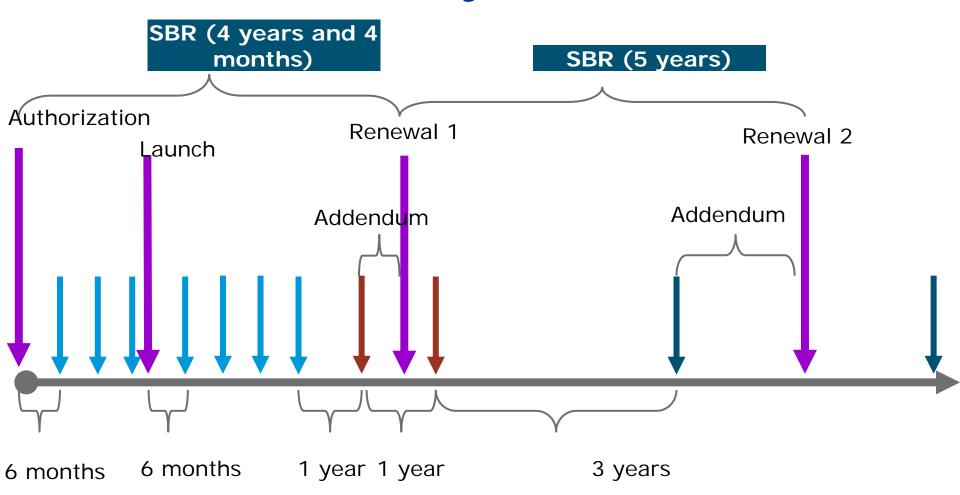
Risk Management Plan (RMP)

Detailed Description of PhV System





PSUR cycle





Changes of PSUR Cycle

The periodicity of PSUR submission may be amended (lower frequency than once every 3 years is not possible) according to IBD/EU-HBD.

http://www.hma.eu/80.html

Part of application for Marketing Authorization; Postauthorization phase - variation type II.



Regulatory procedures Current practice in Serbia

Expedited ADRs reporting (within 15 days - serious ADRs from Serbia and serious, unexpected ADRs from abroad)

PSUR (assessed during authorization and renewal procedure)

Safety variations

Risk Management Plan (RMP) +/-



Risk Management System



London, 14 November 2005 Doc Ref EMEA/CHMP/96268/2005

EU-RMP submitted;

Approval of DHCPLs and educational materials;

Very poor experience with initiating pharmacoepidemiological studies as a part of PhV plan.

COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE (CHMP)

GUIDELINE ON RISK MANAGEMENT SYSTEMS FOR MEDICINAL PRODUCTS FOR HUMAN USE



Revised Serbian regulation defines more requirements in accordance with EU

The applicant for a marketing authorization (MAA) is required to provide a detailed description of PhV system (DDPS);

The risk management system which the MAA will introduce, if necessary;

Updates to the information provided in the DDPS should be made as type II variations.



PhV Inspection in Serbia – Ministry of Health

To ensure that MAH comply with pharmacovigilance regulatory obligations.

Routine Inspections;

Targeted Inspections – when triggers are identified, e.g. submission of poor quality or incomplete PSURs, inconsistencies between reports and other information sources...

PhV Systems Inspections

Product-Specific Inspections



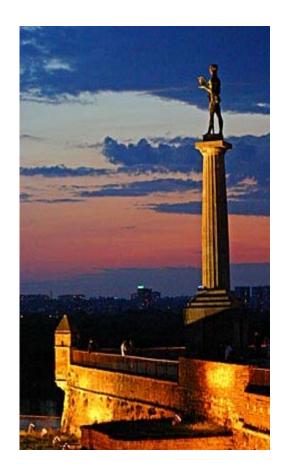
Instead of CONCLUSION



Problems and Challenges

- To improve reporting (quality of reports and annual rate)
- PhV Inspection development
- Serbia is not part of EU network Work-sharing assessment reports?
- Vaccinovigilance connecting with the national immunization programme
- Crisis Management SOP
- Transparency (ALIMS web site)
- NPC capacity limits (need to increase number of staff, rationalize processes...)







THANK YOU FOR YOUR ATTENTION