





# THE ROLE OF PSURS IN PHARMACOVIGILANCE INSPECTIONS GETTING IT RIGHT AND PRACTICAL EXPERIENCE

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# **1.Basic principles**

2. General aspects of inspections

- 3. What we are/should looking/look for
- 4.PSURS and related aspects in PhV inspections
- 5. Conclusion and remarks





# PSURs/PBERs

- Focus on benefit-risk vs. line listings of adverse
  Reactions (no line listings systematically included anymore)
  Steps and timelines detailed in the legislation => no
  flexibility
- EU reference dates (EURD-list) for a harmonised
  frequency of reporting & single assessment (products
  authorised in more than one MS, and products containing
  the same active substance)







- Waiver for generic, well-established use, traditional herbal and homeopathic medicinal products (unless requested)
- Timelines for submission: 70, 90 days
  - Linked to Risk management system of the product





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#### **Generation**

Routine:

Inspections scheduled in advance as part of inspection programmes. There is no specific trigger to initiate these inspections. A risk-based approach is implemented.

These inspections are usually system inspections but one or more specific products may be selected as examples to verify the implementation of the system and to provide practical evidence of its functioning and compliance.

Also, some particular concerns, e.g. raised by assessors, are included in the scope of this kind of inspections, in order to investigate the specific issues.







Triggered (for cause):

For cause pharmacovigilance inspections are undertaken when a trigger is recognised, and an inspection is considered an appropriate way to examine the issues. For cause inspections are more likely to focus on specific pharmacovigilance processes or to include an examination of identified compliance issues and their impact for a specific product. However, full system inspections may also be performed resulting from a trigger.







# Triggers :

- risk-benefit balance of the product
- assessment/validation
- reporting obligations (expedited and periodic)
- requests from competent authorities
- fulfilment of commitments
- inspections
- others







# Inspection announcement

Letter

- According to CA Standard operating procedures
- Sent to the contact point on files/QPPV/Local responsible
- Typically includes inspectors, dates, duration, scope, documentation required \*
- \* (Varies if a triggered inspection)







# Inspection announcement

Agenda \*

- Inspection plan outlining aspects to be covered,
- Opening and closing meeting
- Interviews and staff member to be present
- Closing meeting ideally the presence of any Manager or
  CEO who can take decisions on enhancement of the
  PhV system (investments in systems and personnel)

\*(different if a triggered inspection)





# Preparation phase (PSURs)

- Contact with assessors (fundamental)
- Read essentials of the PSUR/PSUSA ARs
- Check (last) PSUSA/PSUR/ WSP outcomes
- Previous PSURs/PBER (AR)
- Format and <u>content</u> aligned with Imp Reg (Art 35)
  - First page: PRAC Rapp, EMA PM, ideally PRAC assessor contact information
  - Section 2 "Conclusions" Information on quality/problems of PSUR
  - Section 3 "Recommendations" decision if marketing autorisation should varied





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# What we look at



\* Recommended during preparation phase

#### <u>PSURs</u>

- Look for "understandable" non-compliances
  - Signal detection process on first PSUR
  - No information on Section 16 " Signal and risk evaluation " zero risk?
  - Apendix 2.2 Cumulative and interval summary tabulation







# What we look at



\* Recommended during preparation phase

# <u>PSURs</u>

- Content (inspectors check if the information on risks in the PSUR is consistent with that in the RMP (where applicable).
- Sections 5,6 and 7 have relevant information for the inspectors (cumulative subject exposure, reference information, number and findings on clinical trials)
- Section 8 and 9 Non interventional studies and other clinical trials





# What we look at



\* Recommended during preparation phase

### <u>PSURs</u>

- Section 11 Literature cases
- Section 16
- Appendices

SmPC, CCDS, CCSI (Is the SmPC up to date)? Did the MAH implement variations?







Preparation phase (also) .....

- Review documentation provided
- Preparation of inspection plan (inspectors plan)
- Set up final logistics







# Inspection conduct

- Based on agenda sessions and interview
- QPPV/ Local responsible always available
- Opening meeting and closed out meeting (last day)
- Presentation Overview of the <u>PhV System</u>
  (Sessions depending on the type of inspection)
- Clarifications and discussions on aspects inspected (especially on those that are/can be observations)







#### Inspection conduct

- Interview with vendors, contractors or third parties
  - (teleconference)
  - Other departments /unit may be interviewed (IT)







#### Inspection conduct

# Close out meeting:

- Verbal feedback of preliminary findings, observations or comments
- In Spain, a document named "Acta" with legal value is issued and signed off by the inspection team and inspectees. This lead to sufficient time to produce a draft of CAPA before the Inspection report is submitted



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- Contract/agreements
  - Signed before activities are delegated (responsibility can not be delegated)
  - PhV clause obviously detailed/GCP?
  - Clause allowing audits from client (MAH)
  - Pre selection audits (Ideal/SOP)







- QPPV oversight (awareness) on PhV system
  - Quality, correctness, completeness of PSURs
  - Ensuring compliance on timelines and implement corrective action if deviated- metrics on submission timelines (outsourced)
  - ARs conclusion PRAC recommendations, CMHP/CMDh positions and EC decisions
- Management of safety information/Procedures
  - Database (changes, migration of data high risk)
  - Solicited, unsolicited reports, other sources of information
  - Handling of safety cases
  - Signal detection and evaluation process







- Quality Management systems (SOPs, training, QC)
  - SOPs for relevant activities (PSUR writing, QC, submission)
  - Training on preparation, review submission and assessment
  - Quality check on documents produced for PhV (High risk when outsourced the process and also the QC)
  - Other electronic systems used (doc control, training)
- Quality Assurance
  - Vendor selection process, external and internal audits plans (QA on documents produced)
  - CAPAs





- Interaction with other department or units (Marketing, Regulatory, others)
  - Volumes of sales (exposure data)
  - Products information and control
  - Implemented measures safety aspects (variations from the organisation or requested by CHMP/CMDh/PRAC)

(implementing changes on reference information timelines)

# Correspondence and meeting minutes kept !!!!







- Risk Management system
  - Identification, management and reporting of risk
  - RMP production
  - Effectiveness of risk minimisation
  - Consistency across documents (RMP and PSURs)
  - Business continuity process
- Validation of electronic systems (partial, complete)

Changes on database, data migration!!

- Archiving, record retention

Policies according Module I?



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- Cooperation and collaboration between assessors and inspectors is fundamental
- The "ideal" time for the <u>first contact</u> is during the inspection's preparation phase
- PSUR/PBERs summarises plenty number of processes in Pharmacovigilance, thus these components are subject to inspection
- Interaction with the organisation during the inspection leads to a better understanding of our expectation to fulfill the legal framework requirement









28<sup>-</sup>





