



7 November 2012
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Patient Health Protection

Guidance on format of the risk management plan (RMP) in the EU part II: Module SIII - Clinical trial exposure

Active substance	
Product(s) concerned (brand name(s)):	
MAH/Applicant name	

Data lock point for this module

<Enter a date>

Version number of RMP when this module was last updated

<Enter a version no>

This guidance should be used in conjunction with the information in Good Pharmacovigilance Practices: Risk Management Systems.



SIII.1 Brief overview of development

Provide details of how the authorised indications and target populations have developed during the lifecycle for the product(s) within this RMP. This should include:

- Original indication /product name(s)
- New populations e.g. extensions of indications/ new products
- Any other significant developments – e.g. route of administration

SIII.2 Clinical Trial exposure

The following tables should be provided for each indication with a summary table showing total exposure.

Provide each table, where available, based on exposed (to medicinal product of interest) persons in:

- randomised, blinded trial population only
- all clinical trial populations (including open extension)

*Data should be pooled and **NOT** shown per trial unless there are clear, justified reasons (to be provided) why some data should not be amalgamated. When the reason for providing an updated RMP is a new population (either extension of indication or a new product with the same active substance) or a new strength or formulation, the new data should be presented separately first, as well as being included in the "total" tables.*

Data should be provided in an appropriate format – either in a table or graphically. The categories below are suggestions and tables/graphs should be tailored to the product. When patients have been enrolled in more than one trial (eg open label extension study following a trial) they should only be included once in the age/sex/ethnic original tables. Where differences in the total numbers of patients arise between tables, the tables should be annotated to reflect the reasons for the discrepancy.

If there is only one indication, tables 2, 4, 7, 9 and 11 do not need to be provided. Similarly table 6 need not be provided if only one product in the RMP.

Table 1: Duration of exposure (by indication)		
Indication 1 (person time should only be provided for final duration category and total)		
Duration of exposure (at least)	Persons	Person time
1 m		
3 m		
6 m		
12 m etc.		
Total person time		

Table 1: Duration of exposure (by indication)		
Indication 2 (person time should only be provided for final duration category and total)		
Duration of exposure (at least)	Persons	Person time
1 m		
3 m		
6 m		
12 m etc.		
Total person time		

Table 2: Duration of exposure (totals)		
Total exposed population (person time should only be provided for final duration category and total)		
Duration of exposure (at least)	Persons	Person time
1 m		
3 m		
6 m		
12 m etc.		
Total person time		

Table 3: By dose (by indication)		
Indication 1		
Dose of exposure	Persons	Person time
Dose level 1		
Dose level 2 etc.		
Total		
Indication 2		
Dose of exposure	Persons	Person time
Dose level 1		
Dose level 2 etc.		
Total		

Table 4: By dose (totals)		
Total Population		
Dose of exposure	Persons	Person time
Dose level 1		
Dose level 2 etc.		
Total		

When providing data by age group, the age group should be relevant to the target population. Artificial categories such as <65, >65 should be avoided. Paediatric data should be divided by categories (e.g. ICH-E11) similarly the data on mature patients should be stratified into

categories such as 65-74, 75-84 and 85+ years. For teratogenic drugs, stratification into age categories related to childbearing potential might be appropriate for the female population. If the RMP includes more than one medicinal product, the total population table should be provided for each product as well as a combined table.

Table 5: By age group and gender (by indication)				
Indication 1				
Age group	Persons		Person time	
	M	F	M	F
Age group 1				
Age group 2 etc.				
Total				
Indication 2				
Age group	Persons		Person time	
	M	F	M	F
Age group 1				
Age group 2 etc.				
Total				

Table 6: By age group and gender (by product)				
Total population by medicinal product 1				
Age group	Persons		Person time	
	M	F	M	F
Age group 1				
Age group 2 etc.				
Total				
Total population by medicinal product 2				
Age group	Persons		Person time	
	M	F	M	F
Age group 1				
Age group 2 etc.				
Total				

Table 7: By age group and gender (totals)				
Total population				
Age group	Persons		Person time	
	M	F	M	F
Age group 1				
Age group 2 etc.				
Total				

Table 8: By ethnic or racial origin (by indication)		
Indication 1		
Ethnic/racial origin	Persons	Person time
Ethnic origin 1		
Ethnic origin 2 etc.		
Total		
Indication 2		
Ethnic/racial origin	Persons	Person time
Ethnic origin 1		
Ethnic origin 2 etc.		
Total		

Table 9: By ethnic or racial origin (totals)		
Total population		
Ethnic/racial origin	Persons	Person time
Ethnic origin 1		
Ethnic origin 2 etc.		
Total		

Table 10: Special populations (by indication)		
Indication 1		
	Persons	Person time
Pregnant women		
Lactating women		
Renal impairment (specify or categorise)		
Hepatic impairment (specify or categorise)		
Cardiac impairment (specify or categorise)		
Sub populations with genetic polymorphism (specify)		
Immuno-compromised		
Indication 2		
	Persons	Person time
Pregnant women		
Lactating women		
Renal impairment (specify or categorise)		
Hepatic impairment (specify or categorise)		
Cardiac impairment (specify or categorise)		
Sub populations with genetic polymorphism (specify)		
Immuno-compromised		

Table 11: Special populations (totals)		
Total population		
	Persons	Person time
Pregnant women		
Lactating women		
Renal impairment (specify or categorise)		
Hepatic impairment (specify or categorise)		
Cardiac impairment (specify or categorise)		
Sub populations with genetic polymorphism (specify)		
Immuno-compromised		