Medsafe consultation submission

Guideline on the Regulation of Therapeutic Products in New Zealand - Part 8: Pharmacovigilance (Edition 2.0)	
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I would like the comments I have provided to be kept confidential: *(Please give reasons and identify specific sections of response if applicable)*	☐ Yes ☒ No
I would like my name to be removed from all documents prior to publication and for my name not to be included within the list of submissions on the Medsafe website.	☐ Yes ☒ No

It would help in the analysis of stakeholder comments if you provide the information requested below.

I am, or I represent, a: *(tick all that apply)*			
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Please return this form to:

Email: medsafeadrquery@moh.govt.nz including 'Pharmacovigilance guideline' in the subject line

Or Post: Clinical Risk Management
Medsafe
PO Box 5013
Wellington 6145

Medsafe is seeking comments on:

Section 1: Legislation eg,

- Are the guidance documents appropriate?
- Are there other guidance documents that would be relevant to the conduct of pharmacovigilance in New Zealand?

A general comment from our members is the lack of clarity around what is mandatory verses best practice throughout the guideline. We recommend that a statement be added clarifying that "must" refers to mandatory requirements, and "should" refers to best practice guidance.

Following on from this, with regards to Section 1, as sponsors and healthcare professionals have a statutory obligation to report adverse events, we recommend that "should" be changed to "must" in the first sentence so that it clearly identifies a mandatory requirement.

Other relevant documents that could be included here are the ICH guidelines referred to throughout the document (with hyperlinks to the relevant sections), and mention is made to following international guidelines as a guiding principle for pharmacovigilance management. .

As our members are required to abide by Medicines New Zealand Code of Practice we would recommend strengthening the relevance of the guidance documents by changing the sentence *"The following guidance documents may be of interest*" to *"Sponsors and healthcare professionals must ensure that are aware of relevant obligations under Association Codes, and other relevant guidelines, including but not limited to:"*

Changing the section name to "Legislation and Best Practice" would reflect the inclusion of a wider set of legislative and guidance documents.

Section 2: Roles and Responsibilities eg,

- Does the information adequately describe the roles and responsibilities of the various parties?
- Was the information appropriately presented?
- Was the information easy to find?
- Are there any changes you would like to suggest?

Section 2.2. Include a link to SMARS.

Section 2.5. Amend heading to "Role of Sponsors" to be consistent with the heading in section 2.2.

As sponsors have a statutory obligation to report adverse events, we recommend that "expected" is changed to "required", and "should" is changed to "must" in the 2nd para.

2.5.3 last para. This could be strengthened by including that sponsors "must make their best efforts to take steps to prevent duplication of reporting of the same case report".

2.5.3.1 We do not consider it is relevant to include guidance on what sponsors should include in their sub-contracting arrangements. We consider it is important to make sponsors aware that they are responsible for a pharmacovigilance system, but it should be for sponsors to decide what should be included in a sub-contracting arrangement. We recommend this is not included in these guidelines.

Section 3: Reporting eg,

- Do you have any suggestions regarding the definitions and interpretations used in this section?
- Do the subsection headings appropriately and adequately describe each reporting circumstance?
- Is each reporting circumstance and the process involved adequately described and explained?
- Would it be easy to find the information you need in each particular reporting circumstance?
- Are there circumstances that are not in this guideline but should be? If yes, please provide more details.

3.3.2 Suggest a minor clarification here to make it clear that this describes a valid report from a sponsor's perspective, which is separate from a CIOMs report.

3.3.3 It should be noted that in the absence of a CARM number, additional information may only be able to be referenced to the date of the initial report.

3.4 The allowance to report "shortly after 15 days" is open to interpretation, we suggest deleting this and referring to section 3.3.3 for the process for following up incomplete reports.

3.5 For clarity, including that this section refers to serious ARs would be beneficial.

3.5.12 Suggest rewording to "*All valid serious ICSRs identified by the sponsor after suspension or withdrawal, but occurring before the suspension or withdrawal should be reported to CARM".*

3.5.13 2nd para. Our members have concerns with the requirement to monitor lay internet sites and non-company sponsored digital media and social media. This is because it is an onerous task with little perceived benefit, there are risks of duplicate reporting, and there are concerns around feasibility and appropriateness of follow up. We strongly recommend that the advice in this section follows the EU GVP module VI and require sponsors to report AEs if they become aware of them, rather than require routine monitoring. Indeed, following a review of Medicines New Zealand Code of Practice, revisions included strengthening the requirement for companies to report AEs reported by users on company-owned social media sties; and AEs discovered on third-party sites.

We recommend the first sentence be changed to align with the final EU GVP module "*If a sponsor becomes aware of a report of suspected adverse reaction described in any non-company sponsored digital medium, the report should be assessed to determine whether it requires reporting."*

3.8.15 For your noting, our members have commented that they are required to monitor databases for AEs and do monitor the SMARS database, however we agree it should not be a mandatory requirement and agree with the proposed wording.

Section 4: Signal Management Process eg,

- Does the content of each subsection adequately explain what the steps in the process involve?
- Do the subsections on the Early Warning System and Medicines Monitoring adequately explain how these tools can be used?
- Do you understand what the role of the sponsor is in these situations?

Our sponsors are aware of the requirement to monitor all pharmacovigilance data etc, however for some sponsors new to New Zealand's regulatory environment, we suggest the following sentence is added: *"Sponsors should not solely rely on local reports for signal detection".*

Section 5: Significant Safety Issues eg,

- Does the text in this section adequately explain what is required?
- Are there other pharmacovigilance-related safety issues or safety concerns about medicines that you consider should be included in this section?

5.2 1st bullet. The addition of what may be considered a significant safety risk is helpful, however reference to 'addition' of an approved indication to the Data Sheet should be removed as this would not constitute a significant safety issue. In addition reference to 'modification or removal of an approved indication' should be qualified by stating 'on safety grounds' as these activities may also be part of routine lifecycle management.

5.2 2nd bullet. The announcement of safety reviews by other regulators eg FDA and PRAC in the EU do not necessarily constitute significant safety issues as the safety assessment and any proposed actions have not yet been completed. The same language 'once assessment has been completed and actions are proposed' should be added as noted in the 4th bullet for signal detection by Sponsors.

Section 6: Submission of Safety Monitoring Documents eg,

- Are there other suggestions or recommendations that could be included in this section?

No further comments.

Section 7: Safety Communications eg,

- Are there other suggestions or recommendations that could be included in this section?
- Is it appropriate to use the European template for safety communications?

No further comments.

Additional Comments

- Is the order of the information presented in each section appropriate?
- Do you agree with the proposed structure of the guideline?
- Is the information easily understood?
- Is there any other information or subject that should be included in this guideline?

Comments on the layout of the document.

1. Information for sponsors, and healthcare professionals (HCPs) is included in this document which makes it confusing to read, and it is unlikely that HCPs would search for information on pharmacovigilance on the Medsafe website under the section "Information for Sponsors". The solution is to separate out the information for sponsors and include in the Guidelines, and include the information for HCPs in the section on the Medsafe website "Information for Healthcare Professionals".

2. There is also some information that appears to be aimed at consumers, such as section 2.1, and some of section 2.2. Sponsors and HCPs would be aware of what a pharmacovigilance system entails and we would consider this information could be removed from the guidelines.

3. Hyperlinking throughout the document enables ease of reference. For example, including hyperlinks to the Early Warning System, the Medicines Monitoring system, and to the ICH E2C (R2) guidelines in section 6.2.1.