Eudravigilance e il sistema di segnalazione centrale

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Agenzia Italiana del Farmaco
AIFA

Public Declaration of transparency/interests*

The view and opinions expressed are those of the individual presenter and should not be attributed to AIFA

Interests in pharmaceutical industry	NO	Current	From 0 to 3 previous years	Over 3 preavious years
DIRECT INTERESTS:				
1.1 Employment with a company: pharmaceutical company in an executive role	X	☐	☐	☐ mandatory
1.2 Employment with a company: in a lead role in the development of a medicinal product	X	☐	☐	☐ mandatory
1.3 Employment with a company: other activities	X	☐	☐	☐ optional
2. Consultancy for a company	X	☐	☐	☐ optional
3. Strategic advisory role for a company	X	☐	☐	☐ optional
4. Financial interests	X	☐	☐	☐ optional
5. Ownership of a patent	X	☐	☐	☐ optional
INDIRECT INTERESTS:				
6. Principal investigator	X	☐	☐	☐ optional
7. Investigator	X	☐	☐	☐ optional
8. Grant or other funding	X	☐	☐	☐ optional
9. Family members interests	X	☐	☐	☐ optional

*Laura Sottosanti, in accordance with the Conflict of Interest Regulations approved by AIFA Board of Directors (25.03.2015) and published on the Official Journal of 15.05.2015 according to EMA policy /626261/2014 on the handling of the conflicts of interest for scientific committee members and experts.

N.B. The compensation received is based on the collective bargaining agreement

Il nuovo sistema di Eudravigilance e i principali cambiamenti sul sistema di farmacovigilanza

22/05/2017

Il Management Board dell'Agenzia europea per i medicinali (EMA) ha confermato e annunciato che EudraVigilance ha raggiunto la piena funzionalità e che il sistema soddisfa le specifiche tecniche e funzionali adottate nel dicembre 2013 dal Comitato per la valutazione dei rischi di farmacovigilanza (PRAC) e dal Management Board.

Announcement of the EMA Management board

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

22 May 2017
EMA Management Board
EMA/215105/2017

Announcement of the EMA Management Board
Confirmation of full functionality of the EudraVigilance database

Announcement

Having considered the independent audit report and the PRAC recommendation , the EMA Management Board confirms that the EudraVigilance database has achieved full functionality and that the system meets the functional specifications drawn up pursuant to Article 24(2) first subparagraph of Regulation (EC) No 726/2004

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Announcement of the EMA Management board

- *In summary, the simplified electronic reporting of suspected adverse reactions related to medicines by national Competent Authorities and marketing authorisation holders to EudraVigilance becomes mandatory six months after the functionalities of the EudraVigilance database have been established and have been announced by the Agency i.e. 22 November 2017.*

Announcement of the EMA Management board

Therefore, on 22 November 2017, the obligations set forth in the following legal provisions:

- Section 1 "*Recording and reporting of suspected adverse reactions" of Chapter 3 "Recording, reporting and assessment of pharmacovigilance data" under Title IX "Pharmacovigilance" of Directive 2001/83/EC3, and*
- Articles 24(4), 28(1), 28a(1)(c) and 28c(1) of Chapter 3 "*Pharmacovigilance" under Title II "Authorisation and supervision of medicinal products for human use" of Regulation (EC) No 726/2004*

will become applicable to the mandatory electronic reporting through EudraVigilance.

Perché il potenziamento di Eudravigilance?

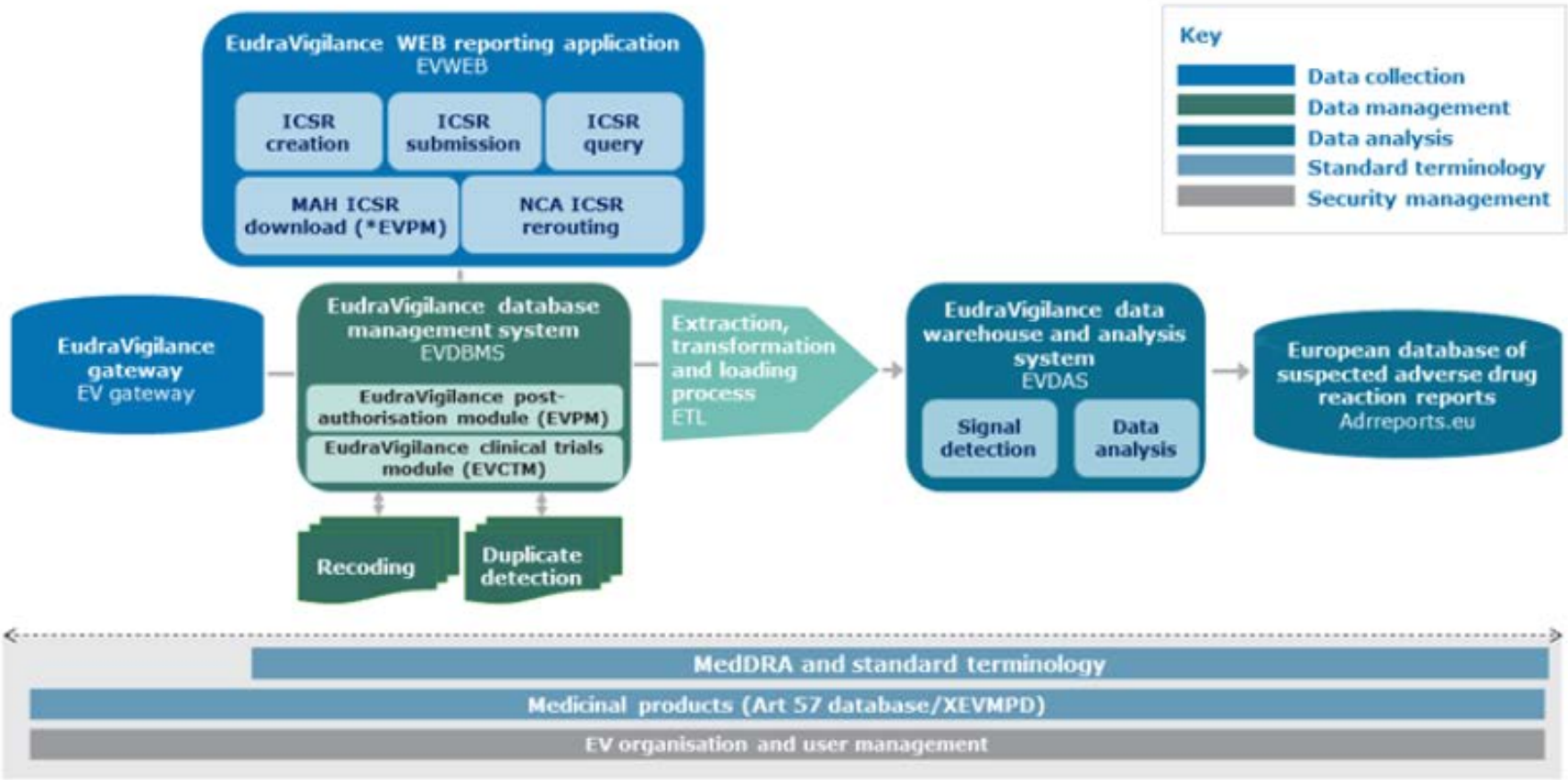
- Il potenziamento di EudraVigilance si è reso necessario per supportare i significativi cambiamenti introdotti dalla nuova normativa europea di farmacovigilanza in termini di requisiti per la segnalazione delle sospette reazioni avverse (ADRs).

- La nuova versione di Eudravigilance diventerà operativa il 22 novembre 2017 ed entro questo termine le autorità competenti nazionali e i titolari di autorizzazione all'immissione in commercio, dovranno organizzarsi per garantire che i loro processi e le infrastrutture IT locali siano compatibili con il nuovo sistema e con il nuovo formato concordato a livello internazionale.

Benefits of the new EudraVigilance system

New feature	Benefit
Enhanced signal-detection and data-analysis tools to support safety monitoring directly by Member States and marketing authorisation holders	Better detection of new or changing safety issues, enabling rapid action to protect public health
Improved quality and completeness of ICSR data	Better searchability and more efficient data analysis
Enhanced scalability of the EudraVigilance system	Able to support an increased number of ICSRs due to the new requirement to report non-serious cases to EudraVigilance
Simplified reporting of ICSRs to EudraVigilance and the rerouting of ICSRs to Member States	Reduced duplication of efforts Marketing authorisation holders no longer have to provide ICSRs to national competent authorities, they have to submit these to EudraVigilance only
EMA will provide data to the World Health Organization (WHO) Uppsala Monitoring Centre directly from EudraVigilance	Enhanced collaboration between EMA and WHO Member States will no longer need to carry out this task

Eudravigilance



Principali cambiamenti

Semplificazione della trasmissione elettronica delle segnalazioni di ADRs e re-routing ai MSs

- I titolari di AIC non saranno più tenuti a inviare le segnalazioni di sospette ADRs alle autorità nazionali competenti (nel caso specifico all'AIFA), ma, ad eccezione di quelle già contenute nella Rete Nazionale di Farmacovigilanza, dovranno trasmetterle direttamente ad EudraVigilance che, attraverso la funzione di "*re-routing*" le inoltrerà alle autorità nazionali competenti.

Semplificazione della trasmissione elettronica delle segnalazioni di ADRs e re-routing ai MS

- Questo comporterà che per ogni autorità nazionale ci sarà un flusso di dati da e verso Eudravigilance, in modo da assicurare la completezza sia dei database nazionali che di quello europeo che diventerà il *central repository* per le segnalazioni di sospette reazioni avverse a medicinali autorizzati o in fase di studio nell'EEA.

Marketing Authorisation Holder

SHOULD

- Ensure that the transition to simplified reporting is coordinated in line with the guidance and communication provided by EMA and NCAs in EEA Member States

Il sistema di segnalazione italiano

Reporter:
Within 36h
or 2 days

Option C MAH

Option A

Person Responsible
for PhV

7 days

MAH

Region

Option B

www.vigifarmaco.it

Online!

National PhV Network

15/90 days

EudraVigilance

Monthly

Uppsala Monitoring Centre

Patient

Adverse reaction

Suspected drug

Concomitant drug

Clinical history.

Other substance used

Reporter

Follow up

Agenzia Italiana del Farmaco
AIFA

Semplificazione della trasmissione elettronica delle segnalazioni di ADRs e re-routing ai MS

- Rimarrà invariata la segnalazione delle sospette reazioni avverse da parte dei pazienti e degli operatori sanitari alle autorità nazionali competenti secondo le consuete modalità.

  Maggiori informazioni su come effettuare a livello nazionale una segnalazione di sospetta reazione avversa possono essere trovate al seguente link http://www.aifa.gov.it/content/segnalazioni-reazioni-avverse

Più stretta collaborazione tra l'EMA e l'Organizzazione Mondiale della Sanità (OMS)

- Le autorità nazionali dei singoli Stati membri non dovranno più inviare le proprie segnalazioni di sospette reazioni all'Uppsala Monitoring Centre (UMC) dell'OMS, perchè sarà l'EMA ad occuparsi di questo inviando direttamente i dati da EudraVigilance.

Aumento della capacità di Eudravigilance di gestire grandi quantità di documenti e utenti

- Gli obblighi di inviare a Eudravigilance le segnalazioni di sospette reazioni avverse non riguarderanno più solo i casi gravi ma anche quelli non gravi verificatisi nella EEA.

- In previsione pertanto di un considerevole aumento dei dati da gestire, la capacità di Eudravigilance di supportare grandi quantità di dati è stata potenziata. Il sistema aggiornato inoltre offrirà strumenti di ricerca migliori e una più efficiente capacità di analisi dei dati.

Nuovo formato elettronico delle segnalazioni a Eudravigilance

- Le segnalazioni di sospette reazioni avverse saranno registrate in Eudravigilance nel formato elettronico ICH E2B(R3) così come anche nei file XML di trasmissione.

- Le autorità competenti nazionali e i titolari di autorizzazione all'immissione in commercio potranno continuare a inviare le segnalazioni nel formato ICH E2B(R2), ma dovranno assicurare che i propri sistemi informatici siano in grado di processare gli E2B(R3) files. Questo potrà essere realizzato sia implementando il nuovo formato nei propri database di farmacovigilanza o attraverso l'implementazione di uno strumento di conversione dei files da E2B(R3) a E2B(R2).

ISO ICSR format

The main technical change to the EudraVigilance system will be the implementation of the new ISO ICSR format for the submission and exchange of ICSRs in line with the applicable ICH E2B(R3) and EU ICSR Implementation Guides.

To incorporate the new format, EMA will implement several changes in EudraVigilance. These include:

1.adapting the EudraVigilance Gateway, the secure electronic communication tool to exchange ICSRs, to accept ICH E2B(R2) as well as (R3) files;

ISO ICSR format

2. adapting the EudraVigilance database management system (EDBMS) to support the storage and processing of reports submitted with the new ICH ICSR format
3. migrating all existing ICH E2B(R2) ICSR data to the new ICH ICSR format;
4. redesign of EVWEB, the web application for the electronic reporting and management of ICSRs in the ISO ICSR format, using a new technology;
5. introducing new functionalities in the EudraVigilance data analysis system (EVDAS), including the adrreports.eu portal, to support analysis of data and support signal management activities.

In addition, EMA will add the following two new functionalities to the system:

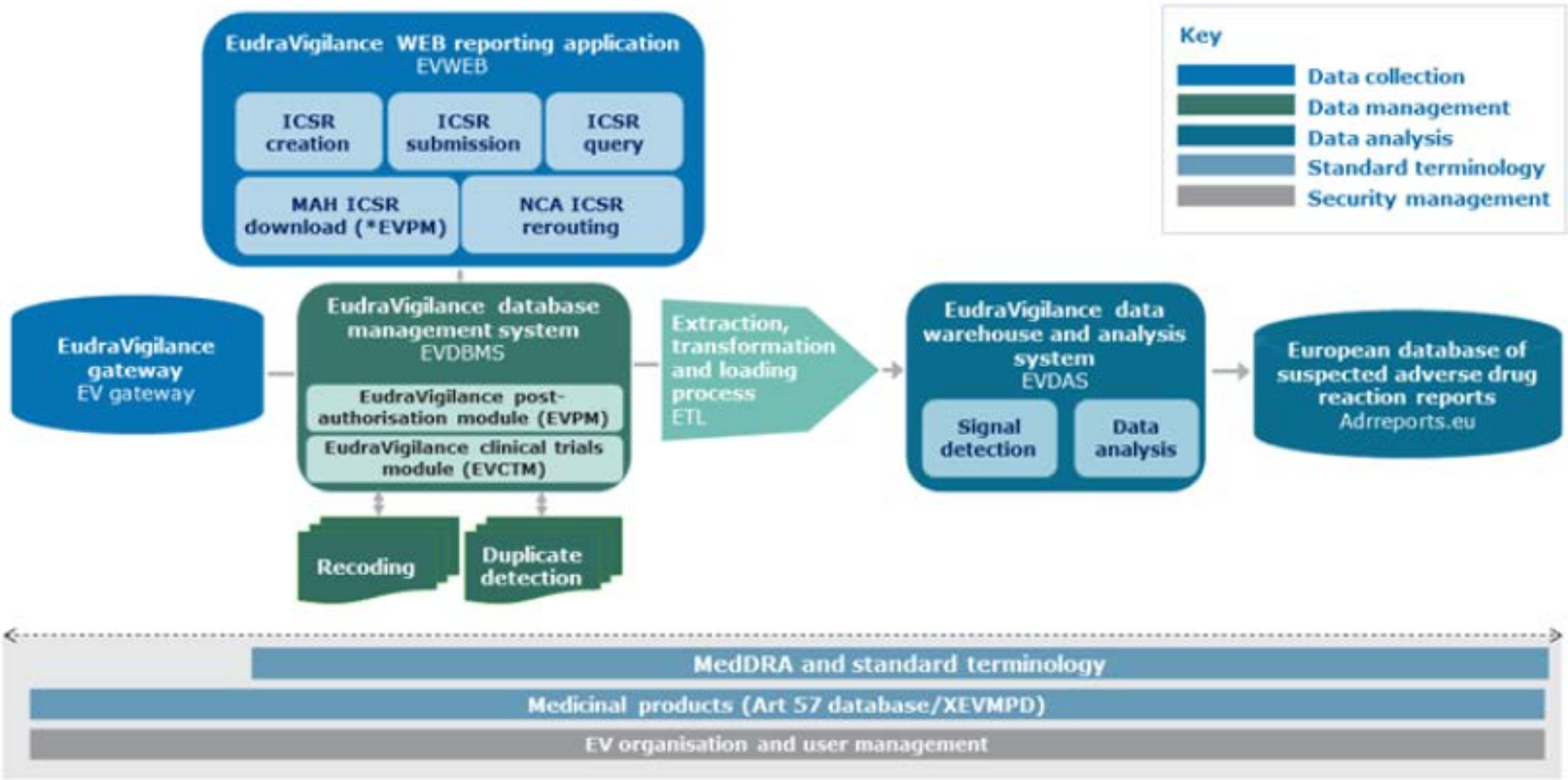
- EudraVigilance rerouting functionality, which defines the rules for the forwarding of ICSRs to the national competent authority (NCA) where the adverse reaction occurred (rules can be set by NCAs according to their needs and preferences);

- ICSR download functionality to enable marketing authorisation holders to download ICSRs concerning their products or ICSRs reported with a substance for which they hold a marketing authorisation in the EEA.

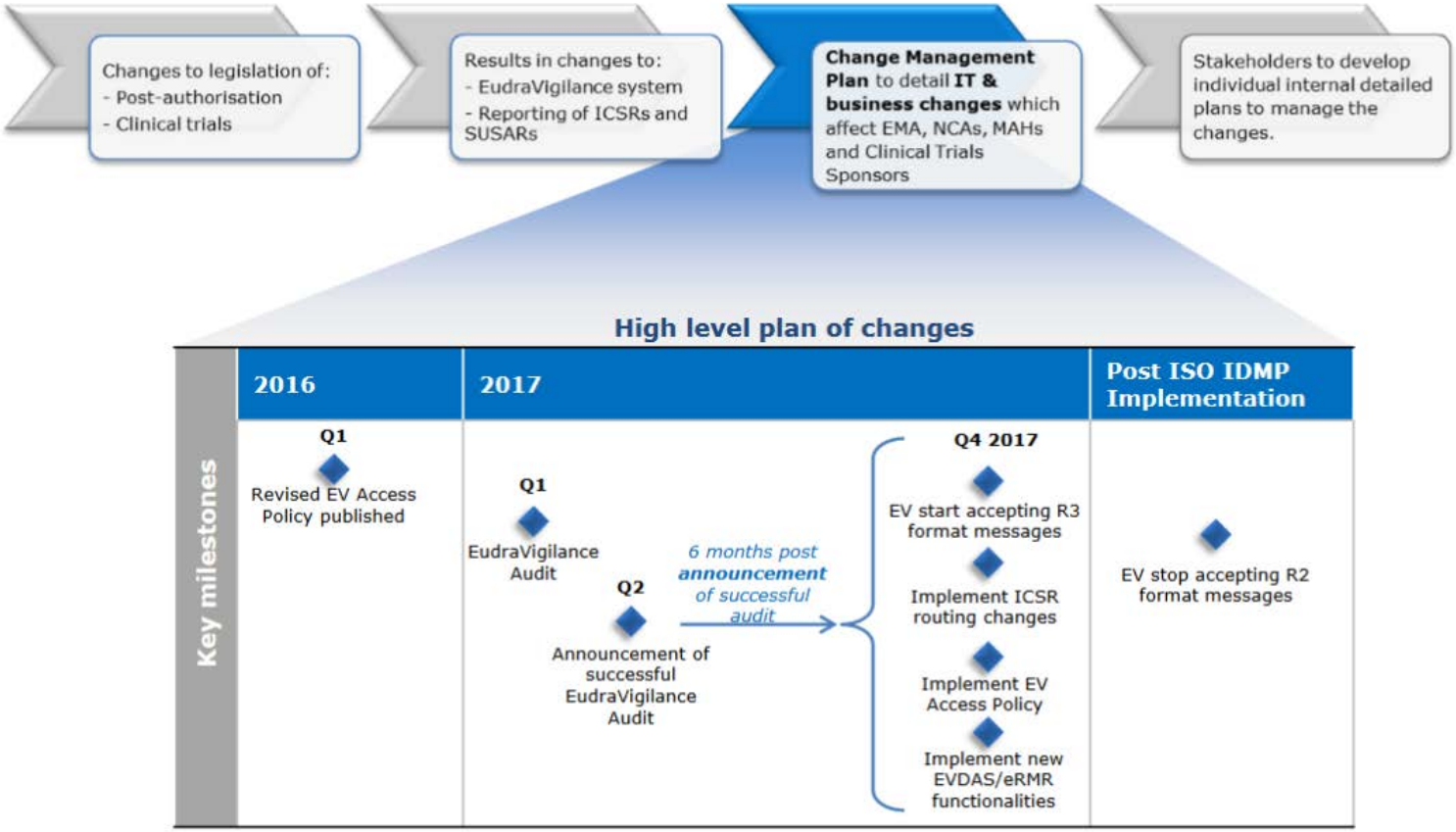
XEVMPD

- The extended EudraVigilance medicinal product dictionary will no longer be an integral part of EudraVigilance version 8 but will continue to be available as an independent system component.

Eudravigilance



Eudravigilance High Level Plan



Accesso a Eudravigilance per i MAH

- Nell'ottica di una maggiore trasparenza dei dati delle segnalazioni di sospette reazioni avverse, sarà data la possibilità ai titolari di autorizzazione all'immissione in commercio di accedere ai dati di Eudravigilance tramite il download delle segnalazioni di propria competenza e secondo la nuova *EudraVigilance Access Policy*.

- Il dato complessivo, in forma aggregata, di quanto registrato in Eudravigilance sarà comunque accessibile a tutti gli operatori del settore e al pubblico in generale attraverso il portale europeo http://www.adrreports.eu/it/index.html

No changes in the EudraVigilance Access Policy have been introduced for the following stakeholders:

- Medicines regulatory authorities, the Agency and the European Commission, who maintain access to all ICSR data;

- MAHs and sponsors of clinical trials, using EVWEB for the electronic reporting of ICSRs will maintain full access their own reports.

The main changes in the EudraVigilance Access Policy are

- Healthcare professionals and the public will gain extended access to ICSR data for all medicinal products authorised in the EU by means of easy to use retrieval functions provided through the Agency's adrreports.eu portal.
- MAHs will be provided with access to defined ICSR data element sets in support of their signal detection, validation and other pharmacovigilance obligations ;
- Academia will gain extended access to ICSR data sets in support of their research activities and requests;

The main changes in the EudraVigilance Access Policy are

- WHO Uppsala Monitoring Centre (UMC) will receive regular electronic data outputs for ICSRs originating from within the EEA;
- Medicines regulatory authorities in third countries can obtain data outputs on an ad-hoc basis based on the same data elements as shared with the WHO-UMC.

- The data elements for ICSRs have been reviewed and updated in line with the ISO ICSR standard and the ICH E2B(R3)/EU ICSR Implementation Guide

http://www.adrreports.eu/it/disclaimer.html

http://www.adrreports.eu/it/disclaimer.html

Since May 2012, healthcare professionals, the public, MAHs and academia have certain levels of access to spontaneous reports focusing on centrally authorised medicinal products.

This access is provided through the adrreports.eu portal of the Agency and was extended in September 2014 to all active substances contained in medicinal products authorised in the EEA

https://bi.ema.europa.eu/analyticsSOAP/saw.dll?PortalPages

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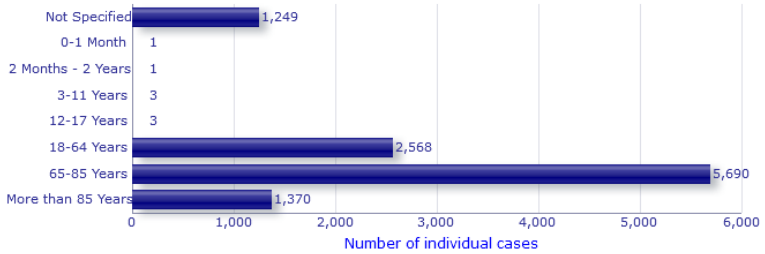
Number of Individual Cases | Number of Individual Cases By Reaction Groups | Number of Individual Cases for a selected Reaction Group | Number of Individual Cases for a selected Reaction

The number of individual cases identified in EudraVigilance for **ACLASTA** is **10,885** (up to May 2017)

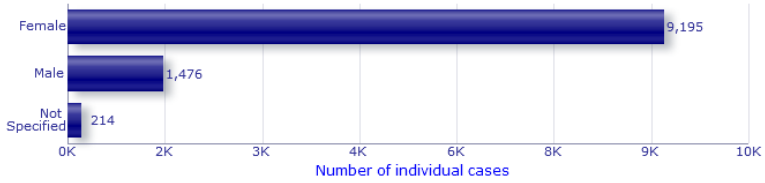
Number of individual cases by Age Group

Age Group	Cases	%
Not Specified	1,249	11.5%
0-1 Month	1	0.0%
2 Months - 2 Years	1	0.0%
3-11 Years	3	0.0%
12-17 Years	3	0.0%
18-64 Years	2,568	23.6%
65-85 Years	5,690	52.3%
More than 85 Years	1,370	12.6%
Total	**10,885**	**100.0%**



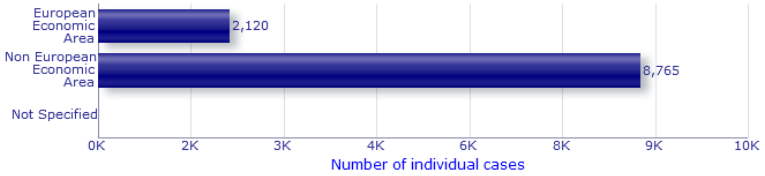
Number of individual cases by Sex

Sex	Cases	%
Female	9,195	84.5%
Male	1,476	13.6%
Not Specified	214	2.0%
Total	**10,885**	**100.0%**



Number of individual cases by Geographic Origin (EEA/Non-EEA)

Occurrence Country EEA/Non EEA	Cases	%
European Economic Area	2,120	19.5%
Non European Economic Area	8,765	80.5%
Not Specified	0	
Total	**10,885**	**100.0%**



Accesso a EVDAS di Eudravigilance per l'analisi del segnale da parte dei MAH

- L'attività di identificazione di nuovi segnali di sicurezza dai dati di Eudravigilance dovrà essere svolta non soltanto dalle agenzie regolatorie ma anche dai titolari di autorizzazione all'immissione in commercio ai quali pertanto sarà dato accesso al data warehouse di Eudravigilance (EVDAS).

- Draft guideline on good pharmacovigilance practices (GVP) - Module IX – Signal management (Rev. 1)
- Draft guideline on good pharmacovigilance practices (GVP) - Module IX Addendum I – Methodological aspects of signal detection from spontaneous reports of suspected adverse reactions

New legal obligations for MAHs

- Marketing authorisation holders will have a legal obligation to monitor the data available in EudraVigilance and inform EMA or national competent authorities of any safety signals identified.

- EMA will grant marketing authorisation holders access to EVDAS to use signal detection, analytical and reporting functions to the extent necessary to fulfil their obligation.

Activities that MAH must and should do

People	Information

Must
▸ Assign specific users the permission to access EVDAS and register those users line with the EudraVigilance registration process
▸ Staff to undergo training on:
  ▸ Use of the new ICH E2B(R3) format
  ▸ EVDAS
  ▸ GVP Modules VI (revision 2)
  ▸ GVP Modules IX (revision 1)
  ▸ EudraVigilance Access Policy
 	
Should
▸ Undertake training on EVWEB to become familiar with new functionalities and changes
▸ Consider resource implications associated with the implementation of the ISO ICSR standard and supporting the receipt of R3 messages as well as the operation of a backwards/forwards conversion tool ad interim and where necessary
▸ EMA anticipates that new requirements may necessitate an increase in resources, including:
  ▸ meeting the new signal management requirements using EudraVigilance data and screening electronic reaction monitoring reports;
  ▸ the legal requirement to report non-serious cases in EudraVigilance;
  ▸ the mechanism for searching and downloading ICSRs using the ICSR download functionality; of EudraVigilance to obtain access to ICSRs from national competent authorities in the EEA;
  ▸ training of staff
	Must
	▸ Monitor data available in the system and to inform EMA and national competent authorities about safety signals validated to contain sufficient evidence to necessitate further analysis
	
	Should
	▸ Prepare a communication plan to inform affiliates, contractual partners and other stakeholders about the changes to take place with the launch of the new EudraVigilance system and related process changes

Activities that MAH must and should do

Technology	Process

Must
▸ Configure, where applicable, the local Gateway to support ICH E2B(R3) messages. It is not necessary to replace the software
▸ Ad interim, **install a backwards/forwards conversion tool** if the ICH E2B(R3) format cannot be processed yet locally
▸ Upgrade and move to an ICSR ICH E2B(R3) compliant system
 	
Should
▸ Prepare for the electronic transmission format based on the ISO ICSR standard
▸ Plan for testing of local pharmacovigilance system adaptations
	Must
	▸ Update existing processes:
	  ▸ to download ICSRs from national competent authorities in the EEA using the EudraVigilance ICSR download functionality;
	  ▸ to stop sending ICSRs to national competent authorities in the EEA;
	  ▸ to start reporting of suspected non-serious adverse reactions to EudraVigilance within 90 days of receipt;
	  ▸ start reporting of suspected non-serious adverse reactions to EudraVigilance within 90 days of receipt;
	  ▸ to comply with the provisions set out in revision 2 of GVP Module VI;
	  ▸ to perform signal detection and validation in line with revision 1 of GVP Module IX and the new EVDAS reports and data outputs;
	  ▸ to support the submission of validated signals to national competent authorities in the EEA.
	
	Should:
	▸ Align reporting of ICSRs (for medicinal products authorised in the EEA) occurring within or outside the EEA so that these reports are transmitted only to EudraVigilance in compliance with the pharmacovigilance legislation
	▸ Ensure that the transition to simplified reporting is coordinated in line with the guidance and communication provided by EMA and NCAs in EEA Member States

Safety signal detection by MAHs

MUST

- to perform signal detection and validation in line with revision 1 of GVP Module IX and the new EVDAS reports and data outputs;

- to support the submission of validated signals to national competent authorities in the EEA.

EudraVigilance data analysis system (EVDAS)

The EudraVigilance data analysis system (EVDAS) supports EU pharmacovigilance safety monitoring activities with the main focus on signal detection and evaluation of ICSRs.

EVDAS includes a measure of disproportionality, which is the reporting odds ratio (ROR). EVDAS outputs in relation to pharmacovigilance include:

- electronic reaction monitoring reports (eRMRs);
- line listings of individual cases of suspected adverse reactions;
- individual case report forms.

Training

- The Agency is supporting national competent authorities (NCAs) and marketing authorisation holders (MAHs) in the European Economic Area (EEA) through targeted e-learning and face-to-face trainings, webinars and information days.

Training

- EMA strongly recommends that both new and existing users complete all EudraVigilance and pharmacovigilance trainings recommended for their stakeholder group, as both the EudraVigilance system and pharmacovigilance guidelines are subject to updates.

http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/q_and_a/q_and_a_detail_000162.jsp&mid=WC0b01ac0580a1a1fb

EudraVigilance Access Policy

Objectives :

- Providing openness to citizens,
- Facilitating the monitoring of the safety of medicines following their authorisation and marketing;
- Supporting signal detection and validation activities;
- Allowing the use of adverse reaction data for research purposes to contribute to promoting and protecting public health and fostering the innovation capacity of European medical research;
- Providing promptly all suspected adverse reactions occurring in the EEA to the WHO;
- Strengthening of the collaboration with medicines regulatory authorities in third countries as regards the safety monitoring of medicines.

EudraVigilance Access Policy

- Compliance with personal data protection requirements as set out in Regulation (EC) No 45/2001 and Directive 95/46/EC.

Access to data held in EudraVigilance

Stakeholder Groups

1. Medicines regulatory authorities in EEA Member States, the European Commission and the Agency (Group I)
2. Healthcare Professionals and the Public (Group II)
3. Marketing Authorisation Holders (Group III)
4. Academia (Group IV)
5. WHO – Uppsala Monitoring Centre (Group V)
6. Medicines regulatory authorities in third countries (Group VI)

General Principles

Access to ICSR data in EudraVigilance is provided independent of the primary source (i.e. the person who provides the facts about the ICSR), the sender of the report (e.g. a medicines regulatory authority or a MAH) or the country, where the suspected adverse reaction occurred or was reported.

Access level

Access Level	Description
Level 1	• Public subset of ICSR data elements with main focus on • Stakeholder groups II, III, IV, V and VI.
Level 2A	Extended subset of ICSR data elements with main focus on • Stakeholder group III to fulfil their pharmacovigilance obligations. • Stakeholder group IV to directly advance public health and work, which is intended to improve procedures for protecting public health.
Level 2B	Extended subset of ICSR data elements including case narratives with main focus on • Stakeholder group III to validate signals.
Level 2C	Extended subset of ICSR data elements with main focus on • Stakeholder group V and VI thus fostering protection of public health outside the EEA.
Level 3	All ICSR data elements without restrictions with main focus on • Stakeholder group I taking into account their roles and responsibilities to protect public health. • Stakeholder group III to fulfil their pharmacovigilance obligations based on the ICSRs that a MAH has sent to EudraVigilance or on ICSRs resulting from the medical literature monitoring activities performed by the Agency pursuant to Article 27 of Regulation (EC) No 726/2004.

Number of ICH E2B (R3) data elements accessible

ICH E2B(R3) ICSR Implementation Guide ICSR sections	Total	Stakeholder Group I	Stakeholder Group II-VI	Stakeholder Group III & IV	Stakeholder Group III	Stakeholder Group III	Stakeholder Group V & VI
		Level 3	Level 1	Level 2A	Level 2B	Level 3*	Level 2C
C.1 Identification of the case safety report	20	20	3	18	18	20	16
C.2.r Primary source(s) of information	15	15	4	4	4	15	4
C.3 Information on sender of case safety information	16	16	3	3	3	16	3
C.4.r Literature reference(s)	2	2	1	1	1	2	1
C.5 Study identification	6	6	4	5	5	6	5
D. Patient characteristics	96	96	4	87	87	96	16
E.i Reaction(s)/event(s)	21	21	11	21	21	21	18
F.r Results of tests and procedures relevant to the investigation of the Patient	13	13	0	13	13	13	0
G.k Drug(s) information	76	76	23	72	72	76	71
H. Narrative case summary and further information	7	7	0	4	7	7	0
Grand Total	272	272	53	228	230	272	134

Methods of providing access to ICSR data held in EudraVigilance

Group I

EudraVigilance System Component	Data Outputs
Stakeholder Group I Medicines regulatory authorities in EEA Member States, the European Commission and the Agency	
• EV Gateway for the electronic re-routing of ICSRs to medicines regulatory authorities in EEA Member States based on primary source country for regulatory purposes	• ICSR electronic (XML) format
• EVWEB including ICSR Export Manager	• ICSR electronic (XML) format • ICSR forms
• EVDAS	• e-RMRs and active substance groupings • ICSR line listings
	• ICSR forms • Other data outputs based on predefined and customisable query and signal detection functionalities

Group II

Stakeholder Group II Healthcare Professionals and the Public	
• Adrreports.eu portal	• Aggregated data outputs based on predefined queries • ICSR line listings (based on core ICSR data elements) • ICSR forms (for individual case review)

Group III

Stakeholder Group III Marketing Authorisation Holders	
• EVWEB including ICSR Export Manager	• ICSRs electronic (XML) format • ICSR forms
• EVDAS	• e-RMRs and active substance groupings • ICSR line listings • ICSR forms
• Adrreports.eu portal	• Aggregated data outputs based on predefined queries • ICSR line listings (based on core ICSR data elements) • ICSR forms (for individual case review)

Group IV

Stakeholder Group IV Academia	
• Adrreports.eu portal	• Aggregated data outputs based on predefined queries • ICSR line listings (based on core ICSR data elements) • ICSR forms (for individual case review)
• Not applicable	• Ad-hoc preparation of data set by the Agency based on receipt of a research request; data format will depend on research request

Group V and VI

EudraVigilance System Component	Data Outputs
Stakeholder Group V WHO UMC	
• Application programming interface (API) between WHO UMC and the Agency	• ICSRs electronic (XML) format
Stakeholder Group VI Medicines regulatory authorities in third countries	
• Adrreports.eu portal	• Aggregated data outputs based on predefined queries • ICSR line listings (based on core ICSR data elements) • ICSR forms (for individual case review)
• Not applicable	• Ad-hoc preparation of data set by the Agency following specific request; data format will depend on the nature of the request

Description of access to ICSR data held in EudraVigilance by Stakeholder Group

Group I

Stakeholder Group I	Disclosure	Access Authorisation
• Medicines Regulatory Authorities in EEA Member States • Agency • European Commission	• Type of report: – Spontaneous report – Report from study ▪ Individual patient use ▪ Other studies – Other – Not available to sender • ICSR Level 3: – All data elements for ICSRs reported to EVPM (for details refer to Annex B)	Authorised Personnel

Group II – level 1

Stakeholder Group II	Disclosure	Access Authorisation
Healthcare Professionals and the Public	• Type of report: – Spontaneous report • ICSR Level 1: – Subset of ICSR data elements for substances/medicinal products authorised in the EEA (for details refer to Annex B)	Not required

Group III – level 1

Stakeholder Group III	Disclosure	Access Authorisation
Marketing Authorisation Holders	• Type of report: – Spontaneous reports – Reports from studies	EU Qualified Person Responsible for Pharmacovigilance (EU QPPV) (headquarter level), appointed Deputy and authorised personnel under the strict responsibility of the EU QPPV.
	▪ Individual patient use ▪ Other studies – Other – Not available to sender • ICSR Level 1: – Subset of ICSR data elements for substances/medicinal products authorised in the EEA (for details refer to Annex B) made available through EVDAS	

Group III – level 2A

	• Type of report: – Spontaneous reports – Reports from studies ▪ Individual patient use ▪ Other studies – Other – Not available to sender • ICSR Level 2A: – Extended subset of ICSR data elements (for details refer to Annex B)	EU QPPV (headquarter level), appointed Deputy and authorised personnel under the strict responsibility of the EU QPPV.

Group III – level 2B

	• Type of report: – Spontaneous reports – Reports from studies ▪ Individual patient use ▪ Other studies – Other – Not available to sender • ICSR Level 2B: – Extended subset of ICSR data elements including case narrative (for details refer to Annex B)	EU QPPV (headquarter level) /appointed Deputy and authorised personnel under the strict responsibility of the EU QPPV based on submission of a formal request and the signed confidentiality undertaking for MAHs (see Annex C).

... in the context of signal management or where a review of ICSR data is warranted in the context of a pharmacovigilance assessment procedure in line with GVP Modules IX and VII and following acceptance of the confidentiality undertaking for MAHs

Group III – level 3*

	• Type of report: – Spontaneous reports – Reports from studies ▪ Individual patient use ▪ Other studies – Other – Not available to sender • ICSR Level 3*: – All data elements for ICSRs that MAH submitted ("Sender-based") to EVPM – Reports originating from the Agency's medical literature monitoring activities pursuant to Article 27 of Regulation (EC) No 726/2004 (for details refer to Annex B)	EU QPPV (headquarter level)/appointed Deputy and authorised personnel under the strict responsibility of the EU QPPV.

Group IV – level 1 and 2A

Stakeholder Group IV	Disclosure	Access Authorisation
Academia	• Type of report: – Spontaneous reports • ICSR Level 1: – Subset of ICSR data elements for substances/medicinal products authorised in the EEA (for details refer to Annex B)	Not required.
	• Type of report: – Spontaneous reports – Reports from studies ▪ Individual patient use ▪ Other studies – Other – Not available to sender • ICSR Level 2A: – Extended set of ICSR data elements (for details refer to Annex B)	Nominated person by the academic institution following submission of a research request and signature of the confidentiality undertaking for academia see Annex (D).

Group V – level 1 and 2C

Stakeholder Group V	Disclosure	Access Authorisation
World Health Organisation-Uppsala Monitoring Centre	• Type of report: – Spontaneous reports • ICSR Level 1: – Subset of ICSR data elements for substances/medicinal products authorised in the EEA (for details refer to Annex B)	Not required
	• Type of report: – Spontaneous reports – Reports from studies ▪ Individual patient use ▪ Other studies – Other – Not available to sender • ICSR Level 2C: – Subset of ICSR data elements for substances/medicinal products authorised in the EEA. (for details refer to Annex B)	WHO-UMC authorised personnel as per data transfer arrangement between the Agency and WHO-UMC

Group VI – level 1 and 2C

Stakeholder Group VI	Disclosure	Access Authorisation
Medicines Regulatory Authorities in third countries	• Type of report: – Spontaneous reports • ICSR Level 1: – Subset of ICSR data elements for substances/medicinal products authorised in the EEA (for details refer to Annex B)	Not required
	• Type of report: – Spontaneous reports – Reports from studies ▪ Individual patient use	Nominated contact of Medicines Regulatory Authority in third country
	▪ Other studies – Other – Not available to sender • ICSR Level 2C: – Subset of ICSR data elements for substances/medicinal products authorised in the EEA (for details refer to Annex B)	

Entry into force of the EudraVigilance Access Policy

- This Access Policy will enter into force six months following the announcement by the Management Board of the Agency that based on an independent audit report the EudraVigilance database has achieved full functionality.

...other useful information

Reports of suspected adverse reactions described in the world-wide literature are not captured as a separate type of report.

If a case in the literature arises from spontaneous observations, the type of report is classified as ‘Spontaneous’.

If the case arises from a study, the type of report is classified as ‘report from study’.

If it is unclear from the literature report whether or not the case(s) cited are spontaneous observations or arise from a study, then it is classified as ‘Other’.

...other useful information

Individual cases that have been nullified in EudraVigilance based on the receipt of a nullification report are excluded from data-outputs such as used for signal detection and validation and for publication at the adrreports.eu website.

For case administration purpose, nullification reports are nevertheless made available to medicines regulatory authorities and to MAHs for substances, for which they hold a marketing authorisation in the EEA.

They are also made available to the WHO-UMC.

Documents

- Revised EudraVigilance stakeholder change management plan (August 2016)
- European Medicines Agency policy on access to EudraVigilance data for medicinal products for human use (16 December 2016 – Rev 3)
- EU ICSR Implementation Guide (EMA751938/2013)
- Implementation Guide for Electronic Transmission of of individual case safety reports (ICSRs) E2B(R3) Data Elements and Message Specification
- GVP module IX - rev 1
- GVP module VI - rev 2

Grazie dell’attenzione

CONTATTI

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