Statens legemiddelverk
Norwegian Medicines Agency

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Strategy to better protect public health by strengthening and rationalising EU pharmacovigilance - Public consultation on legislative proposals - Comments by the Norwegian medicines Agency

The Norwegian Medicines Agency have been reading the proposals with great interest and is looking forward to take important steps aiming to improve the weakness in the system as described in the report *Assessment of the European Community System of Pharmacovigilance.*

In principle we can endorse the different legislative proposals, however, we have some comments that we would like to highlight.

Rationalise EU decision-making on safety issues

It is proposed to establish a PhV Committee to replace the Pharmacovigilance Working Party. However, it is unclear if this committee really will have more legal decision authority than the working party has in the present system. The problem at present is the implementation of recommendations given by the working party in issues related to products authorised in decentralised and national procedures. We would like to see more precise legal responsibilities for MAHs to follow up implementation on products in decentralised and national procedures. It is proposed a new referral procedure, *Directive 2004/83/EU, Chapter 5, art 101k.* However, this does not include important updates in SPC related to 4.4 Warnings and 4.8 Adverse reactions, which are a major part of the issues discussed in the present working party.

Rationalise roles and responsibilities
- **simplification of the pharmacovigilance system**
- **simplification reporting of ICSRs**
- **simplification of PSUR responsibilities**

Directive 2004/83/EU art 1 (34)
We really endorse the proposal for a *Pharmacovigilance System Master File*. This will rationalise a lot of time spending on writing Module 1.8.1 for the MAHs and time spending on assessing module 1.8.1 by CAs.

Directive 2004/83/EU art 101e

2. We endorse that all reactions that occur in the community and all suspected ADRs that occur outside the community should only be reported to the EudraVigilance database. Such routines have already been in practise in Norway for some time.

3./4. We also endorse the proposal of introducing *patient reporting*. However, we find it most reasonable that patients should be recommended to report to national agencies, not to MAHs. We endorse that the reporting systems should be on electronically basis both from health care providers and patients. It is important that not medically confirmed patient reports can be flagged and sorted out when needed in the analysing of new signals. There are plans for introducing a web-based system for patient reporting in Norway during 2009. We have also plans for a web-based reporting system for health care professionals.

5. We endorse the proposal of monitoring medical literature for ADR reports by the Agency. So far this system has brought up a lot of work controlling for duplicates in our databases, both by CAs and by MAHs.

Directive 2004/83/EU art 101f

3 We endorse the proposal for not longer require PSURs for all products listed in the new paragraph. One problem might be that after some years, the major use of the substance is by the generic products on the market. The innovator, who is still the one to be responsible for making the 3 yearly PSURs, have few ADR to report.

Rationalise risk management planning

Directive 2004/83/EU art 21

1. It is proposed that the *risk management system* shall be annexed to the marketing authorisation.
   We would rather propose *that a description of the risk management system in the context of the agreed EU risk management plan* should be annexed to the marketing authorisation. The risk management plan is product specific, but the risk management system will be MAH specific. In art 21 it should be focus on product specific issues.

4. *Risk management system* should be replaced by *risk management plan.* The risk management system is to be described in the form of an EU- risk management plan in the application file.

Directive 2004/83/EU art 22

1. We propose the wording *Risk management system* to be replaced by the wording *risk management plan*. The risk management plan is a specific document where the conditions are specified.

Directive 2004/83/EU Chapter 8, art 101p
The wording *risk management system* is proposed to be reworded to *EU risk management plan.*

Directive 2004/83/EU art 11 – new 3b:
It is a real problem for the clinicians that the SPC texts now are too long and the most important information related to safe use of the drug is difficult to sort out. It is therefore proposed to add a new paragraph including *key safety information about the product and how to minimise the risk.*

We endorse the need for a short summary of most important. However, what to include in this key information might give rise to a huge of time consuming discussions in PhVWP/PhV Committee and in CHMP in case by case. Before this is introduced there must be worked out clear guidance documents giving criteria for what type of information to be considered as key information.

As an alternative, we would rather propose to introduce a *Summary of SPCs* including most vital information to prescribe the product in a correct way. This summary should be substance related and could be used as a common supplement to the complete SPC for each products containing the substance.

We cannot really endorse that a *standard statement concerning intensive monitoring should be part of the key information.* It will need resources both by the CAs and the MAHs to keep the SPCs constantly updated on this issue. Another way of highlighting that the drug is under intensive monitoring would be the proposed list of drugs under intensive monitoring to be published on websites, in national medical journals, national pharmacovigilance bulletins etc.

Directive 2004/83/EU art 54
It is proposed that for medicinal products included in the list of intensively monitored products it should be *a statement in the PIL asking consumer to report all suspected ADRs.*
We can not endorse this proposal:

- It will take much resources by CAs and the MAHs to keep the wording in the PIL updated when drugs are put on or taken off the list.
- It will "frighten" the consumer telling him that the drug is on a list of intensive monitoring.

As an alternative we will propose that there should be a general sentence in the PILs asking consumer to report to their doctor or to the CAs whenever they experience annoying symptoms that they suspect are related to the drug.

Directive 2004/83/EU art 101a
The wording *unexpected ADRs* are used. It is proposed to delete the definition of unexpected ADRs (see art 1(13). We propose to delete it here too.

Directive 2004/83/EU, Chapter 5 art 101j and art 11, paragraph 3b
We really support the introduction of a list of drugs under intensive monitoring. In Norway we have had such a list for some years based on national considerations. Our experience is that health care professionals, consumers and media have attention to the drugs that are included in the list. In the list we include both new and older drugs for which we have focus on specific ADRs under current investigation. We ask for intensified reporting on these ADRs instead of asking for reporting on all suspected ADRs as proposed in art 11, paragraph 3b. We think this is more rational than asking for reporting on all suspected ADRs.

Transparency and communication

Directive 2004/83/EU, Chapter 5, art 101i
We really endorse the establishment of a *European medicines safety web-portal*. This will fulfil most requirements on transparency in the pharmacovigilance area. However, it will not be the only needed solution for communicating about new safety issues to health care professionals and to consumers. More specific targeted communication systems have to be implemented at national levels to be sure important new information is reaching the prescribers, the pharmacists and the consumer. These can than give links to the EU web-portal.
We agree on the issues to be published through the web-portal but would like to add that *assessment reports or executive summaries of assessment reports of all safety issues discussed in the PhV Committee should be published*, not only the minutes including conclusions and recommendations. The rationale behind the conclusions and recommendations must be accessible for clinicians and for academic people to get a smoother acceptance and implementation of the new recommendations in clinical routines and in the education of students within health care professions.

Directive 2004/83/EU art 101d, paragraph 3
We endorse the proposal that data from the EudraVigilance database can be made public on request. We would also propose that guidelines or a document is set up on which parameters/data from ICSRs can be made available for public distribution.

Directive 2004/83/EU art 101k

It is proposed to open for *public hearings* on issues discussed in the PhV Committee. In principle we agree that this may be useful. However, this may delay the implementation process of the final new recommendations. In urgent issues this can be unacceptable.

Public hearings will also require resources, and criteria for when public hearings are justified, should be discussed.

Yours sincerely
NORWEGIAN MEDICINES AGENCY

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