**RESPONSE TO:**

***STRATEGY TO BETTER PROTECT PUBLIC HEALTH BY STRENGTHENING AND RATIONALISING EU PHARMACOVIGILANCE:***
**PUBLIC CONSULTATION ON LEGISLATIVE PROPOSALS**

**Name: State Institute for Drug Control, Bratislava, Slovakia**

**Type of stakeholder: Regulatory Agency**

**Organisation : State Institute for Drug Control, Slovakia**

## Our comments:

Directive 2001/83/EC Article 1(11)
Adverse reaction*:* A response to a medicinal product which is noxious and unintended.
*Comment:*
*This definition is wider than a current one. Now it includes also a part of medication errors (preventable adverse reactions) and overdosing (intoxications). For reporting purposes this definition is useful, but for other purposes it can lead to difficulties. In Summary of product characteristics there will be a mix-up of adverse reactions and intoxications.*
We recommend these changes:
Adverse reaction*:* A response to a medicinal product which is noxious ~~and~~ **or** unintended **by user**.

Directive 2001/83/EC Article 1(33)
Risk management system: a set of pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to a specific medicinal product, including the assessment of the effectiveness of those interventions.
*Comments:*
*We think that it also includes not only activities and interventions, but also personal resources with suitable equipment that can provide these activities.*
So we suppose to add word **means** (or other appropriate English word) into the definition:
Risk management system: a set of pharmacovigilance **means**, activities and interventions designed to identify, characterise, prevent or minimise risks relating to a specific medicinal product, including the assessment of the effectiveness of those interventions.

Direction 2001/83/EC Article 5 9
(ba) key safety information about the medicinal product and how to minimise risks. This information shall be presented in a box surrounded by a black border. F or medicinal products included on the European list of intensively monitored products referred to in Article 101j the following additional statement shall be included "This medicinal product is under intensive monitoring. All suspected adverse reactions should be reported to < the name and address of the marketing authorisation holder in the Member State where the marketing authorisation holder will receive suspected adverse reaction reports >"
*Comment*
*In package leaflet there is used side effect instead of adverse reaction. The statement does not say, what action should be taken by patient.*
We recommend these changes:
This medicinal product is under intensive monitoring. All suspected ~~adverse reactions~~ **side effects** should be reported to < the name and address of the marketing authorisation holder in the Member State where the marketing authorisation holder will receive suspected adverse reaction reports >" **If you notice any side effect listed or not listed in this leaflet (see part 4 Side effects), please tell your <doctor> <or> <pharmacist>.**

Article 101d
3. Individual adverse reaction reports held on the Eudravigilance database may be requested by the public and these data shall be provided by the Agency or the national competent authority from whom they were requested within 90 -days unless this would compromise the anonymity of the subjects of the reports
Comment:
*Not known is the format and extent of these reports. We recommend adding cover letter with explanation of validity of this information. Submitting of these data should be charged.*
We recommend these changes:
3. Individual adverse reaction reports held on the Eudravigilance database may be requested by the public and these data shall be provided by the Agency or the national competent authority from whom they were requested within 90 -days **in standard format accompanied by standard cover letter** unless this would compromise the anonymity of the subjects of the reports. **This activity shall be charged**.

Article 101e
4. By -/- (5-years after the entry into force of this directive), the Agency, in collaboration with the Member States shall make available web-based structured reporting forms for European healthcare professionals and patients to facilitate electronic reporting of adverse reactions and submission to Eudravigilance.
*Comment:*
*We do not recommend direct reporting by HCP or patients to Eudravigilance but we support electronic reporting to CA instead. After validation of report by trained staff CA the report can be directed to Eudravigilance.*
We recommend these changes:
4. By -/- (5-years after the entry into force of this directive), the Agency, in collaboration with the Member States shall make available web-based structured reporting forms for European healthcare professionals and patients to facilitate electronic reporting of adverse reactions and submission to ~~Eudravigilance~~ **Competent Authority.**

Article 101f
1. Marketing authorisation holders shall submit periodic safety update reports to the Agency containing a scientific evaluation of the risk –benefit balance of the medicinal product on the basis of all available data. Periodic safety update reports shall present summaries of data relevant to the benefits and risks of the medicinal product and shall not routinely contain listings of individual case reports already submitted to Eudravigilance. Periodic safety update reports shall also contain all data relating to the volume of sales of the medicinal product and any data in possession of the marketing authorisation holder relating to the volume of prescriptions.
*Comment:*
*Purpose of line listing is to document, which data were included in analysis. Therefore we recommend including them in PSUR.*
1. Marketing authorisation holders shall submit periodic safety update reports to the Agency containing a scientific evaluation of the risk –benefit balance of the medicinal product on the basis of all available data. Periodic safety update reports shall present summaries of data relevant to the benefits and risks of the medicinal product ~~and shall not routinely contain listings of individual case reports already submitted to Eudravigilance~~. Periodic safety update reports shall also contain all data relating to the volume of sales of the medicinal product and any data in possession of the marketing authorisation holder relating to the volume of prescriptions.

Article 101h
a) The studies shall not be performed where the act of conducting the study promotes the use of a medicinal product.

c) A draft protocol shall be submitted to the national competent authority for studies to be conducted in only one Member State ,and to the Committee on Pharmacovigilance referred to in Article 56(a)a of Regulation (EC) No 726/2004 for studies to be conducted in more than one Member State.
d) In the absence of a letter of objection from the competent authority or the Committee, as appropriate, within 60-days of the submission date, the study may commence. In the event that the competent authority or the Committee, as appropriate, objects to the study protocol because it is considered to fall under the scope of Directive 2001/20/EC, or because the conduct of the study is considered to promote the use of a medicinal product, the marketing authorisation holder shall be informed in writing with detailed grounds. In this event the study shall not commence until the competent authority or the Committee has given its written approval.

*Comment:*

*In addition to CA or Committee on Pharmacovigilance also ethics committee should review study protocol. The studies shall be performed only if required by approved risk management plan or competent authority.*

We recommend these changes:

a) **The studies shall be performed only if required by approved risk management plan or competent authority**. The studies shall not be performed where the act of conducting the study promotes the use of a medicinal product.
c) A draft protocol shall be submitted to the national competent authority for studies to be conducted in only one Member State ,and to the Committee on Pharmacovigilance referred to in Article 56(a)a of Regulation (EC) No 726/2004 for studies to be conducted in more than one Member State.
d) In the absence of a letter of objection from the competent authority or the Committee, as appropriate, within 60-days of the submission date, the study may commence **if independent Ethics Committee in concerned member state gives positive statement**. In the event that the competent authority or the Committee, as appropriate, objects to the study protocol because it is considered to fall under the scope of Directive 2001/20/EC, or because the conduct of the study is considered to promote the use of a medicinal product, the marketing authorisation holder shall be informed in writing with detailed grounds. In this event the study shall not commence until the competent authority or the Committee has given its written approval.

Article 101i
(g) Reference dates for the reporting of periodic safety update reports and conclusions and recommendations for product information from the assessment of periodic safety update reports.

*Comment:*

*We think that there is great difference between PSUR and assessment report of PSUR. Public available should be conclusions of the PSUR. Activities that arise from assessment of PSUR are public available by other means.*

We recommend these changes:
(g) Reference dates for the reporting of periodic safety update reports and conclusions and recommendations for product information from ~~the assessment of~~ periodic safety update reports.

Article 101i
2. Each Member State shall set up and update a national medicines safety web -portals which shall be linked to the European medicines safety web -portal referred to in paragraph 1. By means of the national medicines safety web -portals, the Member States shall make public at least the following information:
(a) Agreed risk management plans pursuant to Articles 22 and 101p for medicinal products authorised in accordance with the procedures of this directive.
(b) The intensive monitoring list referred to in Article 101j.

*Comment:*

*It seems to be impossible to publish whole RMP. It seem to be more reasonable to publish only list of approved RMP or Risk minimisation plan that is more specific on further activities and duties of MaH.*

We recommend these changes:

2. Each Member State shall set up and update a national medicines safety web -portals which shall be linked to the European medicines safety web -portal referred to in paragraph 1. By means of the national medicines safety web -portals, the Member States shall make public at least the following information:
(a) **List of** Agreed risk management plans pursuant to Articles 22 and 101p for medicinal products authorised in accordance with the procedures of this directive.
(b) The intensive monitoring list referred to in Article 101j.
**(c) Dear Healthcare Professional Communication**

**Bratislava, 31st January, 2008**

**Dr. Jan Mazag** — **Director SIDC**

**Pavol Gibala, M.D.** — **Head of section of Pharmacovigilance**