



REPORTING OF
ADVERSE EVENT REPORTS

THE ROLE
OF THE
MEDICAL REPRESENTATIVE

REPORTING OF ADVERSE EVENT REPORTS: THE ROLE OF THE MEDICAL REPRESENTATIVE

1.0 LEGAL BASIS OF PHARMACOVIGILANCE – THE COMPANY'S RESPONSIBILITY

Pharmacovigilance is the process of (i) monitoring medicines as they are used in everyday practice and in clinical research to identify previously unrecognised adverse effects or changes in the patterns of known adverse effects; (ii) assessing the risks and benefits of medicines in order to determine what action, if any, is necessary to improve their safe use; (iii) providing information to users to optimise safe and effective use of medicines; (iv) monitoring the impact of any action taken.

The pharmacovigilance regulatory obligations placed on pharmaceutical companies are laid down in various Regulations and Directives (see section 8.0). In order to ensure compliance with these regulations, all Marketing Authorisation holders in the UK will now undergo a pharmacovigilance inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA) on a regular basis.

Companies should ensure that they have an appropriate system of pharmacovigilance in place in order to assure responsibility for their products on the market and to ensure that appropriate action can be taken, when necessary. All companies must employ a Qualified Person (QP) in pharmacovigilance for Europe responsible for the establishment of a system for the collection, preparation and submission of adverse event reports and periodic safety update reports (PSURs) to regulatory authorities.

These pharmacovigilance regulatory obligations are placed on all companies holding Marketing Authorisations for medicinal products, whether innovative or generic.

Definitions of terms used in this document are located in **Section 9**.

2.0 WHAT IS YOUR OWN RESPONSIBILITY?

All company employees must be vigilant for adverse event reports.

As a company medical representative, you have a particularly important role to play in the process of collecting information on adverse events and quality defects to the products marketed, since you will often be the only contact that a healthcare professional has with the company. It is known that some healthcare staff only report adverse events to representatives.

Your involvement in this reporting process (described in section 4.0) will help to emphasise the importance of your role in ensuring patient safety.

3.0 WHY COLLECT INFORMATION ON ADVERSE EVENTS?

There are two main reasons why a company needs to collect this information:

- In order to safeguard patients, the company requires information to monitor the safety profile of a product and identify potential changes in its benefit to risk profile at an early stage. At the time a new product is first marketed, its efficacy has been well defined. However, since a relatively small number of patients will have taken part in clinical trials during the development of a new medicine, it is likely that only the more common adverse events will have been identified. It is only after larger scale use of the product in normal clinical practice that less common adverse events may be detected and an indication of the frequency of the more common adverse events is determined.
- As described in section 1.0, the company has a legal obligation to have an appropriate system of pharmacovigilance in place. Part of this system is to promptly report serious adverse events to worldwide Regulatory Authorities (see **section 5**). Failure to report or delay in reporting adverse reactions may result in regulatory, criminal and/or civil action against the company and responsible employees.

4.0 WHAT INFORMATION SHOULD YOU COLLECT?

You should collect details of ALL adverse events to the company's products regardless of:

- **the seriousness of the event**
- **whether the event is already listed in the Summary of Product Characteristics (SmPC)**
- **whether a definite causal relationship to the product has been established**
- **whether the reporter has already completed a yellow card (see section 7.0).**

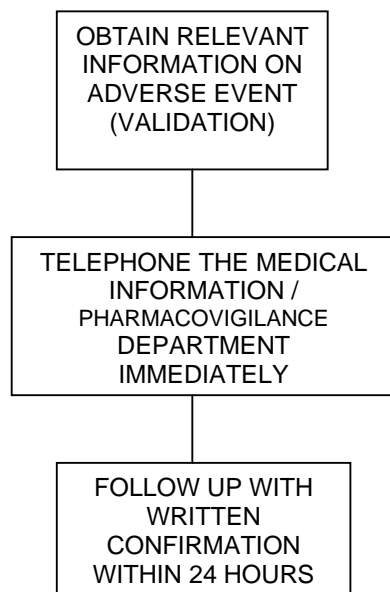
In order for the company to validate an adverse event, it is important that you collect the following information:

- reporter's name and status, address, telephone number
- patient identifier (e.g. date of birth/age, initials, sex)
- suspect drug details (e.g. dose, duration of use)
- brief summary of the adverse event

It is also helpful if you record whether the adverse event is considered serious by the reporter (see definitions, section 9.0). However, do not delay reporting an adverse event to your pharmacovigilance unit if you do not have this or all of the above information.

Adverse event reports are only valid if reported by healthcare professionals, including doctors, nurses, pharmacists, dentists and coroners. If you receive a report from another source, including patients, it is important that the pharmacovigilance unit try to verify the details with the patient's doctor or nurse. In order to do this, it is important for the company to obtain permission from the patient or reporter, and this should be documented. This may be done by representatives or by the company pharmacovigilance department. However, you should report the event even if permission is not obtained.

SUMMARY



Note: It is as well to inform healthcare professionals who report adverse events to you that the company is legally obliged to report the serious ones to the MHRA within 15 calendar days, and that a rapid reply would be appreciated if further information is requested from them by the pharmacovigilance unit.

5.0 WHAT COMPANY ACTION IS TAKEN ON RECEIPT OF ADVERSE EVENTS?

All reports on adverse events are co-ordinated and assessed in the company's Medical Department and/or Pharmacovigilance Unit. As much relevant information as possible is obtained from the healthcare professional concerned to enable Company physicians and scientists to assess the case. A company report form, which is often similar to the Commission on Human Medicines (CHM) "yellow card" (see Section 7.0) may be sent to the healthcare professional, to be completed with the required details.

Pharmaceutical companies are required to report certain adverse events to the MHRA and other worldwide Regulatory Authorities within 15 calendar days of receipt of the original information by the representative, or any other employee of the company. All reports are

maintained by the company and the information used to build up a safety profile of a medicine, so the company can advise prescribing doctors of any changes as necessary.

6.0 PREGNANCY, LACK OF EFFICACY, OVERDOSE, COMPASSIONATE USE, MISUSE AND ABUSE

It is important that the company monitors the use of its products in pregnancy, even if the outcome is normal. If you suspect one of the company's products has been taken during pregnancy, you should notify the pharmacovigilance/ medical information unit. Likewise, if the product appears to have been associated with a lack of expected efficacy, you should notify the pharmacovigilance/ medical information unit.

It is also important to collect details on adverse events which occur when the product has been used outside of its licensed use e.g. compassionate indications, overdose, misuse or abuse.

7.0 BLACK TRIANGLE PRODUCTS & "YELLOW CARDS"

Recently introduced medicines are identified by an inverted black triangle (▼) in the product entry in the British National Formulary, MIMS and the ABPI Data Sheet Compendium. Healthcare professionals are asked to report all suspected reactions to black triangle products to the CHM on yellow cards (see below). This includes any adverse or any unexpected event, however minor, which could conceivably be attributed to the medicine. Reports should be made despite uncertainty about a causal relationship, irrespective of whether or not the reaction is well recognised.

The CHM (formerly the Committee on Safety of Medicines), advises the MHRA of whether on the grounds of quality, safety and efficacy, medicinal products should be allowed to enter or remain on the market. It also decides when the black triangle can be removed (usually after two years), the decision being based on experience in use.

For established medicines (i.e. those without a black triangle), healthcare professionals are asked to report serious suspected reactions (see *Definitions* in **Section 9**) to the CHM on yellow cards. They should be reported even if the effect is well recognised.

Yellow cards are prepaid letter cards for reporting adverse events to the CHM. They are found in the back of the British National Formulary, the ABPI data sheet compendium and with the General Practitioner FP10 prescription forms. Yellow cards can now also be submitted on-line via the MHRA website.

8.0 PHARMACOVIGILANCE LEGISLATION

The various Regulations and Directives that lay down the obligations of the pharmaceutical industry can be found on the following websites:

<http://pharmacos.eudra.org>

<http://eudravigilance.org>

Relevant sections of the ABPI Code of Practice are:-

Clause 13 Scientific Service Responsible for Information

Companies must have a scientific service to compile and collate all information, whether received from medical representatives or from any other source, about the medicines which they market.

Clause 15.6

Representatives must transmit forthwith to the scientific service referred to in Clause 13 any information which they receive in relation to the use of the medicines which they promote, particularly reports of side-effects.

9.0 DEFINITIONS

- An Adverse Event (AE) is an undesirable experience occurring following administration of a medicinal product. An adverse event does not necessarily have a causal relationship with the treatment.
- An Adverse Reaction (ADR) is a response to a medicinal product which is noxious and unintended and which occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease or for the restoration, correction or modification of physiological function.
- A serious Adverse Reaction is an ADR that results in death, is life-threatening, requires inpatient hospitalisation or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect.
- An expected Adverse Reaction is an ADR, the nature, severity or outcome of which is consistent with the Summary of Product Characteristics (SmPC)
- An unexpected Adverse Reaction is an adverse reaction, the nature, severity or outcome of which is not consistent with the SmPC. It also includes class-related reactions which are mentioned in the SmPC, but which are not specifically described as occurring with this product
- Abuse of medicinal products: Persistent or sporadic, intentional excessive use of medicinal products which is accompanied by harmful physical or psychological effects.