Pharmacovigilance information for pharmaceutical companies

Electronic transmission of individual case safety reports (ICSRs) with ANSM (French National Agency for the safety of Medicines and Health Products)

This document supersedes that published in October 2008, updated in June 2009, July 2012 and November 2017

Last update: March 2018

A French version of this document is available

OUTLINE

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- o Serious
- o Non-serious

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- o Serious
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INTRODUCTION

This document:

- **concerns electronic transmission of ICSRs** possibly related to medicines and products as listed in articles L 5121-1 and R. 5121-150 of the French Public Health Code and received by exploitant pharmaceutical companies. These ICSRs can be spontaneous or solicited reports transmitted by healthcare professionals, patients or other reporters, or post authorisation study reports.
- **does not concern** the transmission of suspected unexpected serious adverse reactions (SUSARs) occurring in the context of interventional clinical trials [1].

This document is updated as part of:

- implementation of a new version of EudraVigilance by the EMA, integrating new functionalities from **22 November 2017**, further to the change in European pharmacovigilance legislation[2], especially concerning the electronic transmission of individual case safety reports (ICSRs) between the various stakeholders, in order to:
    - streamline information exchange,
    - ensure more effective monitoring of the safety of use of medicinal products,
    - enrich the content of the exchanged data.

[1] **Directive 2001/20/EC** of the European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use

[2] **Regulation (EU) 1235/2010** of the European Parliament and of the Council of 15 December 2010, amending, as regards pharmacovigilance of medicinal products for human use, Regulation (EC) No 726/2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency, and Regulation (EC) No 1394/2007 on advanced therapy medicinal products

- **Directive 2010/84/EC** of the European Parliament and of the Council of 15 December 2010 amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use

A) TRANSMISSION OF INDIVIDUAL CASE SAFETY REPORTS FOR ADVERSE EFFECTS OCCURRING IN FRANCE OR IN THE EUROPEAN UNION

- **SERIOUS**

Marketing Authorisation procedure	Country of occurrence	Severity type and time to reporting	Transmission from 22 November 2017
• Centralised • Mutual recognition decentralised, • National	France or European Union	Serious (15 days)	EudraVigilance

NB: for pharmaceutical companies already reporting to EudraVigilance → this method of transmission should continue to be used.

- **NON-SERIOUS**

Authorisation/ registration procedure	Country of occurrence	Severity type and time to reporting	Transmission from 22 November 2017
• Centralised • Mutual recognition decentralised, • National	France or European Union	Non-serious (90 days)	EudraVigilance

B) TRANSMISSION OF INDIVIDUAL CASE SAFETY REPORTS FOR ADVERSE EFFECTS OCCURRING OUTSIDE THE EUROPEAN UNION

- **SERIOUS**

Authorisation/ registration procedure	Country of occurrence	Severity type and time to reporting	Transmission from 22 November 2017
• Centralised • Mutual recognition decentralised, • National	Outside European Union	Serious (15 days)	EudraVigilance

- **NON-SERIOUS**

Non-serious cases occurring outside the European Union should not be reported to EudraVigilance (article 107 of Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001, amended).

C) OTHER INFORMATION

1/ New procedures for the exchange of ICSRs between the ANSM and marketing authorisation holders (MAH)

Individual case safety reports notified to the ANSM via the network of Regional Pharmacovigilance Centres are transmitted electronically by the ANSM to the EMA since 20 November 2005 (*via* Eudravigilance). For information, the individual case safety reports will be sent by post to the operator(s) of the medicinal products concerned (coded to be suspect or in interaction) until 21 November 2017.
From 22 November 2017, the ANSM shall no longer send individual case safety reports of serious adverse effects to pharmaceutical companies by post. They should use the EudraVigilance EVWEB functionalities directly to access and download the serious **and** non-serious ICSRs by which they are concerned. ICSRs originating from ANSM are mainly in French and it will be transmitted as it to Eudravigilance. They will be accessible from 22 November 2017 after Eudravigilance downtime.
Concerning individual case safety reports **from medical and scientific literature**, pharmaceutical companies are no longer required to forward the corresponding articles to the ANSM since 10 July 2017.

2/ New international standards

Pharmaceutical companies should finalise processes and their IT infrastructures to bring them into compliance with the new international ICH E2B (R3) standards by 22 November 2017. The document describing the technical changes is available in the 'Eudravigilance stakeholder change management plan' issued by the EMA.
It can be downloaded at:
http://www.ema.europa.eu/ema/pages/includes/document/open_document.jsp?webContentId=WC500196029

3/ EudraVigilance data monitoring

From 22 November 2017, MAH will have extended access to EudraVigilance data to enable them to continuously monitor the information in this database in the aim of detecting pharmacovigilance signals (see Commission Implementing Regulation (EU) 520/2012 of 19 June 2012 on the performance of pharmacovigilance activities).

The new provisions shall be implemented gradually:

- One-year pilot phase, during which MAH should monitor the data for active substances on the list of medicinal products under additional monitoring, due to come into effect from 22 November 2017,
- Implementation of the pilot phase from 22 February 2018: MAH should monitor the data in EudraVigilance for active substances on the list of medicinal products under additional monitoring, and inform the EMA and the competent authorities if they detect 'confirmed signals' among the data,
- For the other substances not on the list of medicinal products under additional monitoring, MAH will have access to EudraVigilance that they can use as additional data source for their signal detection activities. However, they are not required to continuously monitor EudraVigilance for these substances.
- Between 22 November 2017 and 22 February 2018, MAH are required to familiarise themselves with the tools developed in order to enable monitoring of EudraVigilance data.

Additional information and training can be found on the EMA website:
http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/q_and_a/q_and_a_detail_000162.jsp&mid=WC0b01ac0580a1a1fb

For information relating to data exchange with Eudravigilance, please contact the EMA: EMA IT Service Desk, Tel. +44 (0)20 3660 7523

For specific information to France, please send an email to: anpv@ansm.sante.fr

APPENDIX 1

TECHNICAL SPECIFICATIONS FOR REPORTING TO EUDRAVIGILANCE

The EV-PM module is used for electronic reporting to EudraVigilance. Accordingly, the receiver's ID of the ICSRs must be: EVHUMAN.

The various steps for registering with the EudraVigilance production environment are described on the Eudravigilance website at:
http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_000687.jsp&mid=WC0b01ac0580a69262

MedDRA

The MedDRA terms used should derive from the latest published version of the terminology. Low level terms (LLT) should be 'common' in this latest version. The notion of latest published version should comply with MSSO (MedDRA Maintenance and Support Services Organization) and EMA EudraVigilance Expert Working Group recommendations.

Languages

The languages accepted by ANSM for electronic ICSRs are French and English.

Imputability

For ICSRs occurring in France, the drug causality assessment according to the French imputability method is no longer obligatory for pharmaceutical companies but still mandatory for Regional Pharmacovigilance Centres in accordance with good pharmacovigilance practices (version 02/2018).

APPENDIX 2

REMINDER OF THE CONSEQUENCES FURTHER TO CHANGE OF NAME OF THE AGENCY FROM THE AFFSAPS TO THE ANSM

FR-AFSSAPS-xxxxxx identifiers should not be migrated to FR-ANSM-xxxxxx identifiers.

In order to maintain consistency between all of the pharmacovigilance databases, and until further notice:

2.1. The REPORTDUPLICATE section (A.1.11) from E2B(R2) message or Source(s) of the Case Identifier(s) (C.1.9.1.r) from ICH E2B(R3) message should be filled in as follows:

E2B(R2)	A.1.11.1	DuplicateSource	**ANSM**
	A.1.11.2	DuplicateNumb	**Keep the FR-AFSSAPS-xxxxxx number**
E2B(R3)	C.1.9.1.r.1	Source(s) of the Case Identifier	**ANSM**
	C.1.9.1.r.2	Case Identifier(s)	**Keep the FR-AFSSAPS-xxxxxx number**

2.2 The LINKEDREPORT section (A.1.12) from E2B(R2) message or Identification Number of the Report Which Is Linked to This Report (C.1.10.r) from E2B(R3) message should be filled in as follows:

E2B(R2)	A.1.12	LinkReportNumb	**Keep the FR-AFSSAPS-xxxxxx number**
E2B(R3)	C.1.10.r	Identification Number of the Report Which Is Linked to This Report	**Keep the FR-AFSSAPS-xxxxxx number**