Pharmacovigilance System and Its Implementation in Indonesia

Dra. RATNA IRAWATI, Apt., M.Kes
Director for Distribution Control of Therapeutic and Household Healthcare Products

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OUTLINES:

- Definition of Pharmacovigilance
- Objectives of Pharmacovigilance
- History of Pharmacovigilance in Indonesia
- Pharmacovigilance System
- ADRs Reporting by Health Care Professional (HCPs)
- Implementation of Pharmacovigilance by Pharmaceutical Industry or Marketing Authorization Holder
- Pharmacovigilance Performance in 2012
Pharmacovigilance (WHO Definition)

The science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other possible medicine-related problems.
Objectives of Pharmacovigilance:

- Early detection of new ADRs (unexpected/never known before)
- Detection of possible drug interactions
- Detection of increasing frequency of expected ADRs
- Identification of risk factors and its mechanism
- Assessment on long term safety
- Study of potential risk group of population (children, elderly, pregnant women)
- Benefit/risk ratio assessment to manage and control the risk
- Provide drug safety profile based on Indonesia Population

Greater Risk Assessments, Management, Tools and Metrics

By Tony Ridley

To be INNOVATIVE, CREDIBLE, INTERNATIONALLY RECOGNIZED INSTITUTION on DRUG AND FOOD CONTROL to PROTECT PUBLIC HEALTH
Snapshot and History of Development of ADVERSE DRUG MONITORING/Pharmacovigilance Activities in Indonesia

1975 - 1978
Piloting project: involving 6 public hospitals

1. GH. Pringadi Medan
2. GH Cipto JKT
3. GH. Hasan Sadikin Bandung
4. GH. Dr. Sardjito Jogjakarta
5. GH. Dr. Karyadi Semarang
6. GH. Dr. Soetomo Surabaya

1980
• National Program on Monitoring of ADRs: Voluntary Reporting by HCPs
• Advisory Board

1990
NADFC as a Member of WHO Program for International Drug Monitoring. The collaboration centre for PV: in WHO UMC, Uppsala, Sweden

2004
Establishment of Pharmacovigilance Unit under Directorate of Distribution Control of Therapeutic & Household Healthcare Products

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Snapshot and History of Development of ADVERSE DRUG MONITORING/Pharmacovigilance Activities in Indonesia

To be INNOVATIVE, CREDIBLE, INTERNATIONALLY RECOGNIZED INSTITUTION on DRUG AND FOOD CONTROL to PROTECT PUBLIC HEALTH

BADAN POM

Strengthening Risk Management Program approaches

1. Strengthening Risk Management Program approaches

2. Linking NRA with Public Health Program:
   a. EPI for AEFI Surveillance
   b. ATM Drugs

3. Development of dedicated subsite for PV Activities, incl. e- ADRs reporting

4. Networking with relevant stakeholders to promote PV activities

5. Workshop on PV: improve HCPs roles and responsibility to involve in ADRs reporting

MoH Decree No. 1010/Menkes/Per/XI/2008 on Drug Registration, Article No. 22

MoH Decree No. 1799/Menkes/Per/XII/2010 on Pharmaceutical Industry, Article No. 9: Mandatory for Pharmaceutical Industry to perform PV

Head of NADFC Regulation No. HK.03.1.23.12.11.10 690 of 2011 on PV Implementation for Pharmaceutical Industry and its corresponding Technical Guidelines
PHARMACOVIGILANCE SYSTEM

VOLUNTARY

Health Care Professionals (HCPs)
- Hospitals/ Public Healthcare centre
- General Practices/Private
- Pharmacist in Pharmacy
- Other HCPs

Spontaneous Reporting: Yellow Form

MANDATORY

Pharmaceutical Industry (PI)/Marketing Authorization Holders (MAHs)

Spontaneous Reporting: CIOMS Form instead of Yellow Form
- PSUR (for certain conditions)
- Scientific Publication and Study Reports
- Regulatory Action in Other country

To be INNOVATIVE, CREDIBLE, INTERNATIONALLY RECOGNIZED INSTITUTION on DRUG AND FOOD CONTROL to PROTECT PUBLIC HEALTH
Spontaneous Voluntary Reporting is unsolicited AEs/ADRs report by HCPs, based on clinical practice experiences, which does not derive from a study
# AEs/ADRs SPONTANEOUS VOLUNTARY REPORTING

## Advantages:
- Involving wider population incl. Children, elderly, pregnant women, breast feeding women.
- In- and out-patients
- Can be applied to all drugs
- May detect very rare ADRs
- Detect drug interaction
- Evaluation of drug use in bigger population
- No intervention to the reporters
- Possible to conduct individual assessment of patient
- Can compare ADRs profiles between drugs within the same therapeutic class
- Simple, easy and cheap

## Limitations:
- Under reporting
- Number of patients exposure is unknown
- Can not calculate incidence
- Incomplete or insufficient information
- Difficult to detect delayed reactions
- No Control group
- Difficult to analysing prescribing rate due to differences in quantities and doses prescribed
- Biases

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**UNDER REPORTING:**
Phenomenon of Ice Berg
REPORTING FORM for HCPs (Yellow Form)

<table>
<thead>
<tr>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (singkat)</td>
</tr>
<tr>
<td>Kelamin (beri tanda X) :</td>
</tr>
<tr>
<td>Penyakit/kondisi lain yang menyerta (beri tanda X) :</td>
</tr>
<tr>
<td>Penyakit lain yang menyerta (beri tanda X) :</td>
</tr>
<tr>
<td>EFEK SAMPING OBAT (E.S.O)</td>
</tr>
<tr>
<td>Bentuk/Manifestasi E.S.O. yang terjadi :</td>
</tr>
<tr>
<td>Kemudian E.S.O. (beri tanda X) :</td>
</tr>
<tr>
<td>Keterangan E.S.O. yang pernah dialami :</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AEs/ADRs Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Nama Daging/Brand)</td>
</tr>
<tr>
<td>Cara</td>
</tr>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>9.</td>
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<td>10.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporter Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nomor Telepon :</td>
</tr>
<tr>
<td>Nama :</td>
</tr>
<tr>
<td>Keahlian :</td>
</tr>
<tr>
<td>Alamat :</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Laboratorium (bila ada)</td>
</tr>
<tr>
<td>Tgl. Pemeriksaan :</td>
</tr>
<tr>
<td>Tgl. Tangan petugas :</td>
</tr>
</tbody>
</table>

To be INNOVATIVE, CREDIBLE, INTERNATIONALLY RECOGNIZED INSTITUTION on DRUG AND FOOD CONTROL to PROTECT PUBLIC HEALTH
Implementation of PV by PI/MAH

MANDATORY TO PERFORM PV AND REPORT TO AUTHORITY

- MoH Regulation No. 1799/Menkes/Per/XII/2010 on Pharmaceutical Industry, Article No. 9
- Head of NADFC Regulation No. HK.03.1.23.12.11.10690 of 2011 on Implementation of Pharmacovigilance for Pharmaceutical Industry (Enacted in 5 January 2012)

AIMS:

GENERAL:
TO ENSURE DRUG SAFETY AFTER ITS MARKETING, AND TO ENSURE PATIENT SAFETY AS DRUG END USER.

SPECIFIC:
TO STRENGTHEN THE DIRECTION OF AND TO HAVE BETTER STRUCTURED PV SYSTEM IN INDONESIA, WITH OPTIMALIZATION OF THE ROLES AND RESPONSIBILITIES OF PI/MAH TO ENSURE THE SAFETY OF THEIR PRODUCTS
WHAT SHOULD BE PREPARED BY PHARMACEUTICAL INDUSTRY/MAH TO INITIATE PV SYSTEM

**ORGANIZATION:**
A DESIGNATION UNIT SPECIFIC FOR PV FUNCTION
(NOT NECESSARILY A NEW UNIT, BUT THIS FUNCTION MAY BE ATTACHED TO AVAILABLE UNIT WITH ADDITIONAL FUNCTION OF PV)

**PV RESPONSIBLE PERSON/PIC**

**ESTABLISHMENT OF MONITORING SYSTEM FOR CAPTURING AEs/ADRs FROM HCPs by i.e.:**
- DEVELOP SOPS
- DEVELOP PV CARD/FORM/INFORMATION CONTACT/STANDARD QUESTIONER
- TRAIN ALL STAFF INCL MEDREP OR PEOPLE IN THE FRONT ROW
- PROMOTE PV to HCPs to SENSITIZE THEM to REPORT
PHARMACOVIGILANCE REPORTS BY PI/MAH

1. SPONTANEOUS ADRs/ADRs
2. PSUR (PERIODIC SAFETY UPDATE REPORTS)
3. POST-MARKET SAFETY STUDY
4. SCIENTIFIC PUBLICATION/JOURNALS
5. ACTIONS BY MAH IN OTHER COUNTRIES
6. ACTION BY DRUG REGULATORY AUTHORITY IN OTHER COUNTRIES
7. RISK MANAGEMENT PLAN
<table>
<thead>
<tr>
<th>Report Type</th>
<th>Description</th>
<th>Time line</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUL</td>
<td>Serious Unexpected Local</td>
<td>15 calendar days</td>
</tr>
<tr>
<td>SUF</td>
<td>Serious Unexpected Foreign</td>
<td>15 calendar days</td>
</tr>
<tr>
<td>SEL</td>
<td>Serious Expected Local</td>
<td>15 calendar days</td>
</tr>
<tr>
<td>Non SUL</td>
<td>Non Serious Unexpected Local</td>
<td>6 monthly</td>
</tr>
<tr>
<td>Non SEL</td>
<td>Non Serious Expected Local</td>
<td>No need to report</td>
</tr>
<tr>
<td>Non SUF</td>
<td>Non Serious Unexpected Foreign</td>
<td>No need to report</td>
</tr>
</tbody>
</table>
Criteria of Serious Adverse Event for Spontaneous Reports

A serious adverse event (experience) or reaction is any untoward medical occurrence that at any dose:

• results in death
• is life threatening
• requires inpatient hospitalization or prolongation of existing hospitalization
• results in persistent or significant disability/incapacity or
• is a congenital anomaly/birth defect or
• other medical condition considered serious
AEs/ADRs REPORTING FORMAT FOR PI/MAH

Lampiran-2

Informasi Pasien
Nama/Inisial Pasien: ___________________________ No. Pelapor: ___________________________
Ura: ___________________________ Jenis Kelamin: □ Laki-laki □ Wanita
Pekerjaan: ___________________________

Informasi Manifestasi KTD
Tanggal mulai: ___________________________ [dd, mm, yyyy] Kesudahan KTD:
Tanggal: ___________________________ [dd, mm, yyyy]

□ Sembuh □ Meninggal □ Belum sembuh □ Sembuh digejala sisa □ Tidak dikenal

Apakah KTD berkurang/sembuh setelah obat diberikan? □ Ya □ Tidak □ Tidak ada informasi
Apakah KTD timbul kembali setelah obat dihentikan? □ Ya □ Tidak □ Tidak ada informasi

Obat yang dicurigai menimbulkan KTD
1. Dosis
2. Prekursor
3. Rute
4. Tgl. mula
5. Tgl. berhenti
6. Indikasi penggunaan obat

II. SUSPECT DRUG(S) INFORMATION
14. SUSPECT DRUG(S) (include generic name)
20. DID REACTION ABATE AFTER STOPPING DRUG? □ YES □ NO □ NA
21. DID REACTION REAPPEAR AFTER REINTRODUCTION? □ YES □ NO □ NA

II. SUSPECT DRUG(S) AND HISTORY
22. CONCOMITANT DRUG(S) AND DATE OF ADMINISTRATION (exclude those used to treat reaction)
23. OTHER RELEVANT HISTORY (e.g. diagnoses, allergies, pregnancy with last menstrual period, etc.)

IV. MANUFACTURER INFORMATION
24a. NAME AND ADDRESS OF MANUFACTURER
24b. MFR CONTROL NO.
24c. DATE RECEIVED BY MANUFACTURER
24d. REPORT SOURCE □ STUDY □ LITERATURE □ HEALTH PROFESSIONAL

DATE OF THIS REPORT: ___________________________
25a. REPORT TYPE: □ INITIAL □ FOLLOW UP

□ PATIENT DIED □ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
□ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
□ LIFE THREATENING □ CONGENITAL ABNORMALITY/ BIRTH DEFECT
□ IMPORTANT MEDICAL EVENT

II. SUSPECT DRUG(S) INFORMATION
14. SUSPECT DRUG(S) (include generic name)

15. DAILY DOSE(S)
16. ROUTE(S) OF ADMINISTRATION
17. INDICATION(S) FOR USE
18. THERAPY DATES (from/to)
19. THERAPY DURATION

II. SUSPECT DRUG(S) AND HISTORY
22. CONCOMITANT DRUG(S) AND DATE OF ADMINISTRATION (exclude those used to treat reaction)
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CIOMS Form
PSUR (Periodic Safety Update Reports)

- *Drug with New Chemical Entity* (NCE) include similar biotherapeutic product.
- Other Drugs, upon request by NADFC

Postmarketing Safety Study

- If required as conditional approval of the products to perform post-marketing study
- Any drugs which have been marketed and required risk management based on benefit risk assessment an/or expert recommendation, and upon request by NADFC.

Regulatory Action by Drug Regulatory Authorities and/or MAH in Other Countries

Pharmaceutical Industries must report all information on regulatory action from other country related to safety aspect such as suspension or withdrawal marketing authorizations, recall drugs from the market by other regulatory authorities or voluntary action by MAH.

Risk Management Plan

Upon request by NADFC
PV PERFORMANCE IN 2012

- AEs/ADRs Reports total received in 2012:
  - HCPs reports: 201 reports
  - PI/MAH reports: 169 (local reports); 38 (AEFI reports); 18,080 (foreign reports)

Total PI/MAH reported AEs/ADRs: 30 PI/MAH

Total PI/MAH reported PSUR/RMP: 16 PI/MAH
Pusat Farmakovigilans:

Direktorat Pengawasan Distribusi Produk Terapetik dan PKRT
Badan Pengawas Obat dan Makanan
Republik Indonesia

Informasi Kontak:
Alamat : Jl. Percetakan Negara No. 23, Jakarta Pusat, 10560
E-mail : pv-center@pom.go.id
No. Fax : +62-21-4288345
No. Tlp ++62-21-4244755 Ext. 111; 4244691 Ext.1072
Terima kasih
THANK YOU
ARIGATO GOZAIMAS