



5th India-Japan Medical Products Regulatory Symposium (Through WEBEX, 21st & 22nd Dec. 2021)

Post Marketing Safety Studies and its Monitoring

Presented By

Dr P. B. N. Prasad,

Joint Drugs Controller (India),

CDSCO, DGHS, MOH&FW, Govt. of India





OUTLINE

- Legal provisions
- Guidance documents
- Pharmacovigilance system in India
- Signal Review Panel of PvPI
- Regulatory process in safety monitoring of vaccines
- Post Marketing Surveillance
 - ✓ Materiovigilance program in India
 - ✓ Haemovigilance Programme in India
- Regulatory action





Legal Provisions

➢ Till 2019, post Licensure Safety Evaluation of new drug was conducted as per provisions under Schedule Y of Drugs and Cosmetics Act 1940 and Rules 1945

Since 2019 after the publication and implementation New Drug and Clinical trial Rules 2019 vide GSR No 227 (E), dated 19th March, 2019 Post Market Assessment is conducted as per fifth Schedule of the New Drug and Clinical Trial, 2019





Legal Provisions: Fifth Schedule of NDCT Rules 2019

1. Post marketing assessment of new drug

- a) A person intending to import or manufacture any new drug for sale or distribution shall have a pharmacovigilance system in place for collecting, processing and forwarding the adverse drug reaction report to the Central Licensing Authority emerging from the use of the drug imported or manufactured or marketed by the applicant in the country.
- b) The pharmacovigilance system shall be managed by qualified and trained personnel and the officer in-charge of collection and processing of data shall be a medical officer or a pharmacist trained in collection and analysis of adverse drug reaction reports.





Legal Provisions: Fifth Schedule of NDCT Rules 2019

- Post marketing assessment of new drug may also be carried out, in different ways as under :-
 - Phase IV (Post marketing) trial.
 - Post marketing surveillance study or observational or non-interventional study for active surveillance
 - Post marketing surveillance through periodic safety update reports (PSURs)





Legal provisions: PSUR submission

Conditions for PSUR submission in Marketing Authorization Permission -

Rule 77 prescribes- Condition of permission for import of new drugs for sale or distribution

Rule 82 prescribes- Condition of permission for manufacture of new drugs for sale or distribution.

- Rule 77 (iv) and Rule 82 (iv) " As post market surveillance, the applicant shall submit PSUR report as per fifth schedule of the New Rule."
- Rule 77 (v) and Rule 82 (v) "All reported adverse reaction/serious unexpected adverse reaction related to the drug shall be intimated to Central Licensing Authority and regulatory action resulting from their review should be complied with."





Legal provisions: Post marketing safety (PMS) requirements for imported drugs

Conditions of Import for Reporting ADR

- As per condition 4 in Form 41 (Registration Certificate for import of Drugs into India)
- The manufacturer or his authorized agent in India shall inform the licensing authority in the event of any administrative action taken due to adverse reaction, viz. market withdrawal, regulatory restrictions, or cancellation of authorization, and/or not of standard quality report of any drug pertaining to this Registration Certificate declared by the Regulatory Authority of the country of origin or by any Regulatory Authority of any other country, where the drug is marketed/sold or distributed.





Legal provisions: Post marketing safety requirements for marketed drugs

Legal provisions for SAE Reporting of all marketed drugs

As per Para 28.2 of Schedule M of Drugs and Cosmetics Rules 1945.

Reports of serious adverse drug reactions resulting from the use of a drug along with comments and documents shall be forthwith reported to the concerned licensing authority.





Guidance documents for post marketing safety studies

Guidance Documents for Pharmacovigilance published to guide the marketing authorization holders of pharmaceutical products for establishing and carry out the PV activities in their entities.

- Guidance for Industry for Pharmacovigilance requirements of Biological Product- Published in 2015, (revised on 27th January, 2017)
- 2. Pharmacovigilance Guidance Document for MAHs of Pharmaceutical Products- Effective date- January 2018





Guidance Documents-An Overview

- Guidance to all MAHs of pharmaceutical products (Importers and manufacturers) to establish a PV system with qualified, trained and experienced manpower to collect and collate AEs/ADRs.
- Should conduct decisive causality analysis of the collated AEs/ADRs cases after due investigation, to submit to regulatory authority.
- Broadly based on Good Pharmacovigilance Practices (GVP) document of EMA and has six modules as guidance for establishing PV system at MAH organization.





Pharmacovigilance system in India- An Overview

- CDSCO as a National Regulatory Authority has the mandate to conduct the post marketing surveillance which includes Pharmacovigilance Programme of India (PvPI).
- IPC is functioning as the National Coordinating Centre (NCC) and designated as WHO collaboration centre for pharmacovigilance including medical device in public health programmes and regulatory services.
- Various ADR monitoring centres established in various medical colleges across the country, are reporting to the NCC through Vigiflow software.





Pharmacovigilance system in India- An Overview

- PVPI conducts evidence based assessment of risk/benefit to ensure that the medicines in use are rational, safe and costeffective and based on outcome of PvPI, regulatory decisions are taken.
- Pharmacovigilance is also one of the functions in Global Bench marking Tool (GBT) which was assessed at maturity level 4 by WHO and considered CDSCO as functioning NRA in 2017.
- NCC-PvPI submits individual case safety reports (ICSRs) of Adverse drug reactions (ADR) from AMCs/ Pharmaceuticals industries/ HCPs/Non-HCPs to the WHO database "Vigibase".





Signal Review Panel of PvPl

Signal review panel constituted in the PvPI, IPC, comprising of experts in various medical field along with regulators, review and make recommendation to CDSCO on the adverse drugs reaction (ADRs) report, ICSRs received from the AMCs through the vigiflow software for various regulatory decision on safety information of the marketed products.





Regulatory process in safety monitoring of vaccines

- CDSCO is also responsible to take appropriate regulatory decision and actions on the basis of recommendations of the national AEFI committee under the Immunization division of Ministry of Health and Family Welfare, New Delhi for the vaccine.
- CDSCO is also responsible to take regulatory decision on the basis of analysis of the PMS, PSUR, AEFI data done by expert committee of CDSCO (HQ) along with PvPI and AEFI division.





Post Marketing Surveillance

- Materiovigilance Program of India (MvPI) has been launched by DCG (I) on 6th July 2015 at Indian Pharmacopoeia Commission (IPC) Ghaziabad to monitor the "Medical device adverse events" (MDAE)
- MVPI is taken up by IPC in collaboration with Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) provides technical support for regulatory decisions for safe use of medical devices based on data generated on AE/SAEs.
- Haemovigilance Programme of India (HvPI) is a centralized, structured programme with defined responsibilities launched in India on Dec 10, 2012 by Indian Pharmacopoeia Commission (IPC), Ministry of Health & Family Welfare, Government of India
- National Coordinating Centre (NCC) for HvPI is at National Institute of Biologicals (NIB), Ministry of Health & Family Welfare, Government of India





Regulatory Action

Regulatory decisions and actions may include;

- suspension
- recall,
- update of product package insert,
- -withdrawal,
- -revocation of marketing authorization etc.
- Regulatory decision are communicated by CDSCO to those concerned (State Drugs Regulatory Authority, Manufacturers etc.)







Ministry of Health & Family Welfare Government of India



Japan Ministry of Health, Labour and Welfare (JMHLW)

Thank You



