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EUROPEAN UNION GOOD PHARMACOVIGILANCE PRACTICE (GOOD SAFETY COMMUNICATION)

KAMARAJ R* AND J RASHI

Department of Pharmaceutical Regulatory Affairs, SRM College of Pharmacy, SRM Institute of Science and Technology, Kattankulathur, Chengalpattu Dt., 603203, India

*Corresponding Author: Dr. Kamaraj R: E Mail: kamarajr@srmist.edu.in

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ABSTRACT

Clinical practise, public health campaigns, and drug regulatory systems all employ pharmacovigilance to track and analyse adverse drug responses. Pharmacovigilance requires high expertise to swiftly identify prescription dangers and defend the medicine from inappropriate removal (ADRs). Uppsala Monitoring Centre's global pharmacovigilance system needs objective review. This would consider drug safety risks that threaten global public health. Pharmacovigilance identifies and understands previously unknown adverse drug responses. Pharmacovigilance is becoming more significant in clinical trials around the world. With the new millennium comes challenge in pharmacovigilance's pursuit of enhanced safety and monitoring. Pharmacovigilance centres monitor drug safety. This introduction covers medication safety, international pharmacovigilance centres, pharmacovigilance's pros and downsides, and future healthcare uses.

In this article we have explained about the purpose of good safety communication for good pharmacovigilance practice and the way it can be performed. Alternately we get to know the means of communication and their purposes and the role of DHCP.

Keywords: safety communication, DHCP, target audience

1.A INTRODUCTION

EU patients and doctors rely on drug authorities. EU safety communication requires teamwork. Patients and healthcare professionals need consistent EU regulatory information. XV.B.5's resources and channels can announce safety updates. Member States, the Agency, or the European Commission must notify each other 24 hours before a safety announcement [DIR Art. 106a(2)] **[1]**.

The Agency organises nationwide safety announcements for active ingredients in multi-state licenced pharmaceutical goods [DIR Art 106a(3)].

Practical reasons hinder coordinating all Member State or Agency safety information. Only the following safety announcements in several Member States require EU regulatory network collaboration:

• EU referral start/end

2.B STRUCTURE AND PROCESS OF GOOD SAFETY COMMUNICATION

2.B.1 Objectives: safety outreach attempt

Effective, high-quality safety communication can boost public confidence in the regulatory system in addition to the mentioned factors.

2.B.2 Principles:

Safety messages need to be timely, accurate, pertinent, and consistent in order to evoke the right reactions from their audiences.

• Safety communication should be targeted to the right audiences (such as patients and healthcare professionals), taking into account differing knowledge requirements and demands for information while guaranteeing the accuracy and consistency of the information delivered.

Coordination and cooperation should be maintained throughout

Risk should always be weighed over benefits

Risk that can occur if not treated should also be mentioned

Risk benefit analysis graphical representations should be done for clear understanding and adequate information

Effectiveness of the safety communication should be analysed and consulted

2.B.3 Targeted audience for the safety communication

Patients, Caretakers, Healthcare professionals are the primary audience for the safety communication issued by the competent authorities they should be given a clear information regarding the administration, dispensing , intake of medicine. This is usually done to ensure that the risk of the drug or treatment can be minimised to maximum level. Sometimes the media gets involved or can be involved to pass the details regarding the information provided by the authority so that the maximum audience can be reached **[2]**.

2.B.4 Content and means of safety communication

According to [DIR Art 106a (1)] all the information provided should be clear and not false or misleading and the safety information should not include statements which may contain advertisement according to Title VIII of Directive 2001/83/EC.

(1) they should provide new information regarding the authorized medicine and its effect in the risk benefit analysis

(2) Purpose behind the safety communication should be explained

(3) References and relevant information regarding the given safety communication should be provided and the statements given by the authorities regarding the same has to be explained and ensured that they reach the audience in an efficient manner.

(4) And reporting of the adverse event to national spontaneous reporting system has be explained and the medical professionals have to be explained and trained regarding the same.

Means of communication has increased to a vast variety to ensure that it can reach larger number of the targeted audience they are as mentioned below:

B.4.1 DHPC {direct health care professional communication}

Through a direct healthcare professional communication (DHPC), which is a communication intervention meant to notify targeted healthcare professionals of the need to take particular measures or adjust their practices in regard to a medicinal product, a marketing authorization holder or a responsible authority will communicate crucial safety information to these professionals. DHPCs do not respond to questions from healthcare specialists. To prepare DHPCs, the marketing permission holder and the relevant authorities must collaborate. The parties should agree before the marketing authority holder issues a DHPC. Both the DHPC's content and its communication plan, which includes the DHPC's target audience, schedule, and distribution techniques, will be covered by the agreement.

DHPC should be granted where more number of marketing authorization holders are present for a same active ingredient, only one message should be submitted.

When possible and appropriate, healthcare professional organizations or learned societies should be included to make sure that DHPC content is relevant and right for the audience it is meant for.

There should also be other ways to talk, and the information should be consistent.

A DHPC is an extra way to deal with risks (according to GVP Modules V and XVI).

When a DHPC is needed to act quickly or change the way a drug is used, one of the

following should happen: Revocation, suspension, or withdrawal of a permit for safety reasons:

• Suspension, withdrawal, or revocation of a marketing license because of safety

• updated warnings on products;

A DHPC for safe and effective use of a pharmaceutical product can be given out by a competent authority or a holder of a marketing license.

[A] Material from competent authorities directed for the health care professionals:

The information to healthcare professionals can be directly given by competent authorities via their website. They provide the risk minimization plan based on the relevant information and detailed studies. Further information can be given through links, prescriptions and dispensing system.

They should ensure that the mode of passing the information is relevant and applicable and can be passed easily to the health care professional.

[B]Documents provided for general public and patients:

The primary purpose is to provide question-askers with the requested information. The documentation should include guidance from the competent authority as well as precautions to reduce patient risk. Their distribution should be determined by the nature of the desired data.

It is essential that the appropriate individuals receive the data and have their queries answered.

B.4.2 Press communication

News briefings and press releases target journalists. Competent agencies may send journalists press releases in addition to releasing them online. This ensures that media receive both the authority's scientific opinion and other information. Engaging with the media helps broaden your audience and boost regulatory confidence. Authorized marketers can write and distribute press releases. Their news releases should highlight government legislation. All marketing communications must mention ongoing reviews. Press releases are intended for journalists, but patients, healthcare professionals, and the public also read them. Therefore, reference relevant communication materials. Healthcare practitioners should have a DHPC and/or contact from a competent authority before or around the time of a press release to effectively respond to patients. Complex or sensitive statements about public health, or safety issues or topics related to pharmaceutical product safety, should be considered by relevant authorities.

B.4.3 Websites and browsing

A website is necessary for patients and medical professionals to access drug information online. Safety information should be easily accessible and widely

disseminated by authorities and marketers. Websites ought to note when content has become obsolete.

deleted. [Reg 26(1)] All medicines that have been approved for use in the European Union are required to be made available through a central online gateway. Website

In all official EU languages, it will give safety data. [DIR-106] There needs to be a centralized, cross-linked medicines website that serves all of the participating countries. From

Until the Agency's portal is operational, safety information will be made available on its website.

B.4.4 Social media and online communications

Social media and other web technologies can spread online safety advice. When using faster communication routes, accuracy must be maintained. Emerging digital communication tools should be incorporated into communication processes.

B.4.5 Newsletters and articles

Periodically, bulletins and newsletters provide drug safety and efficacy information. These tools can serve as communication reminders. Competent authority can reach a large audience using these tools and channels.

B.4.6 Inter authority communication

When one authority regulates a safety issue, other agencies may have questions or want to interact. Lines-to-take should be used for inter-agency communication. Responsible authorities construct lines-to-take to enable their staff and collaborating authorities respond to outside queries consistently or express a consistent message on a given topic.

B.4.7 Response to public queries

Authorities and marketing authorization holders should have methods to answer public questions concerning drugs. When offering a response, examine public domain material and any related guidance given to patients and healthcare practitioners by the proper authorities. When a patient has inquiries about specific treatment suggestions, they should be directed to a healthcare provider.

B.4.8 Other modes of communication

Journals for professionals and scientific research are further resources.

Some technologies and channels may be used to disseminate product information within the

context of risk management. These consist of teaching aids and patient alert cards. These are discussed in Module 16 and are outside the purview of this module.

B.4.9 Safety communication effectiveness

Safety communication is effective when the intended information is heard, comprehended, and acted upon. When feasible, measure the communication's effectiveness. In most circumstances, a

research-based method is adequate for determining XV.B.2 compliance. This method measures behavior, attitudes, and knowledge. The scope of a safety communication review can be expanded beyond the tools used (see GVP Module XVI). DHPC marketing authorization holders must notify the proper authorities of the number of healthcare professionals that have received the DHPC and any distribution concerns (such as issues with the recipient list, timing, or technique of distribution). If required, take action to fix or prevent future problems.

B.4.10 QMS [Quality Management System]

Safety communications shall correspond to XV.B.2 standards, if necessary, in accordance with GVP Module I's quality system criteria. Safety messages should be checked for correctness and clarity. Follow and record review procedures with allocated assignments.

3.C OPERATION AND FUNCTIONING OF EU REGULATORY SYSTEM AND AUTHORITY

C.1 Coordination

EU patients and doctors rely on drug authorities. EU safety communication requires teamwork. 3. Patients and healthcare professionals need consistent EU regulatory information.

XV.B.5's resources and channels can announce safety updates. Member States, the Agency, or the European Commission must notify each other 24 hours before a safety announcement [DIR Art. 106a(2)].

The Agency organizes nationwide safety announcements for active ingredients in multi-state licensed pharmaceutical goods [DIR Art 106a(3)].

Practical reasons hinder coordinating all Member State or Agency safety information. Only the following safety announcements in several Member States require EU regulatory network collaboration:

• EU referral start/end

C.1.1 Process

Before publishing a safety announcement on active substances in medical products with more than one licence, the authorised authority of a member state or the Agency notifies the EU regulatory network. [106a(3)] There has to be a clear announcement of when things will be available. At least twenty-four hours before to publication, the safety announcement must be communicated to the EU regulatory network under embargo [DIR Art. 106a(2)]. Drug distribution and safety deadlines [DIR Art 106a(3)] are guaranteed by the Agency, which ensures that all Member States work together on these issues.

Based on the public health concern's significance and urgency, the affected

population and number of Member States, and the potential for media attention, the Agency should determine if additional communication measures beyond the safety notification are essential. Members of the affected countries should be consulted **[4]**.

• Lay the groundwork for the EU's regulatory network's distribution take-up lines. The safety notification will be made public, and the lines of business paper will aid EU authorities in responding to information requests.

drafting a publication plan and a safety announcement from the Agency for embargo release to the European Union's regulatory system.

The Agency develops lines-to-take documentation and safety alerts in collaboration with the initiation Member State, the PRAC Lead Member State, or the PRAC Rapporteur. Whenever the CHMP or CMDh are unable to provide adequate guidance, PRAC should be used.

The most effective method for arranging warnings is to collaborate with the owner of the marketing authority (s). It is the responsibility of the Agency and the competent authorities in the Member States to inform the holders of any relevant marketing authorizations of any safety notification and its expected publication date. DIR A certified rendition of Article 106a(4) Except where disclosure is required by law or to protect the public's health, all proprietary and private information must be erased **[5]**.

EU regulatory frameworks should issue safety alerts using the EU Early Notification System (ENS). The ENS consists of representatives from the PRAC, CHMP, PDCO, CMDh, and operational contact points for safety announcements from the European Commission, Agency, and Member States. Communication from the system should be expedited as much as feasible by the operational contacts.

Overseas partners should be made aware of EU safety pronouncements, subject to the constraints of confidentiality and embargo agreements.

As a supplement to the coordination of safety announcements within the EU regulatory network, the competent authorities in Member States and the Agency should establish connections with EU stakeholders (primarily patient and healthcare professional organisations) who can review and disseminate information to end users (patients and healthcare professionals). The Agency and national accountable authorities must maintain up-to-date records including contact information for patient and healthcare professional organisations.

C.1.2 Safety information provided by third party exchange

New safety information may be issued or has been published in some cases by a

source other than a competent authority of a Member State or the Agency (e.g. scientific journals, learned societies). If and when competent authorities become aware of such safety information, they must notify the EU regulatory network.

The Agency should issue a lines-to-take paper or a safety statement to address the third party's information where appropriate and after appropriate examination

The competent authorities may learn of the impending publication of safety alerts by authorities outside the EU in the framework of partnership with such authorities. In such situations, the Agency is tasked with preparing and disseminating directives for action or safety notifications across the EU regulatory infrastructure. The embargoes on the received information and the provisions of any applicable confidentiality agreements with regulatory bodies outside the European Union must be adhered to at all times **[6]**.

C.1.3 Requirement

The Agency and the European Commission must be notified in advance of any public announcements about information on pharmacovigilance risks associated with the use of a medicinal product [DIR Art 106a] by holders of EU marketing authorizations. All public statements made both inside and outside of the European Union should adhere to this protocol (when they concern medicinal products authorised in the EU or those for which an opinion under REG Article 58 has been given). The public should only be told concurrently with the appropriate authorities in exceptional circumstances and when necessary (i.e. without prior notification to the competent authorities). Before the information is made public, it should be under an embargo for at least 24 hours **[7]**.

All of your public communications must comply with DIR Art. 106a if you are the proud owner of a marketing licence.

The Agency and the relevant competent authorities in the Member States must be informed, and every effort must be made to share the content of the communications with them, if the holder of a marketing authorization (see XV.C.1.2) learns that a third party intends to release communications that could alter the risk-benefit ratio of an EU-approved medicine.

C.1.4 Consideration of third party

Third parties are invited to inform the Agency and the Member States' competent authorities of any pertinent information, including editors of scientific publications, learned societies, and patient organizations. new information on the security of medications approved in the EU, and, if publication is anticipated, to make the data available beforehand.

C.1.5 Language and translations

In accordance with the Member States that specify which official languages should be

used, consistent communications must be sent to the public throughout the EU in a timely way.

The Agency shall employ to notify the EU regulatory network of any safety announcement for the purpose of cooperation. The relevant authorities in the Member States are urged to provide English translations of their safety notifications when notifying the Agency in order to start the network's coordination procedure. An English summary ought to be included in place of a complete translation **[8]**.

C.2 DHPC IN EU

A marketing authorization holder for a particular pharmaceutical product or active ingredient in the EU will often distribute a direct healthcare professional communication (DHPC). Either at the request of a national competent authority or the Agency, or on their own initiative **[13]**. Prior to distribution, the marketing authorization holder must get the approval of the Agency or the relevant national competent authorities with regard to the content of a DHPC (and communication plan).

C.2.1 Processing of direct health care professionals' communication

It is shown when to use a DHPC. When making a DHPC, use the template and read the comments.

Depending on how the medical products were approved, the Agency, the people who have the marketing authorization, and the accountable authorities in a Member State all have roles and responsibilities in making and processing DHPC **[9]**.

• The draught DHPC and communication plan must be sent to the Agency by the holder of the marketing authorization for medicines that are centrally authorised or that are subject to an EU procedure (including the intended recipients and the timetable for disseminating the DHPC). The review process should be coordinated by the PRAC, CHMP, and CMDh scientific committees of the EPA.

• For drugs that are approved through mutual recognition or the decentralised approach, the person with the marketing authorization must send the draught DHPC and communication plan to the Reference Member State, which is in charge of coordinating the process and bringing in the other Member States that need to be involved **[10]**.

• For medicines that only have national authorizations, the person who has the marketing authorization must send the draught DHPC and any communication strategy to the right authorities in the Member State **[13]**.

The reviewer should have two business days to respond to the marketer. Always give yourself more time. Depending on what kind of emergency it is, the time may

be different.

The Agency will coordinate DHPC evaluations with its scientific committees and groups (i.e. involvement of PRAC, and finalisation by CHMP or CMDh as relevant). When the PRAC talks about a safety issue, it should always look at DHPCs. The Agency may also talk to PRAC about other safety communications.

Because each Member State is different, an EU-wide DHPC may not always be the best idea (such as therapeutic alternatives). In these situations, it is best to have an EU-level core DHPC that summarises the most important EU signals. The basic EU DHPC can then be made more specific to each country's needs at the national level (i.e. in relation to availability and choice of alternative treatments).

These DHPCs will be made to fit each country's needs, but important messages from the EU should be kept (i.e. tailoring should not conflict with these core messages).

When more than one marketing authorization holder is involved in a Member State (for example, when the DHPC covers several products with the same active ingredient or products in the same therapeutic class), marketing authorization holders are encouraged to name one marketing authorization holder as the national competent authority's point of contact on behalf of all involved marketing authorization holders. Generics should be taken care of by the company that has the marketing licence for the original product. If a Member State doesn't have any products made by the original company, the point of contact should be one of the generic companies **[11]**. This coordination makes sure that all drugs in a Member State with a single safety risk are covered by a single DHPC for doctors and nurses (same active substance or a class review). The agreed-upon communication plan will name the designated marketing authorization holder as the point of contact for the national competent authority and on behalf of all other marketing authorization holders (see GVP Annex II).

Using the early notification system, the final DHPC and communication plan from the holder of the marketing authorization should be shared by the national competent authorities or the Agency. The Agency or the national competent authority should use the steps in to coordinate any safety announcements that come after. Once the national competent authorities or the Agency has approved the communication plan of a DHPC and marketing authorization holder. When an approved active chemical is used in a DHPC in many Member States, early notification is used **[12]**.

If a non-EU authority wants to distribute a DHPC for an EU-approved medicine, the

person who has the marketing authorization must tell the right EU authorities. The holder of a marketing authorization must tell the right people about any new information that could change a drug's risk-benefit ratio [REG Art. 16(2) and DIR 23(2)]. Think about and agree on why the EU needs a DHPC.

C.2.2 Translation and dissemination of DHCP

The majority of the pharmaceuticals that are mutually recognized or are decentralized will have their DHPCs developed in English. These drugs have been centralized and are regulated by the EU.

Once the final version of the DHPC text has been agreed upon, the licensee must have it translated into the national languages of all Member States where it will be distributed. In four to five business days, member states should receive draught translations for linguistic review. If at all possible, member nations should assess translations within 48 hours.

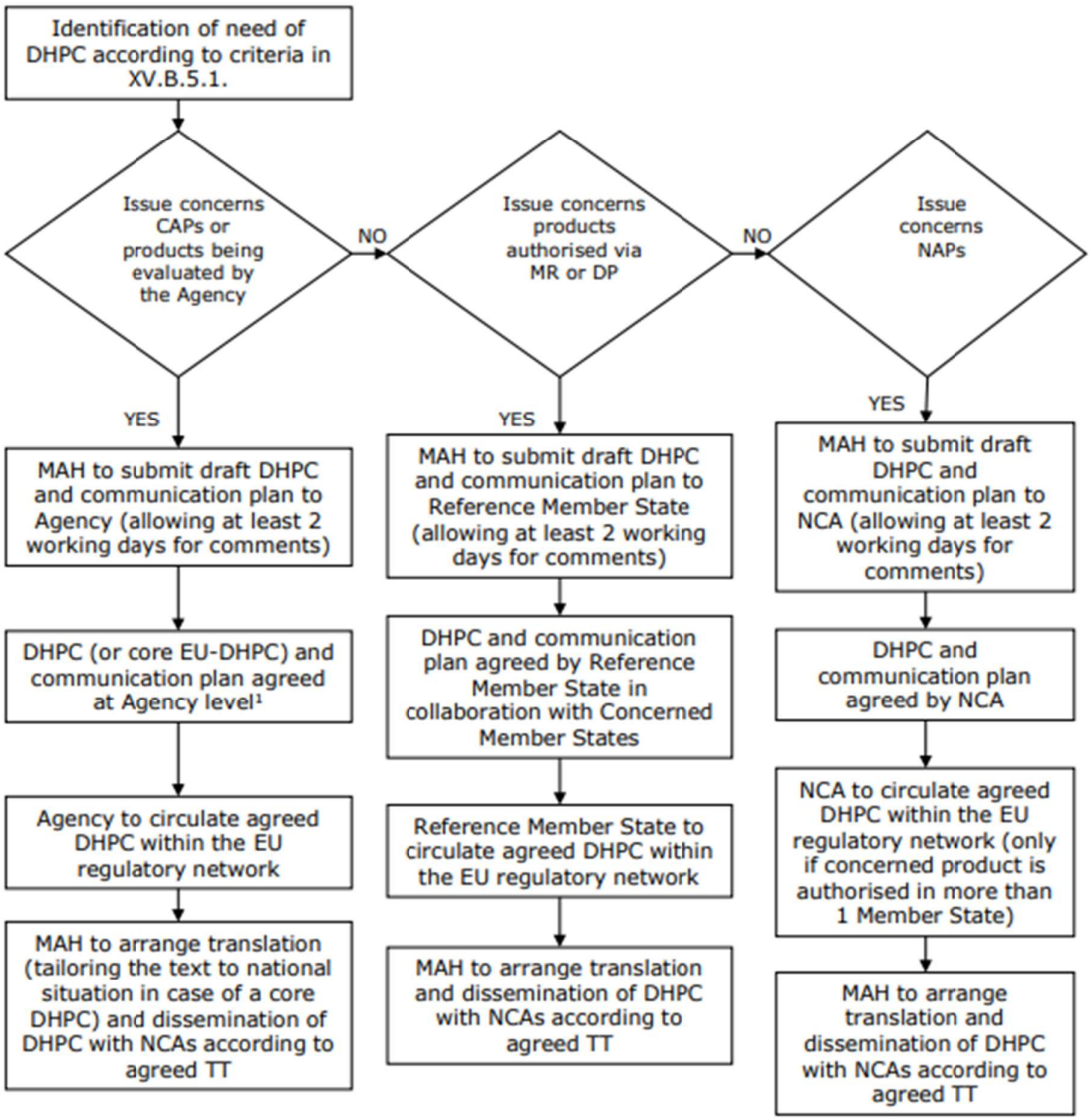
The Agency requires the marketing authorization holder to submit all final EU official language translations and relevant communication materials for medicines approved centrally and focused on EU procedures.

C.2.3 Publications for DHCP

Authorities may make the DHPC public. The marketing authorization holder will be informed of the plan to publish the DHPC in order to synchronize publication with distribution in the member states. A supplementary safety announcement may also be released by the competent authorities of a Member State and distributed to associations of healthcare professionals.

Flowchart

Plan for direct health care professional communication



[1] The Agency will coordinate the review of DHPC within its scientific committees (*i.e.* PRAC and CHMP) and CMDh.

MAH: Marketing Authorisation Holder
NCAs: National Competent Authorities
MR: Mutual Recognition
DP: Decentralised Procedure
TT: Timetable

DHPC COMMUNICATION PLAN	
Medicinal product(s)/active substance(s)	
Marketing authorisation holder(s)	*In cases where the DHPC concerns several marketing authorisation holders of the same active substance or is part of a class review, it is strongly encouraged that a single consistent message is sent to healthcare professionals in each EU Member State.* *All concerned marketing authorisation holders in each Member State are strongly encouraged to collaborate, so that a single DHPC is prepared and circulated in each Member State. The letter circulated in each Member State should cover all active substance-containing products authorised in that Member State.* *It is encouraged that the originator marketing authorisation holder (where available) in each Member State acts as the contact point for the national competent authority, on behalf of the other concerned marketing authorisation holders in the same Member State. If no originator product is marketed in the Member State, it is encouraged that one of the concerned generic companies acts as contact point for the competent authority.*
Safety concern and purpose of the communication	*Consider using the title of the DHPC to describe the safety concern*
DHPC recipients	*List all (groups of) recipients of the DHPC in this section, e.g. general practitioners, specialists, community pharmacists, hospital pharmacists, nurses, professional societies, national associations.*
Member States where the DHPC will be distributed	

Timetable *Delete steps which are not applicable*	Date
DHPC and communication plan (in English) agreed by PRAC	
DHPC and communication plan (in English) agreed by CHMP/CMDh	
Submission of translated DHPCs to the national competent authorities for review	
Agreement of translations by national competent authorities	
Dissemination of DHPC	

CONCLUSION:

it helps the health care professionals and the patients understand better about the risk and treatment and then they can proceed further with the treatment plan.

The competent authority can pass the information directly and easily through the guidelines by explaining the safety information.

This helps in the better treatment understanding and the chances of having risk and side effects.

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