

Postmarketing Drug Safety and Inspection Readiness

June 19, 2018
Center for Drug Evaluation and Research (CDER)
Small Business and Industry Assistance (SBIA) Webinar

United States Food and Drug Administration (FDA)

CDER / Office of Compliance

Office of Scientific Investigations (OSI)

Division of Enforcement and Postmarketing Safety (DEPS)

Postmarket Safety Branch (PSB)



This one file contains all the slides used in the MORNING sessions for the webinar.

Agenda



Session 1:

Postmarketing Adverse Drug Experience (PADE) Inspections

Session 2:

Risk Evaluation and Mitigation Strategies (REMS) Inspections

Session 3:

Inspection Readiness



Session 1: PADE Inspections

Outline



- Objectives
- PADE Laws and Regulations
- Written Procedures
- Business Relationships and Agreements
- Electronic Reporting



Objectives



- Gain an understanding of PADE laws and regulations for products regulated by CDER
 - New Drug Applications (NDA) products
 - Abbreviated New Drug Applications (ANDA) products
 - Biologic License Applications (BLA) products
 - Unapproved, prescription products
 - Unapproved, non-prescription products (e.g. over-the-counter (OTC) monograph products)
- 2. Recognize best practices for a PADE program



PADE Inspections: Overview of Laws and Regulations

Kelley Simms, PharmD, MS

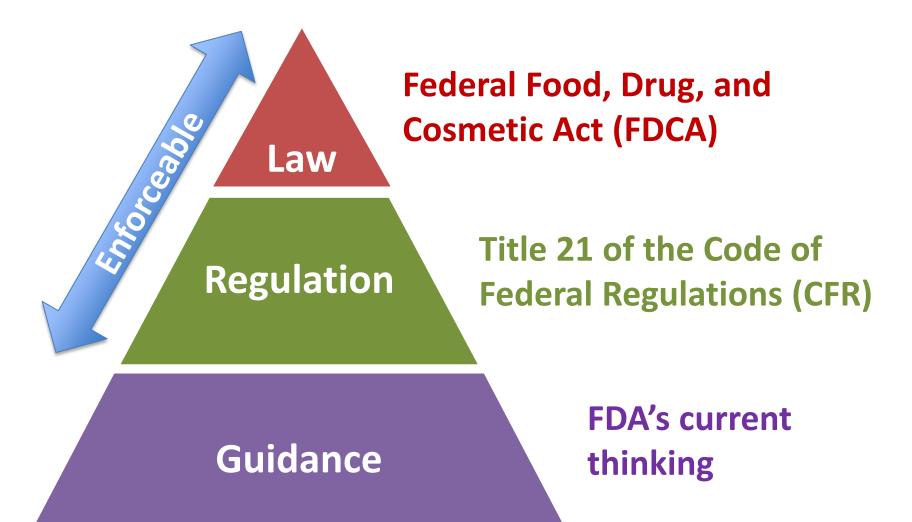
Commander, US Public Health Service

Consumer Safety Officer

PADE Compliance Team



PADE Legal Framework



PADE Statutory Provisions / Regulations: Prescription Drug Products for Human Use



FDCA, Subchapter V, Part A, Section 505 (21 USC §355)	New drugs
21 CFR 310.305	New drugs: Records and reports concerning ADEs on marketed prescription drugs for human use without approved new drug applications
21 CFR 314.80	New drug applications: Postmarketing reporting of ADEs
21 CFR 314.81(b)(2)	New drug applications: Annual reports
21 CFR 314.90	New drug applications: Waivers
21 CFR 314.98	Abbreviated applications: Postmarketing reports
21 CFR 314.540	Accelerated approval of new drugs for serious of life- threatening illnesses: Postmarketing safety reporting
21 CFR 314.630	Approval of new drugs when human efficacy studies are not ethical or feasible: Postmarketing safety reporting
21 CFR Part 4, Subpart B	Postmarketing safety reporting for combination products

PADE Statutory Provisions / Regulations: Licensed Biological Products for Human Use



PHS Act, Subchapter II, Part F, Subpart 1 (21 USC §262)	Regulation of biological products		
21 CFR 600.80	Biological products: Postmarketing reporting of adverse experiences		
21 CFR 601.28	Biologics licensing: Annual reports of postmarketing pediatric studies		
21 CFR 601.44	Accelerated approval of biological products for serious of life- threatening illnesses: Postmarketing safety reporting		
21 CFR 601.70	Postmarketing studies: Annual progress reports of postmarketing studies		
21 CFR 601.93	Approval of biological products when human efficacy studies are not ethical or feasible: Postmarketing safety reporting		
21 CFR Part 4, Subpart B	Postmarketing safety reporting for combination products		

PADE Statutory Provisions / Regulations: Unapproved, Non-prescription Products (e.g. OTC monograph)



FDCA, Subchapter VII, Part H, Section 760 (21 USC §379aa)	Serious adverse event reporting for nonprescription drugs
21 CFR 329.100	Postmarketing reporting of ADEs under section 760 of the FDCA
21 CFR Part 4, Subpart B	Postmarketing safety reporting for combination products



PADE Inspections: Written Procedures

Diane Bruce, PharmD
Namita Kothary, PharmD, RAC (US)

Consumer Safety Officers
PADE Compliance Team

Written Procedures



- Required in PADE Regulations
 - 21 CFR 310.305: Unapproved prescription products
 - 21 CFR 314.80: Approved application drug products
 - 21 CFR 600.80: Approved application or licensed biologic products
- Not required for unapproved, non-prescription (OTC monograph) products covered under FD&C Act (Section 760)



Approval vs. Marketing



Once a drug is approved, applicant holders MUST receive, evaluate, and report all adverse drug experiences (ADEs) to FDA, even if the drug is not marketed.



Written Procedures Must Address...



Surveillance

Receipt

Evaluation

Reporting

- Account for all sources
- Spontaneous
- Solicited
- Internet sources (firmsponsored)
- Literature

...and more!

- ADE info
 - Initial
 - Follow-up
- Receipt from any source

- Seriousness
- Expectedness
- Relatedness
- ADEs from any source
- Follow-up procedures

- 15-day Alert Reports
- Non-expedited individual case safety reports (ICSRs)
- Aggregate Reports
- All info must be submitted electronically



Surveillance



What is an ADE?

Any adverse event associated with the use of a drug in humans, whether or not considered drug related, including:

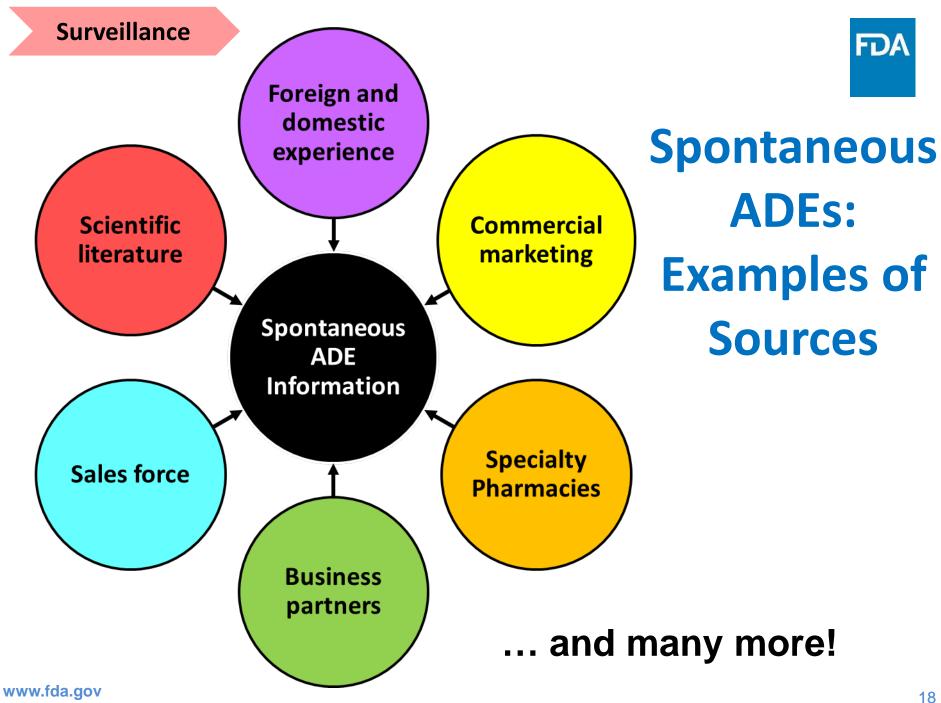
- Use in professional practice
- Overdose (intentional and accidental)
- Abuse
- Withdrawal
- Failure of expected pharmacological action (lack of effect)

Data Elements for Reportable ADEs

Identifiable Patient Suspect
Drug /
Biological
Product

Adverse
Experience
/ Fatal
Outcome

Identifiable Reporter





Solicited ADE: Examples of Sources



Systematic collection of data involving solicitation of ADE information

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Receipt

Receipt



Address receipt from

all sources

How ADEs are reconciled

ADE identification

Data Elements for ADEs

Document and maintain records

Defining initial received date

How initial and follow-up **ADEs** are received

Responsible parties

Receipt of **ADE** information

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Evaluation

Evaluating ADEs



Seriousness	Serious if ≥1 of the following outcomes:		
	Death Life-threatening Hospitalization Persistent or significant disability Congenital anomaly / birth defect Other serious / important medical event		
Expectedness	Unexpected if one of the following:		
	Not listed in current labeling Greater severity or specificity than ADE listed in label		
Relatedness	Impacts reporting of solicited ADEs		
	Related if there is a reasonable possibility that the drug caused ADE		

Determine Reportability



Expedited

(15-day Alert Reports) NDA, ANDA, BLA, and unapproved prescription drugs: Submit within 15 calendar days of information receipt

- Spontaneous: serious, unexpected ADEs
- Solicited: serious, unexpected, possibly related ADEs

OTC Monograph products: Submit serious, domestic ADEs within 15 business days of information receipt

Nonexpedited (Periodic ICSRs) NDA, ANDA, BLA: Submit with periodic safety report

- Spontaneous: serious, expected ADEs
- Spontaneous: non-serious ADEs
- Not applicable for literature, study, or foreign ADEs

Not applicable for unapproved prescription and OTC monograph products

Review and Investigate ADEs



Promptly review ADE information

- Determine if follow-up is needed, especially if missing data elements
 - Must investigate 15-day Alert Report ADEs
 - Maintain records of follow-up attempts

Evaluate information for reportability



Reporting



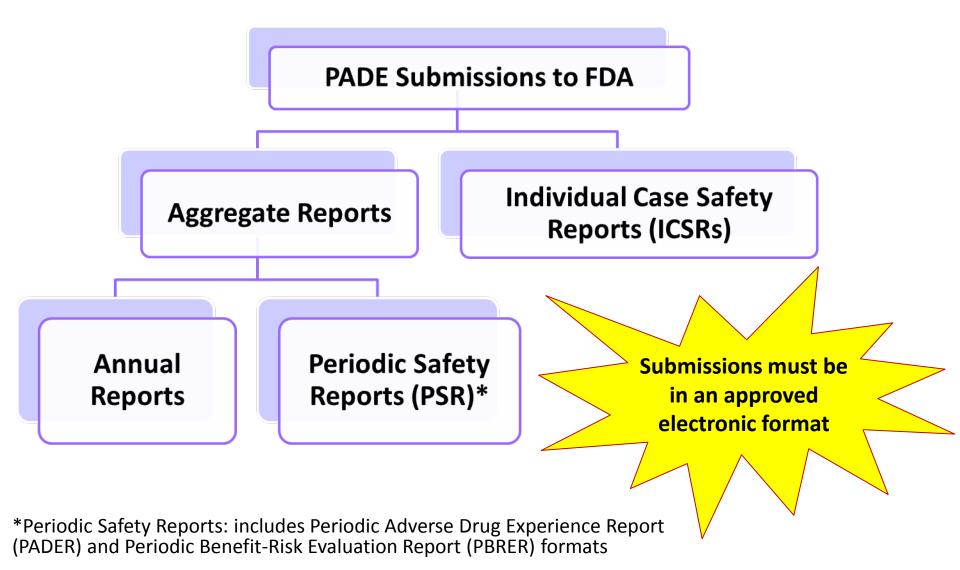
Who is responsible for PADE reporting?

- Application holders for approved products
 - NDA
 - ANDA ("generics")
 - BLA (including biosimilars)
- Non-application holders (manufacturers, packers, and distributors) named on the label of:
 - Approved products
 - Unapproved products (prescription and OTC monographs)

 Non-applicants must report serious ADEs to applicant within 5-days or submit 15-day alerts directly to FDA

Reporting to FDA







Submitting ICSRs

- Must submit electronically via Electronic Submission Gateway (ESG) or Safety Reporting Portal (SRP)
- Reportable when 4 basic data elements are known

	Expedited ICSRs	Periodic ICSRs	Follow-up ICSRs (submit separately from initial ICSR)
NDA, ANDA, BLA	Submit within 15 calendar days	Submit with PSR	Expedited ICSRs: Submit within 15 calendar days Non-expedited: Submit with next PSR
Unapproved prescription products	Submit within 15 calendar days	Not- applicable	Expedited ICSRs: Submit within 15 calendar days
OTC monograph Submit within 15 business days		Not- applicable	Submit information received within one year of the initial report within 15 business days



Aggregate Safety Reports

- Applies to approved NDAs, ANDAs, and BLAs
- Must submit electronically to eCTD
 - ICSRs must be submitted via ESG or SRP

	Post approval	Time period	Submission due
Annual Report	All years	Annually	within 60 days of US approval date
PADER*	First 3 years	Quarterly	within 30 days of close of quarter
PADER	>3 years	Annually	within 60 days of US approval date

^{*}Firm may apply for waivers for PADER requirements (e.g., use of International Birth Date, PBRER format)

Waivers



- Firms may request waivers for certain PADE requirements
- Waivers stay with the application, even if the application transfers firms
- Examples of PADE waivers
 - Submit PBRER instead of PADER
 - To not submit non-serious, expected ADEs
 - High volume of ADEs associated with legal cases
 - Submit periodic reports on a date other than the US approval date (e.g. international birth date)

Paper submissions



PADE Inspections: Business Relationships and Agreements

Richard Abate, RPh, MS

Team Lead

PADE Compliance Team



Using Contractors for Pharmacovigilance Activities



Oversight of PV contractors



- Any PADE activities can be outsourced to a third party (e.g. vendor, contractor, consultant, or other pharmacovigilance provider)
- However, the applicant or non-applicant named on the label remains responsible for compliance





Business Partners – A Source of Safety Data







Business Partners



- Joint development & marketing of drugs
- Contract manufacturers
- Drug safety data generated needs to be collected and exchanged between partnering firms (any source of ADEs)
- Laws and regulations govern the exchange, review, & reporting of safety data
 - 21 CFR 314.80(c)(1)(iii)
 - 21 CFR 310.305(c)(3)
 - 21 CFR 600.80(c)(1)(iii)
 - FDCA, Subchapter VII, Sec 760



Business Partners as a Source of ADE Data



- Business partners are potential "sources" of ADE data
 - Firms must establish written procedures (agreements)
 regarding any business partner that might get safety data

- Written agreements with business partners
 - Safety Data Exchange Agreements or SDEAs
 - Pharmacovigilance (PV) Agreements
 - Contracts / Work orders

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Written Agreements with Business Partners



There is no "one size fits all"

Written Agreements with Business Partners should explain:

1. What data get exchanged?

- ✓ Serious ADEs or all ADEs [21 CFR 314.80(c)(1)(iii)]
- ✓ Ensures ADEs sent to a business partner are actually received (and vice versa)

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There is no "one size fits all"



2. When does the exchange take place?

- ✓ Timelines for non-applicants sending <u>serious</u> ADEs to applicants is no more than 5 calendar days [21 CFR 314.80 (c)(1)(iii)]
- ✓ Do exchange timelines facilitate compliance with reporting requirements
- What provisions ensure that terms of the agreement are met?
 - ✓ Reconciliation of data, meetings, or audits of business partners

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There is no "one size fits all"



- 4. Who prepares aggregate reports (PADERs/PBRERs) for FDA?
 - ✓ When activity for safety reports is contracted to affiliates, the applicant holder remains responsible for compliance
- 5. How are ICSRs and aggregate reports submitted to FDA?
 - √ Who is responsible
 - ✓ Timelines, method and format for submission, submission confirmations



Electronic Reporting of Individual Case Safety Reports

Suranjan De, Deputy Director

Regulatory Science Staff
Office of Surveillance and Epidemiology, CDER



Objective

 Understand electronic reporting of Individual Case Safety Report (ICSR)



Outline

- Introduction to FAERS
- Why an electronic ICSR submission requirement
- Submission Methods
- Submission of Periodic Safety Reports
- Future state of electronic submission
- References

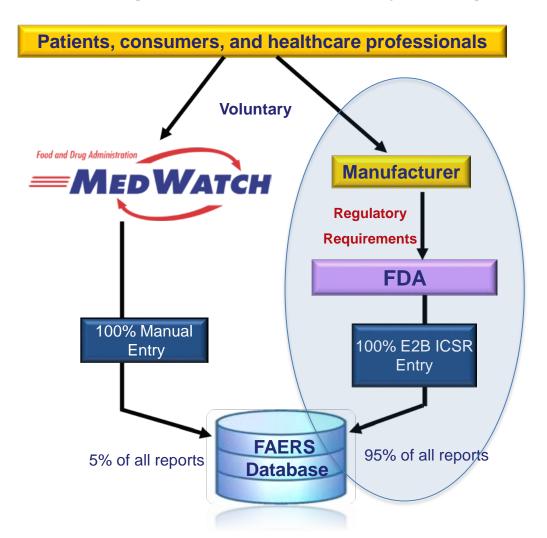


FDA Adverse Event Reporting System (FAERS)

- FDA's postmarketing safety surveillance database for drugs and therapeutic biologics
- FDA uses FAERS data to monitor, identify and analyze adverse event and medication errors
- FDA staff in CDER and CBER regularly examine the FAERS database as part of routine safety monitoring
- When a safety signal is identified from FAERS data, it is further evaluated



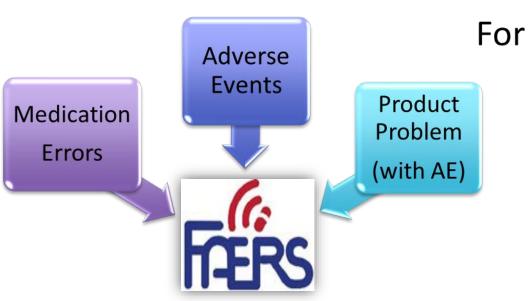
How post-marketing adverse event reports get to FDA







What Reports are in the FAERS Database?



Drugs and therapeutic biologics (Rx + OTC) -**CDER**

Tissue products, therapeutic blood products - CBER





Postmarketing Safety Reports for Human Drug and Biological Products; Electronic Submission Requirements

- Submit safety reports in an electronic format that FDA can process, review, and archive
- **Improve** the Agency's systems for **collecting and analyzing** postmarketing safety reports
- Enable Agency to more rapidly review postmarketing safety reports, identify and evaluate emerging safety problems, and disseminate safety information in support of FDA's public health mission
- Electronic submission of ICSRs enhances global pharmacovigilance by facilitating electronic transmission and exchange of appropriate information from ICSRs among regulatory bodies and regulated entities through use of common data elements and transmission standards



Postmarketing Safety Reports for Human Drug and Biological Products; Electronic Submission Requirements

Document Information

Date Posted:

May 27, 2015

RIN:

0910-AF96

CFR:

21 CFR Parts 310, 314, 329, and 600

Federal Register Number:

2015-12753

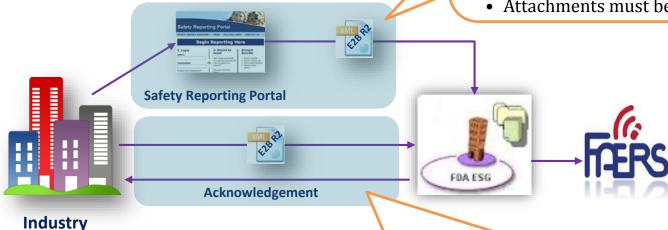
https://www.regulations.gov/#!documentDetail;D=FDA-2008-N-0334-0009



Submission Methods

 There are two options for submitting ICSRs electronically

- The Safety Reporting Portal (SRP) by manually entering data via web form
 - Do not have database-to-database capability
 - Must have an account to access the portal site
 - Gateway partners cannot use the SRP
 - Attachments must be in the PDF format



- Database-to-database transmission ("E2B")
 - Use standardized ICH E2B(M) data elements
 - ICSRs must be submitted in the XML format
 - Attachments must be in the PDF format

Safety Reporting Portal (SRP)







Safety Reporting Portal (SRP)



SRP is based on the data elements from the MedWatch 3500A

			Form Approved: Of	MB No. 0910-0291, Expires: 9/30/201
U.S. Department of Health and Human Services For use by user-		facilities.		See PRA statement on reverse
Food and Drug Administration importers, distributors at			Mfr Report #	
MEDWATCH for MANDATOR			UF/Importer Report #	
FORM FDA 3500A (10/15)				
FORM FDA 3500A (10/15)	Page 1 of	13		FDA Use Only
Note: For date prompts of "dd-mmm-yyyy" please use 2-d	igit day, 3-letter month	3. Dose	Frequency	Route Used
abbreviation, and 4-digit year; for example, 01-Jul-2015.		#1		
A. PATIENT INFORMATION				
1. Patient Identifier 2. Age Year(s) Month(s	3. Sex 4. Weight	#2		
☐ Week(s) ☐ Days(s)	Female			
or Date of Birth (e.g., 08 Feb 1925)	Male Ib	Therapy Dates (If union to (or best estimate)) (compared to the compared	nown, give duration) from/	Event Abated After Use Stopped or Dose Reduced?
In Confidence	kg kg	#1	,,,,,,	#1 Yes No Doesn't
5.a. Ethnicity (Check 5.b. Race (Check all that apply single best answer)		#2		apply
		5. Diagnosis for Use (Inc	(Ication)	#2 Yes No Doesn't
Hispanic/Latino Black or African American White Not Hispanic/Latino Native Hawaiian or Other Pacific Islander		#1		apply
B. ADVERSE EVENT OR PRODUCT PROBLEM		#2		10. Event Reappeared After Reintroduction?
		#2		
Adverse Event and/or Product Problem (e.g., defects/mailtunctions) Outcome Attributed to Adverse Event (Check all that apply)		6. Is the Product	7. Is the Product Over-	#1 Yes No Doesn't apply
Death Include date (dd-mmm-yyyy): _	арріу)	Compounded?	the-Counter?	#2 Yes No Doesn't
	or Permanent Damage	#1 Yes No	#1 Yes No	apply
1	al Anomaly/Birth Defects	#2 Yes No	#2 Yes No	
Other Serious (Important Medical Events)	8. Expiration Date (dd-m			
Required Intervention to Prevent Permanent Impairme	#1 #2			
3. Date of Event (dd-mmm-yyyy) 4. Date of this i	D. SUSPECT MEDICAL DEVICE			
		1. Brand Name		
5. Describe Event or Problem		2. Common Device Nam	Δ	2b. Procode
		25. Procode		
		3. Manufacturer Name, City and State		
		4. Model #	Lot#	5. Operator of Device
	(Continue on page 3)	4. model #	Lot	Health
6. Relevant Tests/Laboratory Data, Including Dates	. ,,,,	Catalog #	Expiration Date (65)	mmm-yyyy) Professional
				Lay User/Patient
		Serial #	Unique identifier (U	IDI) # Other
		C. Ministrated Obs. But	- 4d 17 W.S.	dented the first of the second
	(Continue on page 3)	6. If implanted, Give Dat	e (dd-mmm-yyyy) 7. II EX	planted. Give Date (dd-mmm-yyyy)
7. Other Relevant History, Including Preexisting Medic	8. Is this a single-use device that was			
allergies, pregnancy, smoking and alcohol use, liver/kidr	reprocessed and reused on a patient? Yes No			
9. If Yes to Item 8, Enter Name and Address of Reprocessor				
	(Continue on page 3)			
C. SUSPECT PRODUCT(S)		10. Device Available for Evaluation? (Do not send to FDA) Yes No Returned to Manufacturer on:		
Name, Manufacturer/Compounder, Strength				
#1 – Name and Strength	#1 - NDC # or Unique ID	11. Concomitant Medica	l Products and Therapy D	Dates (Exclude treatment of event)
#1 – Manufacturer/Compounder	#1 - Lot #			
#1 - wandactuler/compounder	#1 - LOC#			
#2 – Name and Strength	#2 - NDC # or Unique ID			(Continue on page 3)
-		E. INITIAL REPOR	TER	
#2 – Manufacturer/Compounder	#2 - Lot #	1. Name and Address		
		Last Name: First Name:		
2. Concomitant Medical Products and Therapy Dates (Exclude treatment of event)		Address:		
		City: State/Province/Region:		
		Country:		ostal Code:
	(Continue on page 3)	Phone #: 2. Health 3. 0	Email:	Li Initial December 411 - 2 - 1
Submission of a report does not constitute an admission that medical Profes			Occupation (Select from list)	4. Initial Reporter Also Sent Report to FDA
personnel, user facility, importer, distributor, manufacturer or product aused or contributed to the event.				
ouasea or contributed to the event.				





Submitting Periodic Safety Reports (PSR)

Periodic safety reports are comprised of a **descriptive portion** and **non-expedited ICSRs** (21 CFR 314.80 and 600.80), regardless of the format.

- Descriptive Portion:
 - Use Electronic Common Technical Document (eCTD) specifications to submit the descriptive portion electronically.
 - Indicate in the descriptive portion that the ICSRs have been submitted electronically as XML files to the FDA Electronic Submissions Gateway (ESG) or via the Safety Reporting Portal (SRP).
- Non-expedited ICSRs: must be submitted as described in the options on or before the periodic safety report due date. Do NOT submit expedited ICSRs previously submitted.



Future state of electronic submission

- "FDA Regional Implementation Specifications for ICH E2B(R3) Implementation: Postmarket Submission of Individual Case Safety Reports (ICSRs) for Drugs and Biologics, Excluding Vaccines" posted on June 23, 2016
- Follow core ICH E2B R3 with a few regional requirements
- Regional Elements
 - Ethnicity
 - Race
 - Drug descriptor
 - Combination
 - Compounding

Challenge Question #1



1. Methods to submit ICSR.

- a. Database-to-database
- b. Safety Reporting Portal
- c. Paper MedWatch
- d. a and b

Answer: D

Challenge Question #2



True or False?

Periodic report are comprised of two parts: the Descriptive portion and the Non-expedited ICSRS

Answer: True



References

- FDA Adverse Event Reporting System (FAERS) Electronic Submission http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115894.htm
- FDA issues final rule on postmarketing safety report in electronic format http://www.regulations.gov/#!documentDetail;D=FDA-2008-N-0334-0009
- Specifications for Preparing and Submitting Electronic ICSRs and ICSR Attachments
 - https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/UCM6018 20.pdf
- Steps to Submitting E2B(R2) ICSRs Electronically in the XML Format http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115914.htm
- $\bullet \quad \text{Electronic Common technical Document (eCTD)} \\ \underline{\text{http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/ucm153574.ht} \\ \underline{m} \\ \\ \end{matrix}$

Questions for the Panel



Click for resources:

- Guidance for Industry: Compliance Policy for Combination Product Postmarketing
 Safety Reporting
- Guidance for Industry: Providing Regulatory Submissions In Electronic Format -Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications
- Guidance for Industry: Postmarketing Adverse Event Reporting for Nonprescription Human Drug Products Marketed Without An Approved Application



Open Q&A begins shortly – type in your questions now.

Please send any questions we do not have time for to: CDERSBIA@fda.hhs.gov

Learn about other resources from CDER Small Business & Industry Assistance: Visit Our Website!