6th August 2018

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CIRCULAR NO. 19

To all Market Authorisation Holders

Response to suggested amendments to the Guidelines on submitting periodic safety update report and any other reports that may be relevant to determine the safety, efficacy and quality of a drug

Following the publication of the fore mentioned guidelines, we received submissions from some market authorization holders, proposing amendments to particular sections therein.

This circular serves to outline NDA`s position regarding the suggested amendments to the respective sections as summarized below:

GUIDELINE SECTION	REQUESTED CHANGE	RESPONSE
2.2	We propose adding this text under section 2.2-(Appointment of a QPPV); "This applies to companies whose headquarter is in Uganda. For all others, the QPPV may reside in another African country"	One of the main objectives of this regulatory function is ensure that safety information submitted by MAH has a strong impression of the local safety profile on the drug. A resident QPPV will take the deliberate effort to set up and implement a local PV system; liaise with the central PV teams to comply with specific local safety requirements and timelines; and act as a contact for correspondences between NDA and the pharmaceutical companies regarding locally emerging safety issues. Its therefore imperative that all companies appoint a local resident pharmacovigilance focal person
2.2 f	We propose to submit reports on any foreign regulatory measures/recommendations related to the marketed products in Uganda resulting from: • safety issues arising from the signal detection activity considered to impact on the risk-benefit balance of the medicinal product and/or have implications for public health; • safety issues related to the use outside the terms of the marketing authorisation; • safety issues requiring urgent dear healthcare professional communication; • marketing authorisation withdrawal, non-renewal, revocation or suspension for safety-related reasons; • urgent safety restrictions in any territory;	This suggestion is well within the spirit of section 2.2 (f). For clarity, the suggested text will be provided for at the next review of the guideline.

2.3	We request that the statement; "NDA reserves the right to ask a MAH to submit PSURs even for products out of this scope" be removed as there is no regulatory need for a PSUR, if the product is not pending registration or is not currently on the Ugandan market unless there is a specific reason for NDA to review the PSUR for products out of scope	Please note that certain products may be distributed in Uganda without market authorization under a special import permit. It's under such circumstances that this statement would apply.
2.8	Request that the time interval between data lock point and the submission aligns to ICH E2C (R2) requirements summarised below. • PSURs covering intervals of 6 or 12 months should be submitted within 70 calendar days; • Ad hoc PSURs: 90 days from the ad hoc request date	To improve compliance across MAH from different countries marketing in Uganda, these timelines will be considered at the next review of the guideline. However, you are kindly advised to comply with the current timelines until any revisions are made
2.9	We request that the frequency of PSUR/PBRER submission aligns to ICH E2C (R2) (6-monthly for the first 2 years after approval then annually for the next two years, and thereafter at 3-yearly intervals).	This is an acceptable suggestion. However, please kindly note that this frequency is prescribed by our local regulations and cannot be changed in the guideline until the law is revised. You are advised to uphold this frequency of submission in the meantime.
2.10 (a)	All serious local post-marketing case reports will be reported to the Uganda National Drug Authority as per ICH guidelines and timelines specified in E2D* (as soon as possible no case later than 15 calendar days of initial receipt of the information by the MAH). *ICH E2D; Post-Approval Safety Data Management: Definitions and Standards for Expedited Reporting E2D. Step 4 Version dated 12 November 2003	In Uganda, delayed transmission of reports is not uncommon. Its therefore imperative that serious ICSRs of local origin are remitted to NDA immediately to avoid further delays as to facilitate timely safety consideration. Please note that these timelines apply only to ICSRs originating in Uganda
2.10 (c)&(e)	We propose to report only all local cases from Uganda. All global cases are currently being reported to the WHO via the appointed National Centre for pharmacovigilance in each member country and the reports of these cases are available to you at any stage via VigiLyze and we request that these cases therefore not be reported as Individual Case Safety Reports.	This suggestion shall be acceptable only for 2.10 (e), which shall be provided as line listings in the respective PSURs. However ICSRs under the category 2.10 (c) should be submitted as stipulated in the guideline.
2.13	We propose a 2 weeks' notice period before the audit to allow the pharmaceutical company to prepare and minimize the disruption to daily operation	Like all other inspections, notice of inspection where it applies will be given to the inspectee along with the inspection program. These will be agreed upon beforehand before the inspection is carried out. We do not find it necessary to include this detail in the guideline since we have an internal audit procedure which provides for this.

1.5	The guideline is stated as applicable to all drugs (human and veterinary) but there is no instruction on how the National Drug Authority is expecting Pharma companies to apply it to veterinary drugs. In the European economic area (EEA), veterinary medicines follow different legislation and regulatory requirements for pharmacovigilance than medicines for human use. Marketing authorization holders of veterinary medicinal products are expected to consider the following directives and guidance while operating in the EEA. • "*DIRECTIVE 2004/28/EC OF THE EUROPEAN PARLIARMENT AND OF THE COUNCIL*" of March 2004amending DIRECTIVE 2001/81/EC on the community code relating to the veterinary medicinal products • "*THE RULES COVERING MEDICINAL PRODUCTS IN THE EUROPEAN UNION*", Volume 9B – Pharmacovigilance, Veterinary Medicinal Products, European Commission, version October 2011 Veterinary International Conference on Harmonization of Technical Requirements for Registration of Veterinary Medicinal Products (VICH) guidelines: • *"VICH 24 MANAGEMENT OF ADVERSE REPORTS"* • "*VICH 29: MANAGEMENT OF PERIODIC SUMMARY UPDATE REPORTS (PSURs)"* • "*VICH GL 30: CONTROLLED LIST OF TERMS DATA ELEMENTS FOR SUBMISSION OF ADVERSE EVENT REPORTS"*	Please kindly note that this frequency is prescribed by our local regulations and cannot be changed in the guideline until the law is revised. You are advised to uphold this frequency of submission in the meantime. MAH can use the VICH guidelines for submission of PSURs for vet owing to the fact that Uganda subscribes to VICH and has user rights on the VICH guidelines with or without domestication. The form for reporting veterinary Individual Case reports is under review and should be available soon.

Thank you for your continued cooperation.

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FOR: DIRECTOR PRODUCT SAFETY