IMPACT OF DIVERGENCES IN PHARMACOVIGILANCE REGULATORY REQUIREMENTS IN LATIN AMERICA COUNTRIES (LATAM)[1]

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INTRODUCTION

Health Authorities in LATAM countries have developed considerably in the last 20 years and have continued to strengthen[2]. They have released their regulations and pharmacovigilance (PV) systems, based on its differences in organization and levels of development. Such initiatives implied in changes in the PV activities governing the pharmaceutical industry. Most LATAM countries have a high or medium level of PV requirements compared to international high surveillance standards[3].

OBJECTIVE

Compare PV legislation requirements of 18 (eighteen) countries in LATAM published until May 2019 and evaluate the impact of its divergences for the Marketing Authorization Holder (MAH).

MATERIAL AND METHODS

The PV requirements were assessed and showed in tables to have a clear understanding. The following requirements were analysed: 1. Individual Case Safety Report (ICSR), 2. Aggregate Reports, 3. Risk Management Plan, 4. Signal Detection, 5. Case Reports published in the scientific literature, 6. Internal Audit or Self-Inspection 7. The requirement of Responsible Person for PV. The LATAM countries selected for analysis were: Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela.

RESULTS

The analysis suggested an important variation between timelines, terminologies and definitions used in the legislations assessed.

CONCLUSION

The evolution of PV systems is of utmost importance to ensure patient's safety. A more effective PV system will include the sharing of safety information for medicines between regulatory authorities, eliminating unnecessary complexities and implementing a PV framework consistent with internationally accepted standards for safety assessment[4].

DISCUSSION

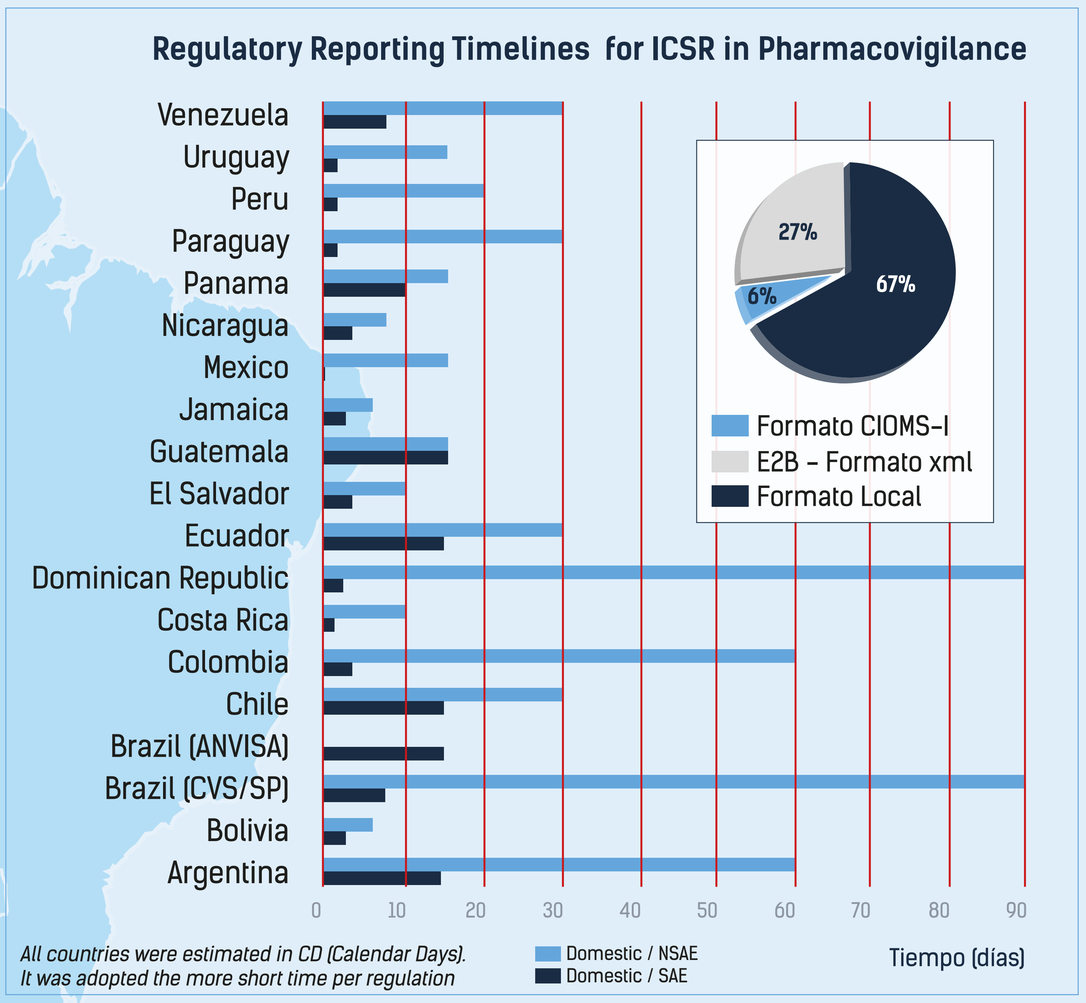
The regulations were published in periods, between 1964 and 2019. It was also difficult to find publications and their updates in the health authority channels. Besides it has also been observed that sometimes publications are not issued through the health authority channels but by non-public domain. These were some of the reasons the group decided to evaluate only the publications searched in health authority channels.
Among the topics evaluated, it was possible to point out the following divergent requirements: 1. ICSR submission timelines: a. Serious adverse reports should be submitted in interval time between 24 hours and 15 days, b. non-serious cases should be submitted in interval time between 72 hours and 90 days. 2. Aggregate Reports requirements vary in terms of format, DLP, periodicity and ways of submission and language. 3. Self-inspection signal detection and risk management plan requirements were also not harmonized within the countries.

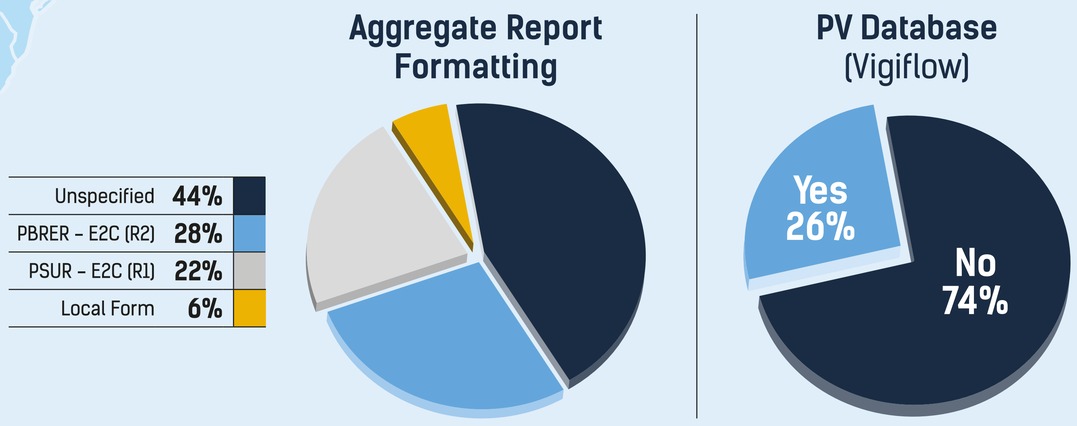
IMPACT OF DIFFERENCES

1) Disparate requirements make the process fragile. Each country has its own requirements resulting in many different processes to follow.
2) Time and resources allocated for understanding and training of the various PV requirements creates distraction of data analysis (stop being only the reporter to be more analytical).
3) Inability to exchange data between authorities.
4) Several isolated country PV systems instead of a Regional (LATAM) one.
5) Document translation by MAH, coding of terms, diseases and products (ICSR, PSUR, RMP), with risk of loss of translation consistency and rework. Different formats (submission format x original document format).
8) In 67% of countries the submission of ICS R is still done in local format.
9) Partial analysis of all generated and available data for a given molecule. This is because each agency establishes its own reporting periods, formats and database generating segregated efforts.
10) There is still agencies that request ICSR submission in physical, generating paper accumulation, difficulty in transcribing data to the electronic database used by the agency, difficulty in retrieving data, poor control of received documents and risk of rupture of confidentiality.
11) Need of more human, technological and financial resources to meet country requirements

HARMONIZATION BENEFITS

1) Harmonization will provide a less operational and more analytical process.
2) Possibility of exchanging data between authorities by improving quantitative and qualitative data analysis.
3) Enables joint decision-making by Regulatory Agencies related to safety issues. Thus HCP and patients of the Region would receive the same product information.
4) Improve transparency, understanding and comparability of information entered by participants of the pharmacovigilance system. The Region website would be public and available for all HCP and patients.
5) There is already a movement between Argentina, Brazil, Peru, Ecuador, Mexico, for the acceptance of xml format reports in English enabling upload on VigiFlow system. This demonstrates progress in the standardization of information for security data evaluation, data interchange between agencies, decreased submission time and resource optimization. This movement should be driven until it reaches all LATAM countries.
6) Elimination of communication barriers and possible loss of consistency in translation through uniform language, format and deadline.
7) The standardized aggregate report regarding format and reporting period provides a systematic review of all safety data produced for the product regionally enabling risk management planning and risk-benefit evaluation of a product after its commercialization. More than 40% of the evaluated countries don't specify the formatting of the report.
A successful example is seen in the current model in the European Union (EMA) where the electronic submission eliminates file problems, saves resources such as material (paper, ink) and logistics and ensures better control of confidential data.
8) By working in close cooperation, countries reduce duplication, share working practices and ensure the regulation is efficient and effective throughout the Region.





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