SINDUSFARMA

Guidance: Good Practices in Medical Information

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Vol. 30 2018

Directorate Message

Sindusfarma's Board is pleased to present another book from Regulatory Affairs collection, the Guidance: **Good Practices in Medical Information**. The material is a tool, for training professionals of each organization, and was elaborated by the Regulatory Affairs Department team, with the collaboration of associated volunteers, participants in the Medical Information Working Group.

We registered in this opportunity, our acknowledgement to all those who have structured and developed this document.

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Cataloging in Publication (CIP)
(Câmara Brasileira do Livro)

Guidance : good practices in medical information [livro eletrônico] : [organization] Rosana Mastellaro, Maiara Rigotto; [translation Maiara Rigotto] -- São Paulo : Sindusfarma, 2018.

794 Kb ; PDF

Título original: Guia para boas práticas em informações médicas.

Vários colaboradores.

Bibliografia.

1. Departamento de Informações Médicas
2. Equipe de trabalho 3. Indústria farmacêutica
4. Informações científicas 5. Profissionais da saúde
I. Mastellaro, Rosana. II. Rigotto, Maiara.

18-22935 CDD-615

Indexes for systematic catalog:

1. Indústria farmacêutica : Boas práticas em informações médicas : Guias 615

Cibele Maria Dias - Bibliotecária - CRB-8/9427

ISBN number

978-85-60162-67-3

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Presentation

Sindusfarma publishes the first edition of its **Guidance: Good Practices in Medical Information,** in Portuguese and English versions.

The document comes to add, the others guidances and technical manuals of our collection, whose objective is to support our associated companies on its development, as well as the continued formation of its collaborators.

Guidance: Good Practices in Medical Information Sindusfarma, was elaborated considering the daily practice and activities of associated companies, which have already been structured in some way their Medical Information Departments, besides other references disposed in international guidelines.

Our acknowledgement to all the Sindusfarma's Medical Information Working Group volunteers, who dedicated their time and knowledge to the preparation of this material, especially to Ms. Emanuela Saraiva.

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Wants to be part of this team?

Contribute for the improvement of this Guidance, sharing your impressions and suggestions through regulatorios@sindusfarma.org.br.

Summary

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Section 1
Objetives

1. Objetives

The **Guidance: Good Practices in Medical Information Sindusfarma** aims to share the best practices related to the activities developed by the Medical Information Department of drugs and medical devices Marketing Authorisation Holders, optimizing and improving processes already in operation, as well helping those companies that are still in phase of structuring their areas.

It is fundamental that teams working in Medical Information Departments have their mission clearly defined, to be seing as partners of other sectors of the organization.

Therefore, the provision of robust scientific information that adds value, makes the Medical Information professional a true collaborator of scientific thinking, for both its internal and external clients, whether they are health professionals, non-health professionals, or consumers.

Section 2
Good Practices in Medical Information

2. Good Practices in Medical Information

The main purpose of Medical Information Department is providing scientific contribution to health professionals, consumers, and other stakeholders, so they can have access to important and essential information about the safe and effective use of the company's products.

Professionals working in this area frequently make use of both: knowledge of medicines and medical devices under their responsibility, and capacity to critically evaluate literature, transforming complex scientific information into content that can be clearly understood, and that adds value to the requester of the information.

The structure of the responsible area for Medical Information within a company, as well as the division of functions performed by employees of this sector, can vary greatly in each organization, due to the policies and organizational model applied.

In any case, the basis of the Medical Information assignments followed by most part of Marketing Authorisation Holders, remains representing the main source of reliable, relevant and impartial scientific references of their products, both based on regulation established by the local Regulatory Authority (when existing), as in international guides, always maintaining a level of transparency and ethics towards its clients.

By understanding the needs of its clients and providing information in accordance with the Best Practices in Medical Information, the Department of Medical Information assumes an important scientific leadership role and should promote and disseminate this culture to the entire organization.

The implementation of a Good Practices Information System involves, among others:

- *Creation of processes aligned with applicable regulations;*
- *Definition of assignments and responsibilities for the teams working in the Medical Information Departments, as well as a clear internal and external communication of this information, ensuring the commitment of the employees directly or indirectly involved with the processes of the area;*
- *Preservation of the scientific characteristic of the elaborated answers, using whenever possible, the most adequate levels of evidence;*
- *Maintenance of impartiality in the responses provided to clients, ensuring that they are free of any bias or commercial involvement;*
- *Guarantee of spontaneous characteristic of the received requests;*
- *Updating and frequent reviewing the materials prepared by Medical Information Department, in order to follow the scientific advances related to the company's products;*
- *Confirmation about the understanding of the answer sent to the requester, to identify opportunities for improvement that can be implemented in the response process;*

- *Provide frequent training with clear communication of the applicable procedures, as well as the guarantee of its correct understanding and interpretation.*

Finally, the implementation of Best Practices in Medical Information within organizations have a fundamental importance for the creation and development of a trust policy between the Marketing Authorisation Holders and its clients (internal or external), as well as to promote the sustainable growth of the company.

Section 3
Definitions

3. Definitions

For the interpretation and application purposes of the recommendations contained in this Guidance, the following definitions shall be considered:

3.1. Internal Clients

Any employees of the company that works in sectors that have in some way, an interface with the Medical Information Department, and that require technical-scientific information to execute its activities.

3.2. External Clients

Health Professionals, Non-Health Professionals and Consumers, as described respectively in items 3.7, 3.8 and 3.3 of this Guidance.

3.3. Consumers

Any person who acquires or consumes products under the scope of this Guidance, or may be a relative or person related to this user.

3.4. Scientific and Educational Events

Events held with the objective of disseminating updated technical-scientific knowledge about medicines, medical devices, technological innovation, among other issues related to the company's portfolio. In these events, companies commonly present scientific information about their products through stands, lectures, debates, round tables, mini-courses, and other scientific activities.

3.5. Frequently Asked Questions (FAQ)

This document is a compilation of frequently asked questions about the company's products and their answers. The purpose of the document is optimize the time for sending responses to internal and external customers and should be based on information approved* for the product, duly sent in the registration dossier and/or post marketing authorisations applicable.

***Note:** Information approved in the Regulatory Agency of the same country of origin of the Medical Information request.

3.6. Medical Information

Answers generated to technical-scientific information requests, demanded by internal and/or external clientes about the company's products.

3.7. Non-Health Professionals

Other professionals from health institutions, companies or others, that may

somehow relate to patients and/or products subject to health surveillance, but that do not fit in the definition of health professionals described in the 3.8 item of this Guidance.

3.8. Health Professionals

Professionals directly related to the activities of prescription, dispensing and administration of medicines, and/or use or handling of medical devices. The specialty/training of the health professional able to receive Medical Information depends on the characteristics and purpose of use of the medicine and/or medical device and may be (but not limited to): physicians, pharmacists, dentists and nurses, duly registered in the respective class council of the category.

Note: It is important that practitioners in anyway related to the application, administration and/or handling of medicines and/or medical devices can also benefit from the services provided by the Medical Information Department, since there is a clear objective for the aid, care and well-being of the users of the product in question.

3.9. Requests for Technical-Scientific Information

Requests for technical-scientific information about a specific product, made by external customers (professional and/or non-professional health) and directed to the Department of Medical Information.

3.10. Technical Complaints

Any written, electronic, or oral communication of suspected change/irregularity of a product, related to technical or legal aspects, and which may or may not cause harm to individual and collective health.

3.11. Off-Label Use

Use of a product in a different way from that contained in its package leaflet/ instructions of use and/or manual, where are contained information duly approved by the responsible regulatory authority. It may include differences in indication, age range, weight, dosage, frequency, presentation or route of administration.

Section 4
Medical Information Department

4. Medical Information Department

Activities related to the Department of Medical Information are increasingly present in the daily life of the pharmaceutical and medical devices companies, which generates a constant demand for the search on new ways of improvement and development of the area.

The Medical Information Department is also commonly known as the Scientific Information Service (SIC), Medical Affairs or simply Medical Information, has the main responsability for responding to technical and scientific requests about the products of the company, that may be demanded by internal or external customers.

In the last years, with the arrival of more complex products and technologies in the Market, , there has been also an increase in the quantity and complexity of requests for information about them. As a result, once more companies are working to provide highly specialized and reliable answers.

This service is provided through the disponibilization of answers based on relevant and reliable scientific data, in order to promote safety and effectiveness in the use of the product, free of any bias of interest. Answers can be sent directly to the requester, through a written document (such as e-mail or letter), or verbally (by telephone or personally).

Technical-scientific requests from health professionals must be spontaneous and can be received at the company through the most diverse service channels available. Following are the most common models available for receiving these demands:

- *Corporate e-mail for direct contact with Medical Information Department;*
- *Requests directed to the Medical Information Department through Sales Force team;*
- *Scientific websites with exclusive access to health professionals;*
- *Directly through the Customer Service Department;*
- *Through the company's Pharmacovigilance/Technovigilance team.*

In addition to the main responsibility - to respond to technical and scientific requests -, the Medical Information Department may also be involved in carrying out other important activities in the company, according to internal procedures and policies.

Below we list some of these activities quite common to the sector:

- *Participation in conventions, congresses and scientific meetings as an available contact for health professionals;*
- *Cooperation for the preparation of medical classes, as well as their constant revision;*
- *Perform internal training for other company's teams that have some interface with the activities of Medical Information Department, such as Medical Area, Sales Force, etc.;*

- *Provide scientific information for the elaboration of promotional materials, as well as their periodical revision, ensuring that they are always in accordance with the sanitary regulations enforced;*
- *Search of scientific and bibliographical for other sectors of the company that have specific demands related to the area, such as Clinical Research and Regulatory Affairs;*
- *Maintenance of the company's scientific information archives always updated;*
- *Elaboration of reports with the most frequent technical-scientific requests and other demands received by the sector.*

Additionally, for the successful implementation of a Medical Information Department in a company, it is advisable to seek excellence on the next items described in this section.

4.1. Team

To ensure the good performance of the Medical Information Department, it is essential to have a properly qualified and trained team of professionals, and whenever possible, dedicated exclusively to the activities of the sector.

It is recommended that among the employees of this team, there are professionals with a degree education in a health area related to the company's products, and also considering the nature and complexity of the information handled.

In case of medicines Marketing Authorisation Holders, it is very common to find physicians and pharmacists working in these departments, once they have the necessary training and expertise to communicate scientific and clinical information about this category of products, in addition to to interact with other health professionals.

On the other hand, in the case of the medical devices Marketing Authorisation Holders, this range of professionals are greatly expanded, considering the diversity of existing products and technologies, being not uncommon to find engineers, dentists, nurses, etc. participating in these activities because of their specific knowledge.

In addition, there are also a strong tendency to multidisciplinarity with professionals from other areas, such as: Librarianship, Statistics, Information Technology, among others, since they have a specific training, that permit them to play an important role in the activities linked to the operationalization of searching, distribution of medical information processes, as well as its storage, cataloging or optimazing of the performance of electronic tools used.

Professionals who works in the Medical Information area must possess research skills, and also look for constant improvement and updating of their own knowledge. In addition to the experience in scientific research, it is extremely important that these professionals know about scientific writing techniques to better elaborate answers to received requests.

To dimensionate the size required for a Medical Information Department team,

first, it´s necessary to consider the activities that will be performed. Below we list three factors that impact directly on this analysis and which should be strongly considered:

1. Mapping the number of areas that have some interface with Medical Information activities, as well as the volume of demands originated by each one of them;

2. Number of products in the company portfolio;

3. Size of the sales force.

In Brazil, most part of the companies keep their Medical Information teams directly linked to the Customer Support Service (CSC) and/or Pharmacovigilance areas, while others have their own individual Department of Medical Information or Medical Affairs, or also, keep these structures linked to the Scientific Medical Department or Medical Operations Company[1].

It is very common that this structure varies according to the company's policies, but in no case, on the general organization chart, the Medical Information Department may be linked directly to the Commercial Areas (such as Marketing or Sales) because as a scientific area, they must always **maintain impartiality in its analyzes.**

4.2. Policies and Procedures

For proper conduct of the activities in Medical Information Department, there should be convergence between company policies, Department procedures, Regulations and Good Practices applicable.

Internal policies are the foundation of the organization, and each company has specific guidelines on how to deal with customers, employees, suppliers, products and services. In this sense, it should be ensured that the conduct of Medical Information activities, is in accordance with all these guidelines.

Whenever possible, activities should be documented in manuals, procedures and/or general instructions, clearly and objectively, allowing collaborators to carry them out in a standardized way.

To ensure control over the history of modifications of procedures, it is important to control the versions of the documents avoiding problems with the execution of activities carried out in accordance to a parallel or outdated document.

Clear and well-described procedures make it possible to standardize the operation of the activities, ensuring the quality of the services provided by Medical information Department.

4.3. System

The computerized system used in Medical Information Department must be able to collect, processing, storage, analysis and forward of information.

[1] According to results collected on a survey applied on October/2017, with member companies of Sindusfarma Medical Information Working Group.

The quality of data generated by this system must always be considered, as well if important information does not reach the requesters with enough speed. Probably, if it is not possible to use an adequate system, the flow of activities in Medical Information Department may be slower and inefficient.

Following are the most common benefits related to specific computerized systems in Medical Information Departments:

- *Increased efficiency in the fulfillment of technical and scientific requests;*
- *Facilitate the organization and control of the versioning of medical letters and technical scripts;*
- *Requests traceability (technical-scientific requests + respective responses);*
- *Become team management easier, with the demonstration of the status of each request;*
- *Monitoring reports and key performance indicators used by the area, as well the service levels agreements.*

In order to keep a system operating satisfactorily and to allow that information generated from organized and processed data provides value to the company's activities, a good planning is essential for its implementation, moreover, the system must attend and comply with all the processes and flows of the Department.

Therefore, it is important that the Information Technology team supports Medical Information Department in the prospection, implementation, validation and support of the computerized system when applicable.

4.4. Database

Databases stores many information in a structured way, allowing quick queries to various types of documents. There are several databases with free access to health topics research, which are fundamental for the daily activities of Medical Information Department. Some of these bases also includes factors of impact of the publications and systems for metric analysis, which contributes to the search for more relevant information.

Collaborators of Medical Information Department team must have access to research tools for the main databases of technical-scientific publications, such as PubMed, SciELOo, LILACS, BVS, and others that are reliable sources of information, which are constantly updated.

We present below some of the most relevant databases in the scientific field, which should be considered for researches carried out by Medical Information professionals.

4.4.1. BVS

"Biblioteca Virtual em Saúde (BVS)", or "Health Virtual Library", is a Brazilian database, which was created with the objective of converging Brazilian thematic networks, that are part of the BVS, integrating sources of

information. The sources of information in BVS are derived from "National Thematic BVS", obeying quality controls and specific methodologies.

Access to the BVS can be done through the link: http://brasil.bvs.br/, and through this, is possible to access many other databases on scientific and technical literature, such as:

- *National Brazilian specialized databases;*
- *Catalogs in scientific journals;*
- *Health Sciences in general.*

4.4.2. LILACS

The Latin American and Caribbean Literature in Health Sciences (LILACS), is a cooperative database of the Regional Library System in Medicine (BIREME) and includes the literature in Health Sciences, published in the countries of the Region since 1982.

This database contains articles from about 670 well-known health journals, currently reaching more than 350,000 records, such as theses, thesis chapters, books, book chapters, congress or conference proceedings, technical-scientific reports and publications governamental organizations.

Searches in the LILACS database can be done through the link: http://lilacs.bvsalud.org/.

4.4.3. MEDLINE

The International Literature on Health Sciences (MEDLINE) is a database of the international medical and biomedical literature, produced by the american's National Library of Medicine (NLM) and containing bibliographical references and abstracts on over than 4,000 published journals, in over than 70 countries.

MEDLINE database contains approximately 11 million literature records published since 1966 covering the areas of medicine, biomedicine, nursing, dentistry, veterinary science and related sciences. This database is updated monthly.

Searches in the MEDLINE database can be done through the link:http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&base=MEDLINE&lang=p.

4.4.4. PubMed

PubMed comprises more than 28 million citations from MEDLINE biomedical literature, life science journals and online books. Citations may include links to full-text content on PubMed Central or other publisher websites.

Besides the free access to other databases, PubMed also offers the subscription option to access some paid databases. These ones have some

unique features, as access to full texts and organized information in a structured way, for example, as which clinical studies are being performed in a specific therapeutic area, the duration and/or study outcomes, as well as having access to those responsible for performing of the study.

It is very important that the Medical Information Professional know deeply the needs of the company and also the resources available in each database to obtain reliable and relevant information. When the need for contracting a paid database is identified, it is critical that an assessment be made togheter with the interface areas, avoiding the overlap of information, and optimizing the company's financial resources.

Searches in the PubMed database can be done through the link: https://www.ncbi.nlm.nih.gov/pubmed/.

4.4.5. SciELO

The Scientific Electronic Library Online (SciELO), is a database of cooperative electronic publications, with full texts of scientific journals available on the Internet.

Searches in the SciELO database can be done through the link: http://www.scielo.br/cgi-bin/wxis.exe/iah/?IsisScript=iah/iah.xis&base=title&fmt=iso.pft&lang =p.

4.4.6. Cochrane

Cochrane Brazil is a non-governmental, non-profit organization that maintains and disseminates systematic reviews of randomized clinical trials as a form to aid health decisions-making.

In addition to its systematic reviews, the Cochrane website also provides shortcuts for access to other databases available on the market (free and paid).

Searches in the Cochrane database can be done through the link: https://brazil.cochrane.org/.

4.4.7. DeCS

Descriptors in Health Sciences (DeCS) is a structured and trilingual vocabulary that works as a unique language in the indexing of articles in scientific journals, books, congress annals, technical reports, and other types of materials.

DeCS can also be used in the research and retrieval of subjects of scientific literature available in other sources of information as BVS, LILACS, MEDLINE, PubMed, etc.

More information about DeCS can be found at this link: http://decs.bvs.br/P/decsweb2018.htm.

4.4.8. LIS

Localizador de Informação em Saúde (LIS), or Health Information Locator is a website of BVS, which contains a catalog of health information sources available on the Internet and selected according to specific quality criteria.

This locator describes the content of these sources and provides links to access them on the Internet.

More information about the LIS can be found at this link: http://lis.bvs.br/lis-Regional/xmlListT.php?xml[]=@/P/define.xml&xsl=lis-Regional/about.xsl.

4.5. Training

The training of the Medical Information Department team must be continuous, aiming the improvement on the process of critical analysis of scientific literature, as well as the alignment of conduct between collaborators with all the procedures and policies of the company.

Important: *Trainings of Medical Information Department collaborators can never be considered as a cost, but rather as an investment.*

The professionals who acts in Medical Information and which undergoes specific training will be able to perform their functions with more quality, generating much more value for its internal and external clients.

In addition, with constant training, it is possible to ensure the increase of the productivity, the improvement of communication between the team and other company's sectors, and mainly, to reach a level of equalization on the infomation and form of work. In this way, is important that no team member begins their activities before receiving an appropriate training.

As a rule, good planning is essential to get the expected results of a training. Thinking on this, we recommend the following steps:

- *Assessment of the team's needs;*
- *Definition of learning goals;*
- *Elaboration of a programme content according to the identified needs.*

After the training, it is fundamental to evaluate the results obtained, making sure about its effectiveness. Following, more details about topics which should be considered in some specific trainings.

4.5.1. Products

Trainings should consider the company's products, detailing information about them, which are pertinent to the Department, especially with respect to their characteristics, categories, specific technical informations, mechanisms of action, or guidelines for use, etc.

4.5.2. Pharmacovigilance/Technovigilance and Technical Complaints

By working directly with inquiries and requests about the company's products, it is possible for the Medical Information professional to constantly come across reports of adverse events or technical complaints. Therefore, it is important that these professionals are trained and understand the processes of identification, capture and reporting of Pharmacovigilance/Technovigilance and Technical Complaints cases, to the responsible areas.

4.5.3. Procedures

The procedures of Medical Information Department must be clearly described, and remain available for immediate consultation by interested parties during the work routine. Depending on the company's Quality Management System, the training can be applied in different ways, for example presentially or virtually. Regardless of this format, it is essential that the basic procedures for the daily activities are known, discussed and practiced in their entirety.

4.5.4. Computerized System

The Medical Information team must always be able to operate the computerized system of the Department. These trainings must clearly demonstrate the ways of recording and classifying requests, processes of finding information, such as a standard medical letter or script, and also the way in which records are kept storaged and updated.

The correct data insertion in the system is fundamental for the traceability of performed activities, allowing the extraction of relevant and reliable management reports, as well as supporting assertive decision making.

4.5.5. Search in Databases

As already known, there are several free and paid databases available for corporate access. Medical Information Department collaborators, generally, have a satisfactory experience in strategies of searches in database, even before beginning their activities in this area.

In any case, it is important to work for the constant updating of the team on this topic. All the collaborators must be aware of all the bases available to be able it to carry out their activities, as well as clearly understand what each one offers.

Search strategies in databases are also important and should be known by the team, to facilitate the search process, as well as to improve the quality of the information researched.

In **Tables 1** and **2** below, common examples of strategic resources used for technical-scientific research are described.

Table 1. Resources for strategies in scientific literature research.

Resource	Finality	Example
Quotation marks " "	Find compound terms. The quotation marks should be closed after the last character described. Truncation ($) should not be used between quotation marks.	"venous thrombosis"
Parentheses ( )	Establish na order in the search. Must be used when the search expression. Has more than one search operator.	BRASIL AND (hepatite OR cancer)
Truncation **$**	Find derived words. It should be inserted after the word radical.	Epidemiol$ = Epidemiology, Epidemiological

Table 2. Boolean Operators for use in scientific literature research.

Boolean Operators*	Finality	Example
AND	Narrow your results, telling the database that all search terms must be presente in the resulting records. AND is equivalent to the expression. "with all words", that is, the results retrieved must contain both terms.	Depression **AND** psychoterap$
OR	Expand the search, connecting two or more similar concepts. OR is equals the expression. "with any of the words". The retrieved results must contain at least one of the search terms.	Depression **OR** psychoterap$
NOT or AND NOT	Delete one of the search terms. Narrow the search, telling the database to ignore concepts that may be implied by your search terms. In some systems, AND NOT has the same function.	Depression **NOT** psychoterap$ ou Depression **AND NOT** psychoterap$

*** Boolean operators** are words with the purpose of defining in a search system how a combination of the terms or expressions of a search should be made.

4.6. Key Performance Indicators

In addition to all the items listed previously, and essentials for the good performance of the Medical Information Department activities, it is also fundamental to approach the ways of monitoring the sector through key performance indicators to identify needs such as: process adjustment, improvement of performance and additional training needs.

We recommend that at least one key performance indicator must be implemented for each process carried out by the area, which should be specific, measurable, easy to understand and, above all, based on reliable information.

Following are some examples of key performance indicators that can be used by Medical Information Department:

- **Productivity indicator:** Relation between what is done by the team and the number of human resources needed.

  Example:

  1. Relation between collaborator and the time required to perform a response = collaborator/hour.

  2. Percentage of responses provided within the established time frame.

Note: There are different complexities in the activities performed by Medical Information team, and therefore, productivity indicators may present variations in results.

- **Quality indicator:** Provides information to measure the occurrence of any deviation within a process.

  Example:

  1. Percentage of identification on incorrect responses within a determinated time period/quantity of requests.

The constant monitoring of these results will demonstrate if the activities are being carried out as planned and will allow identifying opportunities for continuous improvement in the sector.

Finally, frequent meetings with all the Medical Information team are critical to understand the improvement needs, as well to figure out the relevance of individual work to achieve expected results.

Section 5
Internal Clients Interaction

5. Internal Clients Interaction

As described in section 4 of this Guidance, it is very common for the Medical Information Department to be integrated with the Medical Affairs Department and, depending on the characteristics of the company, that these teams are divided by location as regional/country or global.

Following are the most common forms of interaction between the Medical Information Department and its Internal Clients.

5.1. CSC

Customer Support Center, also known as Customer Service Center, is an important channel of reception for technical-scientific requests.

It is fundamental that the company develops specific internal procedures for conducting the process of capture of questions related to Medical Information by the CSC team.

Among the common requirements to this activity, is the establishment of what data should be collected for the identification of the requester, and depending on the nature of the demand, such as - more complex situations - the elevation of the request to a second level.

Aditionally, Medical Information Department can carry out specific training for CSC team in order to prepare scripts and/or frequently asked questions (FAQs), that will give support to the services provided.

It is recommended, that all Medical Information support to CSC, are based on the FAQs material used by the area, and also in the information present on the poduct's medication guides, instructions of use, labels or leaflets, that are properly approved in the local Regulatory Authority.

There must be a clear definition about information that can be shared only with health professionals or also with consumers according to criteria that will be more detailed in Section 7.1. of this Guidance.

5.2. Pharmacovigilance/Technovigilance

The Pharmacovigilance and Technovigilance sectors play a fundamental role in the activities of the Medical Information Department, since they can directly help the medical evaluation for decision making.

The Pharmacovigilance/Technovigilance activities aim to directly reduce risks to consumers, since they generate information that will be disseminate to health professionals and consumers, aiming at the rational and targeted use of medicines and medical devices.

It is very important to ensure that all adverse events reported, or identified by the Medical Information team during the performance of their activities are properly registered and effectively fowarded to Pharmacovigilance and/or Technovigilance Departments, according to the procedures defined by the

company. This action is essential for the compliance of reports analyzes and submission to Health Authority according to the deadlines established in the local regulation.

Adtionally, Medical information may assist Pharmacovigilance and Technocvigilance Departments, in search of data and information in medical-scientific literature on a particular type of adverse events, such as incidence, causal relation, monitoring, etc.

5.3. Medical Affairs

Similar at Pharmacovigilance and Technovigilance, Medical Information Department can support Medical Affairs team, in searching process of literature for a specific subject of interest, such as scientific support for the development of medical classes and support materials.

In this sense, it is also possible to contribute with the interface between the Medical Science Liaisons (MSLs) and their main audience, Key Opinion Leaders (KOLs), by submitting studies and articles in response to the medical question received through the MSLs.

Medical Information Department may also:

- *Prepare various reports;*
- *Identify main questions carried out by the medical Community;*
- *Elaborate or assist bibliographic review of materials disclosed internally and externally (medical classes); and*
- *Prepare sientific bulletins for updating.*

To assist this sector, Medical Information team can also conduct trainings about available databases whenever necessary.

5.4. Marketing

Regarding to Marketing activities, Medical Information Department usually helps in a variety of ways, such as:

- *Elaboration and application of trainings for specific audiences, such as Product Managers.*
- *Revision and/or approval of materials (advertising pieces) that will be distributed and/or presented at medical events or directly to prescribers/ dispensers or to consumers in the case of no prescription drugs (Over The Counter – OTC drugs);*
- *Revision and retrieval of bibliographic references for the scientific basis on advertising pieces of products, according to current regulations;*
- *Purchase and research for scientific articles and/or clinical studies to support the preparation of classes, trainings, promotional materials, monographs, etc.;*

- *Acquisition of permissions to share scientific publications;*
- *Monitoring scientific literature in the databases available in the company, constantly seeking adverse events, or other subjects related to the products of interest.*

The Medical Information team needs to know the most recent scientific publications related to the products of its portfolio, always signaling to the Marketing when there is publication of some relevant information. To reach this, is fundamental the constant involvement between the areas.

5.5. Regulatory Affairs

Regarding the activities of Regulatory Affairs Department, Medical Information Department is increasingly present, because of the increasingly demanded by Regulatory Agencies in the sense of preparing and sending robust dossiers. In this scenario, we outline the most common interface activities between these two sectors:

- *Support in the revision of content of medication guides, instructions for use, labels, and leaflets of products (technical and scientific basis);*
- *Contribution with scientific information on documents for registration and post-registration submissions;*
- *Support with bibliographic search for scientific information, attending to requisitions/requirements of the sanitary authorities;*
- *Counseling and guiding about the robustness of scientific information and requirements presented in regulatory documents.*

In some companies, Medical Information Department may also contribute to the Regulatory Affairs Department by mapping products registration information in specific databases.

5.6. Market Access

Medical Information supports to the Market Access team includes: the preparation of dossiers for the standardization of medicines and medical devices, as well as the management of the information contained on these documents.

For drug standardization, are raised for example information on: pharmacological class, dosages, routes of administration, reconstitution and dilutions, drug interactions and storage information, incompatibilities and stability. Sometimes, information about safety and efficacy of the prodtucs is also considered.

Knowledge about products and their characteristics is essential for Medical Information professionals to contribute to the elaboration of dossiers for the Public-Private Market Access process, serving as a strong ally in these strategies.

5.7. New Business

The New Business area can count on the contribution of the Medical Information

team using strategic mechanisms to search for new opportunities in the national and international scenario, contributing to the company's portfolio.

Team knowledge can also help to locate information in specific databases that demonstrate trend analysis and the current market for drugs and medical devices, so the company can identify opportunities for co-marketing, and radical or incremental innovations.

As examples of actions to contribute to the New Business area, Medical Information Department can:

- *Map information about molecules in development, by speciallity and/or terapheutic area;*
- *Map the status of clinical studies (driving, completion or cancellation);*
- *Monitore reasons for product discontinuation;*
- *Identify partnerships agreements between companies.*

5.8. Commercial

Medical Information Department may periodically deliver strategic information such as product reports with the main questions received throught the Commercial Area. This information can help in the establishment of new strategies for action, such as the strengthening and dissemination of strategic information about products during phisycians visits.

> *To ensure that the responsibilities of the Commercial team are clear, it is critical that Medical Information team conduct frequent training about this interface.*

Considering the Good Practices in Medical Information, it is necessary to reinforce that the Commercial Area and the sales force should not act in the induction of specific questions about the products, but only, to support the Medical Information team, collecting and directing all the requests for clarifications for which they do not have all the answers.

5.9. Clinical Research

The activities of the Clinical Research area in the pharmaceutical and medical devices industry are fundamental for the improvement of health care, giving patients access to the best available treatments.

Medical Information teams can directly support the Clinical Research area by providing information about clinical trial protocols or by seearching scientific information, for example, on how to deal with adverse events or dosing challenges associated with the studies.

Here are a few topics related to clinical study that can be worked by the Medical Information teams as a support to the Clinical Research area:

- *Clinical studies conducted, by therapeutic área;*
- *Locations of realization;*

- *Duration of studies;*
- *Biomarkers used;*
- *Responsables (sponsors);*
- *Outcomes of the studies.*

5.10. Quality Assurance

In the same way that Medical Information team can identify an adverse event during the fulfil process of a technical-scientific request for a product, there may occur also an identification of related technical complaints.

In this scenario, collaborators must follow the defined procedures to forward this information to the responsible sector - Quality Assurance, so they can be investigated and corrected appropriately.

Finally, in addition to responding to the technical and scientific requests generated by the company's Internal and External Clients, the Medical Information Department can work proactively to conduct periodic training of employees, always considering the specifics needs of each sector.

Section 6
Participation in Scientific and Educational Events

6. Participation in Scientific and Educational Events

The Medical Information collaborators frequently participate in activities developed and/or related to Scientific/Educational Events, such as: Congresses, Symposiums, Conferences, Workshops, Courses, Seminars, Forums, Exhibitions, etc.

The performance of Medical Information team in these events, aims to contribute to the dissemination of scientific knowledge and, mainly, to provide answers to questions of health professionals present.

Besides providing local scientific support, Medical Information team can also assist on the selection of speakers and in the development of activities, by outlining themes and the most appropriate approaches.

Medical Information stands available in these events must be clearly distinct from those related to promotional activities, and the use of logos or commercial references is not allowed because they are not in accordance with the Medical Information activities.

Aiming at Good Practices in Medical Information, it is recommended that the collaborators of this sector who participate of the event be properly qualified and trained to deal with the possible scientific questions of health professionals' attendees.

Section 7
Elaborated Documents

7. Elaborated Documents

7.1. Response to Requests

As already known, the main activity of the Medical Information Department is to provide answers to technical and scientific questions made by health professionals, but also by others as consumers.

The delivery of the response to the received requests must **preferably** be performed directly to the requester.

If the elaborated material for the answer contain information about off-label use, this delivery **must be** performed by the **company's Medical Information area directly to the healthcare professional, without any intermediary of any nature.**

> ***Note:*** *Each company is responsible for the creation of internal procedures that guarantee the spontaneity of the requests received, such as the adoption of specific forms that include the identification and signature of the requesting health professional or the use of technological solutions for this proof.*

When the request about off-label information is held in public during Scientific/ Educational Events intended **only for health professionals**, the answer may be given publicly to all the hearing, since that this information is highlighted (off-label use), according with te procedures ans policies of the company.

Also, in the case of discussions in digital platforms and channels, with exclusive access to health professionals' forums, it is recommended that only on-label information be provided publicly, being distinct situations be handled in private messages.

Regarding the care of non-health professionals, consumers, medical students and others, the Medical Information Department, in partnership with the company's CSC area, must only provide information considered on-label, and in a way that it does not interfere with the treatment of a patient or in the conduct prescribed by a health professional.

7.2. Types of Materials

The format for responding technical scientific requests and other solicitations addressed to the Medical Information Department may occur in different ways considering the content of answer, or the preference of the requester. Following are described some of the most common forms currently used by companies.

7.2.1. Medical Letters

Medical Letters, also known as Medical Information Letters (MILs), are a compiled of information that responds to a specific questioning about a product, therapeutic area, active pharmaceutical ingredient (API), etc., based on scientific materials according to adequate levels of evidence.

Once drafted and approved, a Medical Letter can become a standard response to frequent technical scientific requests.

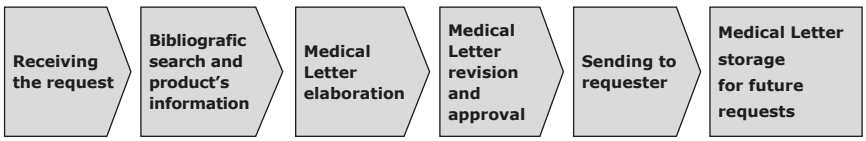
To increase efficiency and ensure that all Medical Information staff is providing standard answers to requests, it is critical ensure that the development and management of the Medical Letters is constant, keeping it always available in a single location directory accessible to all staff.

In each review of a Medical Letter, is recommended to assign a new version of the document, allowing the traceability of the revision.

In addition, it is important including in the Medical Letters all references used for its elaboration, always checking the existence of issues related to copyright.

The Medical Letters can be delivered to the requesters in both: physical and electronic format, respecting the possible restrictions of access according to the qualification of the applicant. In the **Figure 1** are illustrated a common model of the process of elaborating a Medical Letter.

Figure 1. Process of elaboration of Medical Letters.



It is important to note that the Medical Letters should also comply with the guidelines set forth in Section 7.1 of this Guidance, where applicable.

7.2.2. Presentations and Medical Classes

As the Medical Letters, the Presentations and Medical Classes are elaborated from a compilation of information about a product, therapeutic area, active pharmaceutical ingredients, etc., also based on scientific materials, but with a less specific character, once it is expected that the material will be used in situations where is potentially a larger audience. Thus, unlike Medical Letters, the purpose of Presentations and Medical Classes is the dissemination of more generalized information.

Also for these documents, it is important to include all references used in their preparation, checking for any restrictions related to copyright.

It is important to note that off label use information, can only be insert in these documents when there is control of audience participation according to the restrictions described in item 7.1. of this Guidance. Thus, when pertinent, it must be included in the document all the appropriate warnings and disclosures about off label content, as well about the declaration of existing or not of conflict of interests.

The provision of Presentations and Medical Classes in electronic channels

must also observe the recommendations described above regarding the restrictions of public access, as described in item 7.1. of this Guidance.

7.2.3. *Frequently Asked Questions* (FAQs)

As we saw before, FAQs can be documents that compile the questions classified as most recurrent in the Department of Medical Information.

The answers inserted in this document are often summarized in comparison to the other documents elaborated by the sector, due to their lower specificity of themes, and the fact that they are accessible to larger and no specific publics, which include both health professionals and non-health professionals and consumers.

FAQs can be available in both physical and electronic format and can be delivered through channels of service such as email or letter, as well as serving as a script for calls made by telephone mainly by the CSC area, always obeying the restrictions of access to information according to the target audience described in section 7.1. of this Guidance.

7.2.4. Technical-Scientific Publications

Sending technical-scientific publications (such as articles, abstracts, posters, etc.) in response to requests received should consider stablished levels of evidence, which ensure the robustness of the response, so that there is no influence or any kind of bias.

It is also very important that copyright issues regarding materials used/acquired are respected, especially about sharing and/or reproduction rules, being strongly recommended the inclusion of these restriction information in the materials.

7.3. Requirements and Criteria for Answers

The answers prepared by Medical Information Department should use updated scientific information available in the technical scientific literature and/or the company database on the related question. They should not be followed by any kind recommendations, being a right of the health professional requester, to make his own clinical decision.

The content must be clear, relevant, fully referenced and impartial, without any promotional character, besides answering directly the specific received request. The answers can be totally elaborated by the collaborators of Medical Information Department, or also count with the help of other sectors, in particular with the Medical Area.

About the elaboration and approval of answers built by Medical Information Department, is not recommended any type of interference from Commercial, Marketing, New Business, or any other area of the company linked with promotional aspects of the products.

Periodic reviews are recommended for the Medical Letters, considering not

only periodical bibliographic searchs, but also updated labels, leaflets, and instructions of use information, that may impact the in product's safety and effectiveness.

Often, the interface with Regulatory Affairs Department can help in the definition of this revision periodicity, since the regulatory updating of those materials can be a determining factor.

In case of receiving inquiries about products that are not part of the company portfolio, it is not recommended to send any technical response, and the requester should be directed to contact the Marketing Authorisation Holder of the product of interest.

Exception to this situation can be considered, when the request is related to comparative data between existing products in the market, and one of them are registered by the company receiver of the request. To answer these specific demands, comparative studies can be used as a reference and, in the absence thereof, can be used systematic reviews or studies which describe the general characteristics of products on the same therapeutic class and/or used for the same indication.

Finally, regarding especially about **off-label information requests** received by Medical Information Department, an extra care must be considered, so the response can be carried out in a specific and directed way, **only for health professionals (according to the definition and application of this Guidance and also as defined in internal policies and procedures of the companies), duly registered in the Class Council,** and having clear on the answer that the information is related to an **use unapproved in the country.**

The company should also reinforce the information that it does not recommend the use of the product in question for indication/purpose other than those approved by the local Regulatory Authority.

Seção 8
Search Processes and Information Relevance

8. Search Process and Information Relevance

8.1. Bibliographic Search

The bibliographic search of the references that will compose the answers to received requests in Medical Information Department must be carried out according to defined search parameters, ensuring that the result is pertinent and adequate.

The definition of the scope of the search will depend on the purpose of applying the result found, for example: definition of the search period, type of literature, language, etc.

In-house information of the "data-on-file" type can also be used in the responses to the received requests, however, in this case, it is recommended that this practice be applied only when it is not possible to use published evidence.

8.2. Evidence Levels

The level of evidence is a quality criteria widely used in modern scientific journals, and there is a tendency for these levels to be used for the critical analysis of publications.

For the preparation of answers, it is recommended that Medical Information use only cited information in publications with adequate levels of evidence and degrees of recommendation. There are several standards for determining levels of evidence and degrees of recommendation, however, only two of these will be mentioned in this Guidance:

- *Oxford Centre for Evidence-Based Medicine (Oxford CEBM);*
- *Grading of Recomendations Assessment, Developing and Evaluation (GRADE).*

Even in the absence of publications with the levels of evidence suggested above, it is recommended sent the scientific publications found.

Following are detailed some of the recommended forms for definition of evidence levels on the preparation of answers to technical scientific requests.

8.2.1. Oxford CEBM

The Oxford Center for Evidence-Based Medicine defines 5 levels of evidence (1-5) for the classification of scientific evidences, where the highest value tests are classified as level 1 (for example: randomized studies) and the lowest ranked tests level 5 (for example: clinical cases and expert opinions).

It is important to note that Level 5 evidence does not invalidate its scientific importance, but it is certainly a test of lower value.

The four main principles for structuring evidence-based medicine are:

- *Identification of the clinical issue that generated doubt;*
- *Systematic review of contemporary scientific publications;*
- *Critical analysis of the evidence found in the articles; and,*
- *Implementation in clinical practice, of the decision validated by systematic reviews.*

Thus, Evidence Based Medicine requires from the professional, to develop skills in the critical evaluation and validation of scientific publications in order to allow the decision-making of health professionals to be based on evidence.

In **Table 3**, are reproduced the Evidence Levels of the Oxford Center for Evidence-Based Medicine in its latest version (2011), where each row represents a series of steps that must be followed when seeking the best probable evidence.

8.2.2. GRADE

The Grading of Recommendations Assessment, Development and Evaluation (GRADE) assigns levels of evidence and classifies the strength of recommendations for health issues. Currently, more than 100 organizations in 19 countries use the GRADE System, including the World Health Organization (WHO).

In this System, the level of evidence represents confidence in the information used, and the quality assessment of the evidence is performed for each outcome analyzed using the available evidence set. The quality of the evidence is classified into four levels: **high moderate, low and very low.**

It is important to consider that, judgments on the domains presented in this System, despite being based on defined criteria, are subject to the qualitative evaluations of the researcher, which generates the probability of there being differences between the analysis. Thus, it is necessary that the degree of evidence is always performed transparently throughout the process, informing the reasons attributed to different levels of evidence.

Table 3. Oxford centre for Evidence-Based Medicine 2011 Levels of evidence.

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5*)
How common is the problem?	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances**	Local non-random sample**	Case-series**	n/a
Is this diagnostic or monitoring test accurate? (Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or "poor or non-independent reference standard**	Mechanism-based reasoning
What will happen if we do not add a therapy? (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or casecontrol studies, or poor quality prognostic cohort study**	n/a
Does this intervention help? (Treatment Benefits)	Systematic review of randomized trials or n-of-1 trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-based reasoning

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5*)
What are the COMMON harms? (Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, nof-1 trial with the patient you are raising the question about, or observational study with dramatic effect	Individual randomized trial or (exceptionally) observational study with dramatic effect	Non-randomized controlled cohort/ follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning
What are the RARE harms? (Treatment Harms)	Systematic review of randomized trials or n-of-1 trial	Randomized trial or (exceptionally) observational study with dramatic effect			
Is this (early detection) test worthwhile? (Screening)	Systematic review of randomized trials	Randomized trial	Non -randomized controlled cohort/follow-up study**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning

** Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small; Level may be graded up if there is a large or very large effect size.*

*** As always, a systematic review is generally better than an individual study.*

Source: The table of Evidence Levels OCEBM and others related information can be accessed on: http://www.cebm.net/ocebm-levels-of-evidence/

In **Tables 4 and 5**, respectively, are arranged: the **GRADE Final Classification** and the **Application of factors that reduce or increase the quality of evidences**, through the GRADE method.

Table 4. GRADE Final Classification.

High	⊕⊕⊕⊕	There is confidence that the effect of the study reflects the real effect
Moderate	⊕⊕⊕	There is confidence that the effect in the study is close to the true effect, but it is also possible that it is substantially different
Low	⊕⊕	The true effect may differ significantly from the estimated
Very Low	⊕	The true effect is probably substantially different from the estimated effect

Source: the final classification GRADE table and other related information can be accessed on: http://www.gradeworkinggroup.org/.

Table 5. Application of factors that reduce or increase the quality of evidences, through the GRADE method.

Items	Criteria	Application
Factors that dreduce the quality of evidence		
Limitations of the study (risk of bias)	Methodological evaluation result of each design	Reduce 1 point if risk of bias is considered serious or 2 points if very serious
Inconsistency of results (heterogeneity)	In the case of inconsistent outcomes, assess similarity of estimates, overlap of confidence intervals, and results of heterogeneity	Reduce 1 point if inconsistency is important
Indirect evidence	Evaluate whether there are differences in population, intervention, comparison or outcomes between the included studies and the review interest question	Decrease 1 point if indirect evidence is serious or 2 points if very serious
Inaccuracy	Evaluate confidence interval amplitude, or if the number of events and sample size are small	Reduce 1 or 2 points if there is inaccuracy
Post bias	Evaluate whether there is a possibility of studies not being published, as well as the influence of research funding	Reduce 1 point if publication bias is suspected

Factors that increase the quality of evidence (applicable to observational studies)		
High magnitude of effect	The observation of great effect increases confidence in the evidence found	Raise quality by 1 point (if RR≥ 2 or ≤0.5) or 2 points (if RR ≥5 or ≤0.2) **
Dose-response gradient	The observation of alteration of the effect according to exposure is modified helps in the definition of causality	Increase quality by 1 point if there is a dose-response gradient
Confounders or biases would reduce the effect found	The presence of confounders (who would be heading in the opposite direction to the effect) does not prevent the favorable result for the intervention to be found	Increase quality by 1 point if existing confounders decreased the observed effect

***RR: Relative Risk.**

Source: The table Application of factors that reduce or increase the quality of evidences, through the GRADE method, can be accessed on: http://www.gradeworkinggroup.org/.

We emphasize that these are only two of the many methods that can be used for the critical analysis of scientific works, always with the objective of reducing the subjectivity of the evaluations and guaranteeing their scientific character without any bias of interest. Other references may be used as long as they meet these assumptions.

Section 9
Conclusions

9. Conclusions

Sindusfarma, by making this material available, reinforces the legitimate interest in disseminating knowledge for the training and development of the companies. In this way, we recommend the use and sharing of this **Guidance: Good Practices in Medical Information**, aiming at the improvement of the activities of the Medical Information Departments of medicines and medical devices Marketing Authorisation Holders.

As previously stated, the provision of robust and value-added scientific information makes the Medical Information Professional a true collaborator of scientific thinking and responsible for providing reliable, relevant and impartial scientific references to the products of his company, always with transparency and ethics in the interests of its clients.

Thus, by following the Good Practices in Medical Information, the Medical Information Department contributes through its scientific leadership to the sustainable growth of its own sector, and also of the whole organization.

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