Basic information

2008/0260(COD) COD - Ordinary legislative procedure (ex-codecision procedure) Directive	Procedure completed
Medicinal products for human use: pharmacovigilance of products Amending Directive 2001/83/EC, Community code 1999/0134(COD) See also 2008/0257(COD) **Subject** 4.20.04 Pharmaceutical products and industry 4.60.08 Safety of products and services, product liability	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Climate and Food Safety	MCAVAN Linda (S&D)	10/09/2009

Former committee responsible	Former rapporteur	Appointed
ENVI Environment, Climate and Food Safety		

Committee for opinion	Rapporteur for opinion	Appointed
ITRE Industry, Research and Energy	RIVASI Michèle (Verts /ALE)	16/09/2009
IMCO Internal Market and Consumer Protection	TURMES Claude (Verts /ALE)	28/09/2009

Former committee for opinion	Former rapporteur for opinion	Appointed
ITRE Industry, Research and Energy		
IMCO Internal Market and Consumer Protection		

Council of the European Union

Council configuration	Meetings	Date
Employment, Social Policy, Health and Consumer Affairs	2980	2009-11-30
Agriculture and Fisheries	3050	2010-11-29

European Commission	Commission DG	Commissioner
	Health and Food Safety	DALLI John

Key events

Date	Event	Reference	Summary
10/12/2008	Legislative proposal published	COM(2008)0665	Summary
13/01/2009	Committee referral announced in Parliament, 1st reading		
19/10/2009	Committee referral announced in Parliament, 1st reading		
30/11/2009	Debate in Council		Summary
27/04/2010	Vote in committee, 1st reading		Summary
02/06/2010	Committee report tabled for plenary, 1st reading	A7-0159/2010	
21/09/2010	Debate in Parliament	CRE link	
22/09/2010	Decision by Parliament, 1st reading	T7-0332/2010	Summary
22/09/2010	Results of vote in Parliament		
29/11/2010	Act adopted by Council after Parliament's 1st reading		
15/12/2010	Final act signed		
15/12/2010	End of procedure in Parliament		
25/01/2011	Final act published in Official Journal		

Technical information

Procedure reference	2008/0260(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Directive
	Amending Directive 2001/83/EC, Community code 1999/0134(COD) See also 2008/0257(COD)
Legal basis	Treaty on the Functioning of the EU TFEU 168-p4 Treaty on the Functioning of the EU TFEU 114-p1
Other legal basis	Rules of Procedure EP 165
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/7/00153

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee draft report		PE430.927	17/12/2009	
Amendments tabled in committee		PE438.448	02/02/2010	
Amendments tabled in committee		PE438.514	08/02/2010	

Committee opinion	IMCO	PE431.039	05/03/2010	
Amendments tabled in committee		PE438.412	15/03/2010	
Committee opinion	ITRE	PE430.773	15/04/2010	
Committee report tabled for plenary, 1st reading/single reading		A7-0159/2010	02/06/2010	
Text adopted by Parliament, 1st reading/single reading		T7-0332/2010	22/09/2010	Summary

Council of the EU

Document type	Reference	Date	Summary
Draft final act	00047/2010/LEX	15/12/2010	

European Commission

Document type	Reference	Date	Summary
Document attached to the procedure	SEC(2008)2670	10/12/2008	
Document attached to the procedure	SEC(2008)2671	10/12/2008	
Legislative proposal	COM(2008)0665	10/12/2008	Summary
Commission response to text adopted in plenary	SP(2010)7193	13/10/2010	

Other institutions and bodies

Institution/body	Document type	Reference	Date	Summary
EDPS	Document attached to the procedure	JOC_2009/C/229/04 OJ C 229 23.09.2009, p. 0019	22/04/2009	Summary
ESC	Economic and Social Committee: opinion, report	CES1024/2009	10/06/2009	

Additional information

Source	Document	Date
National parliaments	IPEX	
European Commission	EUR-Lex	

Final act

Corrigendum to final act 32010L0084R(02)
OJ L 276 21.10.2011, p. 0063

Directive 2010/0084
OJ L 348 31.12.2010, p. 0074 Summary

Corrigendum to final act 32010L0084R(01)
OJ L 021 25.01.2011, p. 0008 Summary

Medicinal products for human use: pharmacovigilance of products

2008/0260(COD) - 15/12/2010 - Final act

PURPOSE: to strengthen the Community pharmacovigilance system of medicinal products for human use.

LEGISLATIVE ACT: Directive 2010/84/EU of the European Parliament and of the Council amending, as regards pharmacovigilance, Directive 2001/83 /EC on the Community code relating to medicinal products for human use.

CONTENT: following first reading agreement with the European Parliament, the Council adopted a Regulation on pharmacovigilance (COD/2008/0257) and this Directive aimed at strengthening the EU system for the safety monitoring of medicinal products for human use ("pharmacovigilance"), and thereby better protecting public health. The EU pharmacovigilance system seeks to prevent, detect and assess adverse reactions to medicinal products placed on the Union market. It also ensures that any product which presents an unacceptable level of risk can be withdrawn rapidly from the market.

Roles and responsibilities: Member States will remain central for the operation of a pharmacovigilance system, but their responsibilities are clarified. Under the new rules they will collect information on suspected adverse drug reactions not only if the product was used within the terms of the marketing authorisation, but also in case of overdose, misuse, abuse and medication errors.

A new scientific committee, the **Pharmacovigilance Risk Assessment Committee, is created** within the European Medicines Agency (EMEA), and will advise the EMEA's Committee for medicinal products for human use, which remains responsible for issuing an opinion, on the risk-benefit assessment of centrally-authorised medicinal products for human use.

The mandate of the EMEA's coordination group, responsible for agreeing and monitoring risk management systems, is enlarged. In the future, based on the advice from the Pharmacovigilance Risk Assessment Committee, this group will also examine questions related to the pharmacovigilance of all medicinal products authorised by Member States and to variations to the terms of marketing authorisations granted by Member States. Under the current rules, the coordination group's mandate is limited to the examination of questions relating to a marketing authorisation of a medicinal product in two or more Member States.

Provision is made to allow adequate funding for pharmacovigilance activities through the **collection of fees** charged to marketing authorisation holders for obtaining and maintaining EU marketing authorisations and for other services provided by EMEA and national competent authorities. However, the management of those collected funds will be under the permanent control of the national competent authorities in order to guarantee their independence in the performance of those pharmacovigilance activities.

Transparency and communication: the existing EU pharmacovigilance database, the **"Eudravigilance database", is strengthened** and becomes the single point of receipt of pharmacovigilance information for medicinal products for human use authorised in the EU, thus facilitating early discovery of adverse reactions. This reporting system will be gradually introduced, following development of the necessary capacity of the data base.

In order to ensure transparency in pharmacovigilance issues the EMEA will create and maintain a **European medicines webportal**.

Concerning the **readability of the summaries of product characteristics and the packaging leaflets**, the Commission is invited to present an assessment report and, if appropriate, table proposals to improve the layout and the content of the summaries of product characteristics and of the packaging leaflet.

Pharmacovigilance obligations by industry. As under the current rules, the marketing authorisation holder must establish a pharmacovigilance system to ensure the monitoring and supervision of its authorised medicinal products. The requirements for applications are, however, simplified. Marketing authorisation holder will have to submit only key elements of their pharmacovigilance system, rather than a detailed description of the system. On the other hand, they will have to maintain a detailed file on site for possible inspections by the competent authorities. The marketing authorisation holders will have continuously to monitor the safety of their products, inform the authorities of any changes that might have an impact on the marketing authorisation, and for ensuring that the product information is kept up to date. In addition, the Commission is empowered to require marketing authorisation holders to conduct post authorisation studies on safety and on efficacy, as part of the marketing authorisation.

Risk management planning and non-interventional safety studies: EMEA may require a marketing authorisation holder to operate a risk management system if there are concerns about the risks affecting the risk-benefit balance of an authorised medicinal product. In order to ensure that non-interventional post-authorisation safety studies (i.e. safety studies of authorised products that are not clinical trials) requested by competent authorities are non promotional, harmonised guiding principles and regulatory supervision are strengthened.

Adverse drug reaction case reports: Member States will have to take appropriate measures to enable patients, besides of doctors, pharmacists and other health-care professionals to report suspected adverse reactions to the national competent authority. Member States will have to report all suspected adverse reactions that occur in their territory to the Eudravigilance database.

Marketing authorisation will be required to submit electronically information on all suspected adverse reactions that occur in the EU and in third countries to the Eudravigilance database.

Periodic safety update reports and other safety related assessments: as under the current rules, marketing authorisation holders will have to submit to EMEA periodic safety update reports. In the future, these periodic safety update reports will, however, constitute a scientific evaluation of the risk-benefit balance of the medicinal product, rather than a detailed presentation of individual case reports, since that information will already have been reported to the Eudravigilance data base. In addition, there may be a single periodic safety update report for products that contain the same active substance or combination thereof but are subject to different marketing authorisations. For medicinal products with a new active substance and biological medicinal products, the pharmacovigilance will be strengthened by making the authorisation subject to additional monitoring activities and a requirement that they should be identified by a black symbol and an explanatory sentence that encourages reporting of adverse reactions on the summary of product characteristics and on the patient information leaflet. This requirement may also apply, at the request of the competent authorities, to other products.

Member States are invited to consider measures to monitor and evaluate the risk of environmental effects of medicinal products. The Commission is called upon to produce a report on the scale of the problem and assess if the EU legislation in this field should be amended.

This Directive and the Regulation on pharmacovigilance (COD/2008/0257) form part of the pharmaceutical package which also includes a draft directive on falsified pharmaceutical products, as well as a draft directive and a draft regulation concerning information on prescription drugs.

ENTRY INTO FORCE: 20/01/2011.

TRANSPOSITION: 21/07/2012.

APPLICATION: 21/07/2012.

Medicinal products for human use: pharmacovigilance of products

2008/0260(COD) - 22/04/2009

OPINION OF THE EUROPEAN DATA PROTECTION SUPERVISOR on the proposal for a Regulation of the European Parliament and of the Council amending, as regards pharmacovigilance of medicinal products for human use, Regulation (EC) No 726/2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency, and on the proposal for a Directive of the European Parliament and of the Council amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use.

Recall: on 10 December 2008, the Commission adopted two proposals relating to the amendment of the actual pharmacovigilance system. The general intention of the two proposals is to remedy these weaknesses and to improve and strengthen the Community pharmacovigilance system with the overall objective of better protecting public health, ensuring proper functioning of the internal market and simplifying the current rules and procedures (see COD/2008/0257). The overall operation of the current pharmacovigilance system relies on the processing of personal data. These data are included in the adverse drug reactions reporting and can be considered as data relating to health of the persons concerned since they reveal information about drug use and associated health problems.

Processing of such data is subject to strict data protection rules as laid down in Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data and Directive 95/46/EC on the protection of individuals with regard to the processing of personal data and on the free movement of such data.

Despite this, no reference to data protection is included in the current text of Regulation (EC) No 726/2004 and Directive 2001/83/EC, except for one specific reference in the Regulation. **The EDPS regrets that data protection aspects are not considered within the proposed amendments** and that he was not formally consulted on both proposals for amendments. The EDPS recommends that a reference to this opinion is included in the preamble of both proposals.

Content of the Opinion: this Opinion will first proceed with a simplified explanation of the system of pharmacovigilance in the EU as it follows from Regulation (EC) No 726/2004 and Directive 2001/83/EC in their present state. Subsequently, the necessity of processing of personal data in the context of pharmacovigilance will be analysed. After this, the proposals of the Commission for improving the current and envisaged legal framework will be discussed and recommendations will be made on how to ensure and improve the data protection standards.

Conclusions and recommendations: the EDPS takes the view that the **lack of a proper assessment of the data protection implications of pharmacovigilance constitutes one of the weaknesses of the current legal framework set out by Regulation (EC) No 726/2004 and Directive 2001/83/EC**. The current amendment of Regulation (EC) No 726/2004 and Directive 2001/83/EC should be seen as an opportunity to introduce data protection as a full-fledged and important element of pharmacovigilance.

A general issue to be addressed thereby is the actual necessity of processing personal health data at all stages of the pharmacovigilance process. As explained in this Opinion, the EDPS seriously doubts this need and urges the legislator to reassess it at the different levels of the process. It is clear that the purpose of pharmacovigilance can in many cases be achieved by sharing information on adverse effects which is anonymous in the meaning of the data protection legislation. Duplication of reporting can be avoided through the application of well structured data reporting procedures already at national level.

The proposed amendments envisage a simplified reporting system and a strengthening of the **EudraVigilance database**. The EDPS has explained that these amendments lead to increased risks for data protection, especially when it involves the direct reporting of patients to the EMEA or the EudraVigilance database.

In this respect, the EDPS:

a. strongly advocates a decentralised and indirect reporting system whereby communication to the European webportal is coordinated through using the national webportals;

b. emphasises that privacy and security should be part of the design and implementation of a reporting system through the use of web-portals ('privacy by design');

c. underlines that once data concerning health about identified or identifiable natural persons is processed, the person responsible for such processing should comply with all the requirements of the Community data protection legislation.

More specifically, the EDPS recommends:

- to include a reference to this Opinion in the preamble of both proposals, to introduce in both Regulation (EC) No 726/2004 and Directive 2001 /83/EC a recital stating the importance of data protection in the context of pharmacovigilance, with references to the relevant Community legislation;
- to introduce in Regulation (EC) No 726/2004 and Directive 2001/83/EC a new Article having a general nature which states that: (i) the provisions of Regulation (EC) No 726/2004 and Directive 2001/83/EC are without prejudice to the rights and obligations stemming from the provisions of Regulation (EC) No 45/2001 and Directive 95/46/EC respectively, with specific reference to Article 10 of Regulation (EC) No 45 /2001 and Article 8 of Directive 95/46/EC respectively; (ii) identifiable health data shall only be processed when strictly necessary and parties involved should assess this necessity at every single stage of the pharmacovigilance process;
- to include in the proposed Article 24(2) of Regulation (EC) No 726/2004 a sentence stating that the accessibility of the EudraVigilance database shall be regulated in conformity with the rights and obligations stemming from the Community legislation on data protection;
- to add a paragraph to the proposed Article 24 stating that measures shall be put in place which ensure that the data subject can exercise his right of access to personal data concerning him as provided for by Article 13 of Regulation (EC) No 45/2001;
- to add to the proposed Article 101 of Directive 2001/83/EC a paragraph which states that in case of processing of personal data the individual shall be properly informed in accordance with Article 10 of Directive 95/46/EC;

- to include in the newly proposed Articles 25 and 26 of Regulation (EC) No 726/2004 and Article 106 of Directive 2001/83/EC, which deal with the development of a reporting system for adverse effects through the use of web- portals, an obligation to incorporate proper privacy and security measures at an even level across Member States, taking into account the basic principles of confidentiality, integrity, accountability and availability of data.

Medicinal products for human use: pharmacovigilance of products

2008/0260(COD) - 10/12/2008 - Legislative proposal

PURPOSE: to amend, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use.

PROPOSED ACT: Directive of the European Parliament and of the Council

CONTENT: it is estimated that 5% of all hospital admissions are due to an adverse drug reaction (ADR), and that ADR is the fifth most common cause of hospital death. Some adverse reactions will only be detected after a medicine has been authorised and the full safety profile of medicinal products can only be known once they have entered the market. Pharmacovigilance rules are therefore necessary for the protection of public health in order to prevent, detect and assess adverse effects of medicinal products.

The proposals aim at the strengthening and rationalising the Community pharmacovigilance system of medicinal products for human use The specific objectives are:

- providing clear roles and responsibilities for the key responsible parties and clear obligations;
- strengthening transparency and communication on medicine's safety issues to increase the understanding and trust of patients and health professionals and improve the penetration of key warnings;
- strengthening companies' pharmacovigilance systems, allowing companies to improve their systems regularly whilst reducing administrative burden;
- introducing a risk management planning for each new medicinal product
- strengthening the reporting system for adverse reactions by rationalising current system and involving all stakeholders in pharmacovigilance
- ensuring the proactive and proportionate collection of high quality data relevant to the safety of medicines through risk management and structured data collection.

In addition to achieving better protection of public health the proposals will also simplify the current EU procedures with consequent efficiency gains for both the pharmaceutical industry and medicines' regulators.

Clear roles and responsibilities:

- Member States should remain central to the operation of pharmacovigilance, with increased cooperation and work-sharing mechanisms (Member States not the Commission).
- companies' responsibilities are clarified, in particular as regards the scope of their obligation to continuously monitor the safety of products thereby ensuring that all information available is brought to the attention of the authorities.
- a new scientific committee, the Pharmacovigilance Risk Assessment Advisory Committee, is created within the EMEA and it will play a key role in the pharmacovigilance assessments in the EU.
- the mandate of the coordination group composed of Member States representatives is enhanced for the sake of closer cooperation between the Member States and in order to increase work-sharing.
- the EU procedure for the assessment of serious safety issues for nationally authorised products is stream-lined through clear and binding initiation criteria for the Member States.

Transparency and communication: clear, EU coordinated messages about specific safety risk issues:

- the Eudravigilance database should become the single point of receipt of pharmacovigilance information for medicinal products authorised in the EU.
- EU coordination of communication about safety issues and establishment of a European medicines safety web-portal.
- introduction of a new 'key information' section in the summary of the product characteristics and the package leaflet.

Pharmacovigilance obligations by industry: currently legislation requires a 'detailed description of the pharmacovigilance system' to be submitted in marketing authorisation applications. These proposals simplify the existing requirement by introducing the "Pharmacovigilance system master file". In the applications only key elements of the pharmacovigilance system should be submitted, but this is balanced with a requirement for companies to maintain a detailed file on site.

Risk management planning and non-interventional safety studies: in the existing provisions, companies may provide a risk management system for specific medicinal products if considered appropriate, and there is no explicit legal basis for competent authorities to request it. These proposals require:

- a risk management system for each new medicinal product (or for existing products on the basis of safety concerns), which should be proportionate to the identified risks, potential risks, and the need for additional information on the medicinal product.
- harmonised guiding principles and a procedure for the supervision of non-interventional post-authorisation safety studies (i.e. safety studies of authorised products that are not clinical trials), in particular to ensure that they are non promotional, and the follow-up of any safety date generated in such studies.

Adverse drug reaction case reports: current reports are submitted to several authorities if a product is authorised in more than one Member State , and lead to duplicative assessments as there is no provision to group assessments by products or substances. The proposals are intended:

- to make reporting proportionate to risks;
- to empower patients to report their side effects;
- to ensure that overdoses and medication errors are reported;
- to simplify adverse reaction reporting. It is proposed to report all adverse reaction data directly to the Eudravigilance database.
- for the Agency to take on a new task for the monitoring of selected scientific literature and for entering case reports of adverse effects onto the Eudravigilance database.

- for medication errors that result in an ADR to be reported to the competent authorities for medicines. Member State authorities should ensure that data is shared (including between the authorities for medicines and any authorities for patient safety) and make clear the legal basis for patients to report suspected adverse drug reactions.

Periodic safety update reports and other safety related assessments: as there is currently no provision for group submissions and assessments on products or substances, this leads to duplicative submissions and assessments. The update of product information as a result of these assessments is not governed in detail by the actual legislation. The proposals:

- simplify periodic safety update report submission by industry and make it proportional to the knowledge about the safety/risk of the product;
- would introduce work-sharing mechanisms for the assessments, with a prominent role in all cases by the Pharmacovigilance Risk Assessment Advisory Committee, and faster updating of product information;
- amend the scope of periodic safety update reports to become an analysis of the risk-benefit balance of a medicinal product rather than a detailed presentation of individual case reports as a result of the submission of all ADR data directly to the Eudravigilance database,;
- make the requirements for periodic safety update reports proportional to the risks posed by medicinal products, and routine reporting is no longer necessary for products considered low risk or where reporting would be duplicative (with the possibility for ad-hoc requests for such products).
- make explicit provision for the regulatory follow-up of assessments of periodic safety update reports, to ensure a clear link between pharmacovigilance evaluations and the review and updating of marketing authorisations authorised in the EU.
- create the framework for the shared use of resources between competent authorities for the assessment and follow-up of periodic safety update reports, with a strong involvement of the Agency's Pharmacovigilance Risk Assessment Advisory Committee.
- introduce a single assessment of periodic safety update reports for medicinal products authorised in more than one Member State,(including all products containing the same active substance),. This will also be the case for products authorised by the Member States and/or by the Commission.

Lastly, the proposal also contains two provisions to improve the availability of medicine in Member States, in particular the smaller ones.

Medicinal products for human use: pharmacovigilance of products

2008/0260(COD) - 15/12/2010 - Corrigendum to final act

PURPOSE: Corrigendum to Directive 2010/84/EU of the European Parliament and of the Council of 15 December 2010 amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use (originally published in OJEU L 348 of 31 December 2010).

CONTENT: the corrigendum relates to Article 2 which relates to transitional provisions. The text should read as follows:

With regard to the obligation on the part of the marketing authorisation holder to maintain and make available on request a pharmacovigilance system master file in respect of one or more medicinal products provided for in Article 104(3)(b) of Directive 2001/83/EC as amended by this Directive, the Member States shall ensure that that obligation applies to marketing authorisations granted before 21 July 2012:

a) the date on which those marketing authorisations are renewed; or

b) the expiry of a period of 3 years starting from 21 July 2015,

whichever is earlier.

The Member States shall ensure that the procedure provided for in Articles 107m to 107q of Directive 2001/83/EC as amended by this Directive applies only to studies which have commenced after 21 July 2012.

Medicinal products for human use: pharmacovigilance of products

2008/0260(COD) - 22/09/2010 - Text adopted by Parliament, 1st reading/single reading

The European Parliament adopted by 569 votes to 8, with 15 abstentions, a legislative resolution on the proposal for a directive of the European Parliament and of the Council amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use.

The Parliament adopted its position at first reading under the ordinary legislative procedure (formerly known as the codecision procedure). The amendments adopted in plenary are the result of a compromise reached between the European Parliament and the Council. They amend the Commission’s position as follows:

Market autorisation: the national competent authorities shall make publicly available without delay the marketing authorisation together with the package leaflet, the summary of the product characteristics, together with any deadlines for the fulfilment of the conditions where necessary for each medicinal product which they have authorised. The public assessment report shall include a summary written in a manner that is understandable to the public. The summary shall contain in particular a section relating to the conditions of use of the medicinal product.

Market authorisation: **post authorisation efficacy and safety studies**: the amended text stipulates that it is necessary from a public health perspective to complement the data available at the time of authorisation with **additional data about the safety** and, in certain cases, also about the efficacy of medicinal products authorised.

The Commission should therefore be empowered to require the marketing authorisation holder to **conduct post-authorisation studies on safety and on efficacy**. It should be possible to impose this requirement at the time of granting the marketing authorisation or later, and it should be part of the marketing authorisation. These additional studies may be aimed at collecting data to enable the assessment of safety or efficacy of medicinal products in everyday medical practice.

Products subject to additional monitoring: some medicinal products are authorised subject to additional monitoring. This includes all medicinal products with a new active substance and biological medicinal products including biosimilars for which pharmacovigilance activities are prioritised. This may also apply, at the request of the competent authorities, to specific products, subject to the requirement to conduct a post-authorisation safety study

or subject to conditions or restrictions with regard to the safe and effective use of the medicinal product that will be specified in the risk management plan.

Products subject to additional monitoring should be identified as such by a **black symbol** and a corresponding **explanatory sentence** on the summary of product characteristics and on the patient information leaflet, and a publicly available list of such medicinal products should be maintained up to date by the European Medicines Agency.

For all medicinal products, a standard text shall be included expressly asking healthcare professionals to report any suspected adverse reaction in accordance with the national spontaneous reporting system. Different ways of reporting, including electronic reporting, shall be available.

Suspicion of an adverse drug reaction: the suspicion of an adverse drug reaction, meaning that a causal relationship between a medicinal product and an adverse event is at least a reasonable possibility, should be sufficient reason for reporting. Without prejudice to the existing Union and national provisions and practices on medical confidentiality, Member States should ensure that reporting and processing of personal data related to suspected adverse reactions including those associated with medication errors is on a confidential basis.

The text stipulates that Member States should operate a pharmacovigilance system to collect information useful in the surveillance of medicinal products including information on suspected adverse drug reactions, arising from use of a product within the terms of the marketing authorisation as well as from any other use, including overdose, misuse, abuse and medication errors, and those occurring after occupational exposure and ensure its quality through the follow up of suspected adverse drug reaction cases.

The **Eudravigilance** database should be equipped to immediately forward reports on suspected adverse reactions received from marketing authorisation holders to the Member States on whose territory the reaction occurred.

Assessment report: in the two years following the publication of the Directive, the Commission shall, in collaboration with EMA and national competent authorities and following consultations with organisations representing patients, consumers, doctors and pharmacists, social health insurers, and other interested parties, present to the European Parliament and the Council an assessment report regarding the readability of the summaries of product characteristics and the packaging leaflets and their value to the healthcare professionals and the general public. The Commission shall, if appropriate, bring forward proposals to improve the layout and the content of the summaries of product characteristics and of the packaging leaflet to ensure they are a valuable source of information for healthcare professionals and the general public as appropriate.

Strengthened Risk Assessment Committee: in order to fulfil its new tasks, the coordination group should be further strengthened through the adoption of clear rules as regards the expertise required, the procedures for reaching agreements or postions, transparency, independence and professional secrecy of its members, and the need for cooperation between Union and national bodies. With a view to ensuring that the same level of scientific expertise in the area of pharmacovigilance decision-making at both Union and national levels, when fulfilling pharmacovigilance tasks the coordination group should rely on the recommendations of the Pharmacovigilance Risk Assessment Committee.

Regardless of whether the urgency procedure or the normal procedure is applied, and whether the medicinal product was authorised through the centralised or non-centralised procedure, the Pharmacovigilance Risk Assessment Committee should always give its recommendation when the reason for taking action is based on pharmacovigilance data. It is appropriate that the coordination group and the Committee for Medicinal Products for Human Use should rely on this recommendation when performing their assessment of the issue.

Inspections: the competent authority of the Member State concerned shall, in cooperation with the Agency, ensure that the legal requirements governing medicinal products are complied with, by means of inspections, if necessary unannounced, and, where appropriate, by asking an Official Medicines Control Laboratory or a laboratory designated for that purpose to carry out tests on samples. This cooperation shall consist in sharing information on planned and conducted inspections with the Agency. Member States and the Agency shall cooperate in the coordination of inspections in third countries.

Uniform conditions: a recital states that uniform conditions be established as concerns the contents and maintenance of the pharmacovigilance system master file, as well the minimum requirements of the quality system for the performance of pharmacovigilance activities by the national competent authorities and marketing authorisation holders, the use of internationally agreed terminology, formats and standards for the conduct of pharmacovigilance, and the minimum requirements for the monitoring of data in the Eudravigilance database to determine whether there are new or changed risks.

The format and content of electronic transmission of suspected adverse reactions by Member States and marketing authorisation holders, the format and content of electronic periodic safety update reports and risk management plans and the format of protocols, abstracts and final study reports for the post-authorisation safety studies should also be established. In this respect, pending the adoption of a new Regulation based on Article 291 of the TFEU, Council Decision 1999/468/EC of 28 June 1999 laying down the procedures for the exercise of implementing powers conferred on the Commission continues to apply, with the exception of the regulatory procedure with scrutiny, which is not applicable.

Transitional provisions: with regard to the requirements for the marketing authorisation holder to submit information on suspected adverse reactions electronically to the Eudravigilance database, the Member States shall ensure that these requirements apply 6 months after the functionalities of the database are established and have been announced by the Agency.

Until the Agency can ensure the functionalities of the Eudravigilance database:

- marketing authorisation holders shall be required to report, within 15 days of the day on which the holder concerned gained knowledge of the event, all serious suspected adverse reactions that occur in the Union, to the competent authority of the Member State on whose territory the incident occurred and shall report all serious suspected adverse reactions that occur on the territory of a third country to the Agency and, if requested, to the competent authorities of the Member States in which the medicinal product is authorised;
- the competent authority of a Member State may require marketing authorisation holders to report to it all non-serious suspected adverse reactions that occur on the territory of that Member State, within 90 days of the day on which the marketing authorisation holder concerned gained knowledge of the event.

During this period, Member States shall ensure that reports that occurred in their territory are made available promptly to the Eudravigilance database, and in any case within 15 days of the notification of suspected serious adverse reactions.

With regard to the requirements for the marketing authorisation holder to submit periodic safety update reports to the Agency, the national competent authorities shall ensure that these requirements apply 12 months after the functionalities of the repository have been established and have been announced by the Agency.

Until the Agency can ensure the functionalities agreed for the repository of the periodic safety update reports, the marketing authorisation holders shall be required to submit the periodic safety reports to all Member States in which the product has been authorised.

Medicinal products for human use: pharmacovigilance of products

2008/0260(COD) - 30/11/2009

On the basis of progress reports, the Presidency informed the Council of the **state of play in the negotiations** on two parts of the "pharmaceutical package": preventing falsified medicines from entering into the legal supply chain of medicinal products and the strengthening and rationalising of the current pharmacovigilance system.

Under the Swedish Presidency, the preparatory bodies of the Council pursued their work with high priority on these two parts of the package.

1) Concerning the draft directive on preventing the entry into the legal supply chain of falsified medicinal products, the working group reached tentative agreement on a number of technical aspects, including:

- the definition of "falsified medicinal products";
- the proposed definition of "trading of medicinal products" has been changed to "brokering of medicinal products" and amended, thereby clarifying which actors in the supply chain should be subject to the responsibilities of brokers. The proposed introduction of obligations for brokers aim to reinforce the traceability of medicinal products;
- a clarification of the relationship between the proposed new provisions in Directive 2001/83/EC and Community legislation on intellectual property rights.

Other elements of the proposal still need further discussion, notably with regard to the strengthening of controls of non active substances used in pharmaceuticals (excipients) and the proposed safety features aiming to render falsification more difficult.

The proposal includes provisions requiring the accreditation of third party auditors of Good Manufacturing Practices and Good Distribution Practices. A majority of delegations object to accreditation, since they maintain that such a system could result in a transfer of responsibility from manufacturers and importers as well as make enforcement by national competent authorities more difficult. The Presidency has therefore proposed to delete the provisions regarding accreditation from the text. Some delegations have expressed an interest in the possibility of establishing third party accreditation at a national level.

2) Concerning the proposals for a regulation and a directive on strengthening the EU system for the safety monitoring of medicinal products ("pharmacovigilance"), the working group reached tentative agreement on a number of questions including:

- a clarification of the relation between the proposed new provisions in Directive 2001/83/EC and Regulation (EC) 726/2004 on the one hand and the Community legislation on protection of personal data on the other hand;
- a strengthening of the role of the Pharmacovigilance Risk Assessment Committee (PRAC) in relation to the Committee for Medicinal Products for Human Use and to the Coordination Group set up by Article 27 of Directive 2001/83/EC (CMD), including an obligation for these last two bodies to explain any differences in opinion compared to the PRAC;
- a change in the composition of the PRAC and in the method for nominating the PRAC members so that all Member States will be represented;
- the inclusion of a requirement for the Agency, in collaboration with the Member States and the Commission, to draw up functional specifications for the Eudravigilance database which will take account of the role and experience of national competent authorities for pharmacovigilance. The new reporting obligations to Eudravigilance will not apply until these specifications are met and to this end a transitional period is envisaged;
- the legal status of CMD opinions and how they are implemented in Member States. Here, text redrafting proposals are under legal scrutiny.

The Working Party has continued to discuss other central provisions of the proposals, mainly in relation to the Community Procedure and Referrals, the Recording and Reporting of adverse reactions, the Periodic Safety Update Reports and the Post Authorisation Safety Studies.

A number of issues still require further examination, such as the recording and reporting of adverse reactions and the proposed list of medicinal products for human use under intensive monitoring.

At this stage, all delegations have a general scrutiny reservation on the entire proposal while the Danish, Maltese and United Kingdom delegations have parliamentary scrutiny reservations.

3) With regard to the third part of the "pharmaceutical package", the proposals for a regulation and a directive concerning information for the general public on medicinal products, the Presidency recalled the strong concerns of many Member States. The Commission made it clear that it is prepared to show flexibility in order to find a common basis for the future negotiations.