

Information and Explanations for the Electronic Transmission of ADR Reports to the BfArM

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Version 2.0

The information and explanations below are confined to important formal and content-relevant requirements (not technical requirements) for the provision of data elements that need to be considered when electronically transferring single case reports in E2B-compliant files.

Concerning content-related questions about the obligation to report cases of suspected adverse reactions or SUSARs, please refer to the regulations contained in Section 63b AMG (German Medicines Act) and the Fifth Announcement of <insert date and source> as well as the regulation pursuant to Section 42 of the German Medicines Act.

1. Content of Single Case Reports (ICSR/SUSAR)

The requirements for the completion of data fields are described in detail in the Note for Guidance EMEA/H/20665/04/Final¹ and are to be applied for the BfArM as well. If reference to the module EVHUMAN (EVTEST) or the EVCTMPROD (EVCTMTEST) is made, BFARM (BFARMTEST) is to be used accordingly. The BfArM will not use separate databases for reports originating from clinical trials and spontaneous reports or literature cases; the classification concerning the origin of a report will be made in a specific field using a coding system.

The “business rules” (validity check of the data fields) of the EMEA will also be applicable for the BfArM. The BfArM does, however, reserve the right to undertake additional validity checks to verify E2B files. However, the requirements for E2B-compliant files will not deviate from internationally agreed contents and structures for electronic reports or contradict the “business rules” established by EMEA. These validity checks will be complementary only and aim at ensuring data quality. The following is additional information regarding individual data fields.

2. Information about the “Message Sender Identifier” (“messagesenderidentifier,” Section M.1.5 of the E2B Specification)

The “Message Sender Identifier” is described in Section 6.1.5 of the Guideline EMEA/H/20665/04¹. The “Message Sender Identifier” should be chosen in such a way that the sender, for example the license holder, can be identified. Arbitrary numbers and/or combinations of letters (e.g. 1234 or AB0104) lacking the information described above, are not regarded helpful.

2.1 Information about the Sender of a Report (“Sender,” Section A.3.1 of the E2B Specification²)

¹ EMEA/H/20665/04/Final Note for Guidance: EUDRAVIGILANCE HUMAN VERSION 7.0; Processing of Safety Messages and Individual Case Safety Reports (ICSRs) (<http://www.eudravigilance.org>)

² Electronic Transmission of Individual Case Safety Reports Message Specification (ICH ICSR DTD Version 2.1)

In order to ensure fluent communication with the sender of a single case report, thorough completion of these fields is especially important. The information entered here will be used for further communication (e.g. communication of case numbers). The documented sender should therefore be the person responsible for further correspondence concerning the transmitted ICSR or SUSAR.

2.2 Medical Terminology

The MedDRA terminology (current version) is to be used for coding medical content. It is recommended to implement a new version of MedDRA at the latest 30 days after that new version was released. Generally only the current and the previous versions will be supported. Transmission of the coded terms is to be undertaken based on the Lowest-Level Terms (LLT) under avoidance of terms that are marked as so-called "non-current terms." Those data fields where coding of the information is to be undertaken with MedDRA can be taken from the "Appendix C: Business Rules" of the Guideline EMEA EMEA/H/20665/04. The corresponding license is to be purchased by the individual who has the duty to report. Further details can be found on the homepage of the MedDRA Maintenance Support and Service Organisation (MSSO, <http://www.meddramssso.com>).

2.3 Names of Med. Products and Substances, Dosage Form

Additionally to the implementation of the Guideline EMEA/H/20665/04, drug names (trade names) should be documented as exactly as possible, ideally corresponding to the license name. All active substances of a trade name (including concomitant medication) must be entered in the field "activesubstancename" (B.4.k.2.2 of the E2B specifications). This field can be repeated indefinitely for a given trade name, so that every medically active ingredient can be listed separately. This section is copied three times for example, if a trade name has three active ingredients. The English INN terminology is to be used for substance names; alternatively the substance name from AMIS (drug information system of the German Higher Federal Authorities which can be accessed through the DIMDI) can be used for drugs from Germany. It is recommended to use the WHO Drug Dictionary to determine the spelling of English INN names. The WHO Drug Dictionary can be obtained from the Uppsala Monitoring Centre (<http://www.who-umc.org>).

If only substance names (rather than trade names) can be entered into a report, then these are to be entered in the field "medicinalproduct" (B.4.k.2.1 of the E2B specification); if they consist of combinations, the substances are to be entered following each other and divided by a forward slash ("/"). The substance names are to be entered in the field "activesubstancename" (B.4.k.2.2 of the E2B specification) as described in the previous paragraph.

The dosage form ("drugdosageform," B.4.k.7 of the E2B specification) is to be documented according to the guidelines of the "European Pharmacopoeia."

2.4 Scientific Assessment

According to Section 63b Section 4 of the German Medicines Act, the person responsible for reporting has to attach a scientific assessment to the report. The fields in the section "drugreactionrelatedness" (B.4.k.18) are to be used for the causality assessment. Further contents of the scientific assessment are to be entered as free text in the field "senderscomment" (B.5.4).

2.5 Use of Free Text Fields

Free texts should be entered in the corresponding fields in English in order to facilitate international exchange of information. This is especially relevant for the so-called “case narrative,” in which the relevant content of a report is to be described as an epicrisis (see 5th Announcement of Section 63b of the German Medicines Act of <enter date and source>).

2.6 Formal Information for Reports from Clinical Trials (SUSAR)

In order to differentiate between reports originating from clinical trials and those with other origins as described above, it is necessary to use the correct coding in the fields A.1.4 (“reporttype”), A.2.3.3 (“observstudytype”) as well as A.2 (“primarysource”) according to the specifications of the Guideline EMEA/H/20665/04, Appendix A2 and A3. This includes the EUDRACT number in order to allocate a report to a certain clinical trial. Although the guidelines of the BfArM comply with those of the EMEA, the importance of the allocation of a report to the “Clinical Trial Module” (EVCTMPROD) or to the “Post-Marketing Module” (EVHUMAN) and the corresponding complete and correct coding is emphasized.

2.7 Processing and Confirmation of ICSRs/SUSARs which are to be Transmitted Electronically

It is not compulsory to use specific programs for the generation of the file as per specifications of the guidelines. Therefore, exporting out of a database is just as acceptable as the use of an EVWEB Trader (a user interface developed by the EMEA for entering data from ICSRs and SUSARs), or the VIGIBASE system (a similar tool that was created by the Uppsala Monitoring Centre (<http://www.who-umc.org>), as well as any other program that fulfills the set requirements.

Transmission of ICSRs as well as SUSARs will take place via the central EU Gateway (ESTRI-Gateway), from which the information will be forwarded to the BfArM. Communication shall take place as described in the Guideline EMEA/H/115735/04³. It is the sender’s responsibility to monitor the complete electronic transmission of the report and, in the case of an error, to re-transmit the report according to this guideline and the time lines included. The commitment for subsequent improvement of a transmitted report remains in place until the sender receives an acknowledgement with Code 01.

The transition from the transmission to BfArM in paper form to that in electronic form as described in Section VII.3 of the Note for Guidance³ for the EMEA will be undertaken in a simplified form.

The procedure to be followed is:

1. The person responsible for reporting will register as an ESTRI Gateway⁴ or EVWeb user.⁵

³ EMEA/H/115735/04: Note for Guidance on the Electronic Data Interchange (EDI) of Individual Case Safety Reports (ICSRs) and Medicinal Product Reports (MPRs) in Pharmacovigilance during the Pre-and Postauthorization Phase in the European Economic Area (EEA)
<http://www.eudravigilance.org/human/docs/Note%20for%20Guidance%20on%20EDI%20Process%20of%20ICSRs%20Final.pdf>

⁴ <http://www.eudravigilance.org/human/evGateway01.asp>

⁵ <http://www.eudravigilance.org/human/evWeb01.asp>

2. As soon as the person responsible for reporting is registered as a Gateway/EVWeb user, a written declaration of intent is to be sent to the BfArM according to the procedure of the EMEA (Section VII.3, Procedural Specifications³). The BfArM will immediately contact the person responsible for reporting in order to clarify the further procedure.

3. During the complete test phase, reportable suspected cases of serious adverse drug reactions which have to be reported are to be sent to the BfArM in paper form as well.

4. On request, the company is to send at least 10 suspect cases to the BfArM electronically and per fax or letter, taking the reporting types in Annex 5 of the Guideline³ into account.

Whenever creating the XML file, the following values are to be entered in the field "Message Receiver Identifier" (M.1.6):

For test purposes: BFARMTEST

Live operation: BFARM

The following values should be entered as Receiver data for BfArM in the "receiver" Section (A.3.2):

A.3.2.1	receivertype	2
A.3.2.2a	receiverorganization	BFARM
A.3.2.2b	receiverdepartment	Pharmakovigilanz
A.3.2.2c	receivertitle	
A.3.2.2d	receivergivenname	
A.3.2.2e	receivermiddlename	
A.3.2.2f	receiverfamilyname	
A.3.2.3a	receiverstreetaddress	Kurt-Georg-Kiesinger-Allee 3
A.3.2.3b	receivercity	Bonn
A.3.2.3c	receiverstate	
A.3.2.3d	receiverpostcode	53175
A.3.2.3e	receivercountrycode	DE
A.3.2.3f	receivertel	(0)228 207
A.3.2.3g	receivertelextension	30
A.3.2.3h	receivertelcountrycode	49
A.3.2.3i	receiverfax	(0)228 207
A.3.2.3j	receiverfaxextension	5207
A.3.2.3k	receiverfaxcountrycode	49
A.3.2.3l	receiveremailaddress	uaw@bfarm.de

On successful completion of the test, the BfArM will consult the person responsible for reporting to agree upon the date starting from which transmission of suspect cases must be undertaken electronically. The person responsible for reporting will be informed of this date in writing.