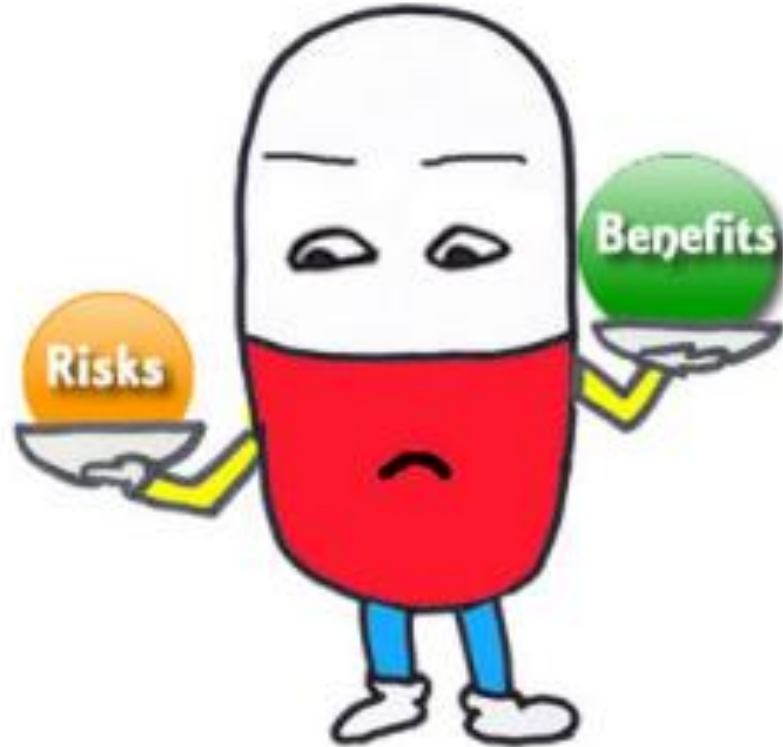


The Safe Use of Medicines

Malta Medicines Authority
Post-Licensing Directorate
23/03/2023

All Medicines
have benefits
(intended
effects) but also
have risks (side
effects)



Historic Background

Development of Drug Regulation and ADR Reporting Systems

The Thalidomide tragedy

- Thalidomide is a drug that was marketed for treatment for morning sickness in pregnant women in the late 50s and early 60s.
- This drug caused babies to be born with a range of disabilities (birth defects).
- Out of this came stricter regulations for approving new drugs and systems for reporting of side effects

First Law & Regulations relating to proprietary medicinal products

- Council Directive 65/65/EEC (1965)
- Medicines Act in Britain (1968)

World Health Assembly resolution lead to the (WHO) Programme for International Drug Monitoring of 1968

Today



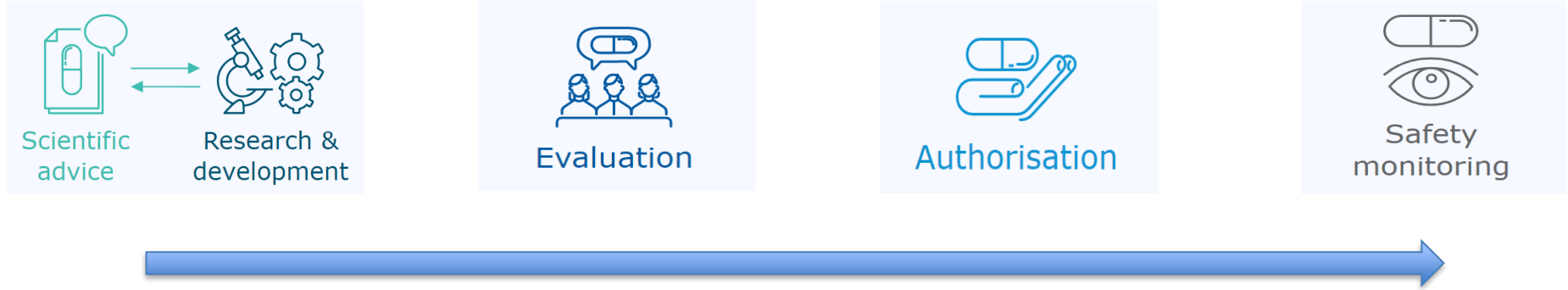
Laws in Place.

All medicinal product require a **Marketing Authorisation prior to being marketed.**

This involves the independent assessments of **Quality, Safety & Efficacy** by regulators after the company carries out many pre-clinical studies and clinical trials.



Lifecycle of a medicinal product



Before a medicine is authorised for use, evidence of its safety and efficacy is derived from **clinical trials results**.

In spite of the system in place not all hazards may be established before a medicinal product is first marketed

It is acknowledged that safety information at the time of first marketing has uncertainties because:

- Animal testing is insufficiently predictive of human safety
- Data from clinical trials is limited by trial size, duration and controlled environment
- Information about rare but serious adverse reactions, chronic toxicity, use in special groups (such as children, the elderly or pregnant women) or drug interactions is often incomplete or not available and will only be evident once the drug has been used within wider population groups.

Hence....

Regulators and marketing authorisation holders (Companies) MUST maintain vigilance for safety issues that emerge with widespread real world use of a medicinal product



-Pharmacovigilance-

What is Pharmacovigilance?

- **Pharma** – indicates that the word refers to the pharmaceutical industry
- **Vigilance** – concerns the evaluation and control for any possible new safety concerns with medicines



Pharmacovigilance

Pharmacovigilance (PV) is the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine-related problem. (WHO 2002)

To improve public health and safety through the **early identification** of potential safety hazards

To contribute to the assessment of benefit, harm, effectiveness and risk of Medicines

Aims of Pharmacovigilance

Implementation of regulatory action to maximise benefit and minimise risks associated with medicinal products

To promote effective communication to the public
To promote rational and safe use of medicines

How is the safety of a medicine ensured once it has been put on the market?



- Once a medicine has been authorised for use in the EU, the EMA, EU Member States and MAHs (the companies), continuously monitor its safety and regulatory action is taken when needed [when the benefit – risk balance changes due to new information].
- In Malta, the MMA is responsible for co-ordination of the national PV system and to monitor the safety of medicinal products and medical devices on the local market.
- The European Medicines Agency (EMA) coordinates the EU PV system and provides important services (e.g., EudraVigilance), hosts the PRAC committee and support PV in the EU (single market).



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH



Did you know?

Keeping MEDICINES safe

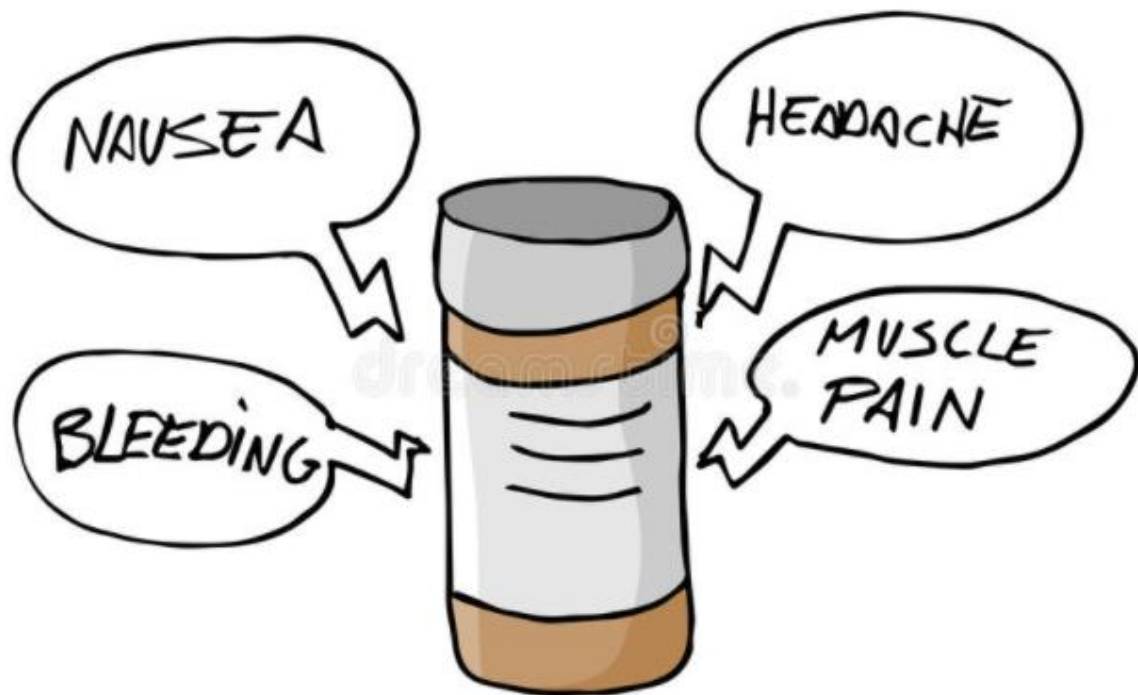
Experts from all over Europe and representatives of patients and healthcare professionals meet every month to discuss and analyse the latest information on the safety of medicines.

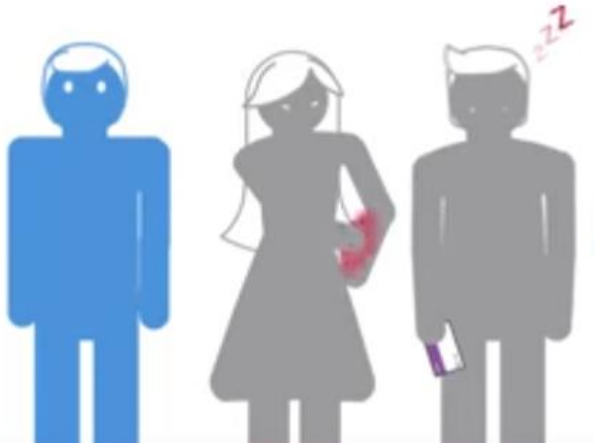


PRAC - Pharmacovigilance Risk Assessment Committee



- The PRAC is based at the EMA.
- It is responsible for all matters related to pharmacovigilance at an EU level.
- EMA publishes the agendas, minutes and highlights of the PRAC's plenary meetings to allow transparency of the decision-making process.
- There is one member and one alternate representing patients organisations





There are several factors which may determine whether a patient may experience a side effect or not:



- Age
- The concomitant use of other medicines
- The concomitant use of vitamins or dietary substances
- Concomitant disease or medical conditions such as immune deficiency, liver disease or kidney disease

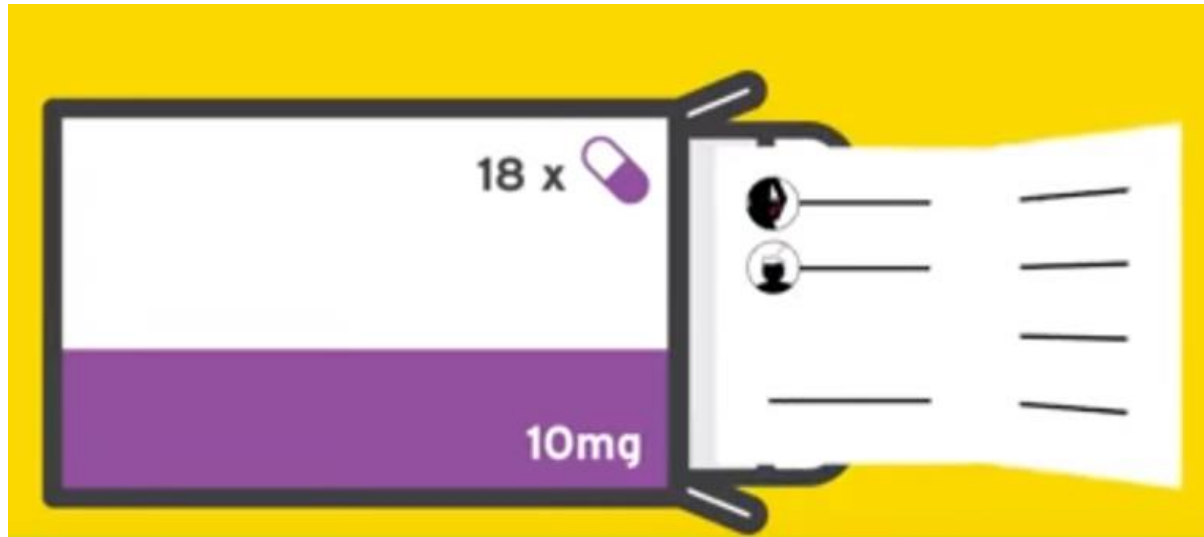
Common adverse events include, nausea, dry mouth, tiredness, headache etc.

Adverse events may be classified as serious or non-serious.

How can we use medicines safely?



Patient Information Leaflet (PIL)



May be found on the inside of the medicinal pack or attached to the pack itself.

Panadol ActiFast

Paracetamol

Please read right through this leaflet before you start using this medicine.

This medicine is available without prescription, but you should be careful to use Panadol ActiFast tablets carefully to get the best results from them.

- Keep this leaflet, you may need to read it again.
- If you have any questions or if there is anything you do not understand, ask your pharmacist.

What is in this leaflet:

1. What Panadol ActiFast does
 2. Check before you take Panadol ActiFast
 3. How to take Panadol ActiFast
 4. Possible side effects
 5. How to store Panadol ActiFast
- Further information

1. What Panadol ActiFast does

Panadol ActiFast is used for the pain relief of headaches, including migraine and tension headaches, backache, rheumatic and muscle pain, colds and flu. It also relieves sore throat and the feverishness, aches and pains. The active ingredient is paracetamol which is a painkiller and also reduces your temperature when you have a fever.

3. How to take Panadol ActiFast

Adults and children aged 12 years and over:
Swallow 2 tablets with half a tumbler of water (100 ml) if needed.

To obtain fast action pain relief, the dose must be 2 tablets and must be taken with half a tumbler of water (100 ml). For fastest pain relief, this should be on an empty stomach.

- Do not take more frequently than every 4 hours.
- Do not take more than 8 tablets in 24 hours.
- Do not take more than the recommended dose.
- Do not give to children under 12 years.

If you take too many tablets

Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage. If your symptoms continue or your headache becomes persistent, see your doctor.

4. Possible side effects

Like all medicines, Panadol ActiFast can have side effects but not everybody gets them. A small number of people have had side effects.

Stop taking the medicine and tell your doctor immediately if you experience:

- Allergic reactions which may be severe such as skin rash and itching sometimes with swelling of the mouth or face or shortness of breath
- Skin rash or peeling, or mouth ulcers
- Breathing problems. These are more likely if you have experienced them before when taking other painkillers such as ibuprofen and aspirin

Unexplained bruising or bleeding

- Nausea, sudden weight loss, loss of appetite and yellowing of the eyes and skin.

- Nausea, sudden weight loss, loss of appetite and yellowing if the eyes and skin.

5. How to store Panadol ActiFast

Keep out of the reach and sight of children.
Do not use this medicine after the 'EXP' date shown on the pack.
Do not store above 25°C.

2. Check before you take Panadol ActiFast



Do not take Panadol ActiFast:

- If you have ever had an allergic reaction to paracetamol or to any of the other ingredients (listed in Section 6)
- If you are taking other medicines containing paracetamol.



Ask your doctor before you take this medicine:

- If you have liver or kidney disease, including alcoholic liver disease
- If you are on a controlled sodium diet. Each tablet contains 173 mg of sodium.



If you are taking other medicines

Talk to your doctor or pharmacist before taking these tablets if you are taking any prescribed medicines, particularly metoclopramide or domperidone (for nausea (feeling sick) or vomiting (being sick)) or colestyramine (to lower blood cholesterol). If you take blood thinning drugs (anticoagulants e.g. warfarin) and you need to take a pain reliever on a daily basis, talk to your doctor because of the risk of bleeding. But you can still take occasional doses of Panadol ActiFast at the same time as anticoagulants.



Pregnancy and breast feeding

Talk to your doctor before taking Panadol ActiFast if you are pregnant. You can take this product whilst breast feeding.

40L445E
L603040/06

5. Further information

Active ingredient: Each tablet contains Paracetamol 500 mg.

Other ingredients: Sodium bicarbonate, starch pregelatinised, povidone, maize starch, potassium sorbate (E 202), microcrystalline cellulose, magnesium stearate, arnauba wax, titanium dioxide (E 171), polydextrose, hypromellose, glycerol ricinate, polyethylene glycol.

Packs of Panadol ActiFast contain 8 or 14 tablets.

The marketing authorisation holder is GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. and all enquires should be sent to this address.

The manufacturer is GlaxoSmithKline Dunganvarn Ltd., Co. Waterford, Ireland.

This leaflet was last revised in July 2010.

Panadol and ActiFast are registered trade marks of the GlaxoSmithKline group of companies.

 GlaxoSmithKline

40L445E
L603040/06

Common Sections in a PIL include:

- Indication (why a medicinal product is used)
- Posology and administration (how the medicine is dosed and administered)
- Possible side effects
- Storage instructions



MALTA
MEDICINES
AUTHORITY

NUROFEN PLUS

NUROFEN PLUS

Ibuprofen & Codeine

powerful *dual* action

12 tablets

TARGETED RELIEF FOR PAIN

NUROFEN PLUS



5 0000167 016635 >

PL 00327/0082

Crookes Healthcare Ltd, Nottingham NG2 3AA

By your doctor.

NUROFEN PLUS

Dual action **NUROFEN PLUS** works both at the site of pain and also reduces the body's response to pain signals. Its formulation combines the active ingredients of **Nurofen** with the additional power of **Codeine**. Maximum dose should be taken without a prescription.

FAST AND POWERFUL RELIEF FROM:

- migraine
- headache
- cramping period pain
- dental pain
- back pain
- neuralgia
- rheumatic pain
- muscular pain

KEEP ALL MEDICINES OUT OF THE REACH OF CHILDREN

Store below 25°C in a dry place.

Each tablet contains Ibuprofen Ph Eur 200mg and Codeine Phosphate Ph Eur 12.8mg.

CROOKES HEALTHCARE

Crookes Healthcare Ltd, Nottingham NG2 3AA

PL 00327/0082

5 0000167 016635 >



12 tablets

DOSSAGE:

Adults, the elderly and children 12 years and older: Swallow 1 or 2 tablets with water, then if necessary take 1 or 2 tablets every 4 to 6 hours.

Do not exceed 6 tablets in 24 hours.

Not suitable for children under 12 years.

If symptoms persist or worsen, or if new symptoms occur, consult your doctor or pharmacist.

DO NOT TAKE:

- If you have or have ever had a stomach ulcer
- If you are allergic to any of the ingredients, or to aspirin or any other non-steroidal anti-inflammatory drugs (NSAIDs)
- If you suffer from chronic constipation, or have breathing difficulties

Consult your doctor if you are pregnant, asthmatic or are taking any other medical treatment, have low blood pressure, a thyroid disorder, liver, heart or kidney problems or are suffering from a blood disorder. May cause drowsiness. Do not operate machinery. Avoid alcoholic drink.

WARNING: Do not exceed the stated dose. Do not take every day for long periods of time unless told to do so by your doctor.

LOT:
EXP:

PL 00327/0082

TARGETED RELIEF FOR PAIN

Braille



Primary Packaging system



Routine Pharmacovigilance



Product Information

- SmPC & PIL describe indications, contraindications, warnings, precautions, adverse events and give advice on storage, administration and correct use

ADR reporting & Signal Management

- System to capture spontaneous reports from patients and HCP
- Data Capture Aids for specific side effects
- Literature Monitoring
- Aggregate review of cases to detect statistically disproportionately reported product-adverse event pairs

Risk Management Plan

- Describes the medicines safety profile [Identified Risks / Potential Risks / Missing Information]
- Describes how risks will be prevented or minimised in patients
- Outlines plans for studies and other activities to gain more knowledge about the safety and efficacy of the vaccine
- Describe measuring the effectiveness of risk-minimisation measures

Periodic Safety Update Reports

- Pharmacovigilance documents intended to provide an evaluation of the risk-benefit balance of a medicinal product / vaccine
- Submission by marketing authorisation holders at defined time points during the post-authorisation phase

Additional PhV and aRMMs



Examples of additional PhV activities include: additional studies (to continue to study the safety of the medicines after marketing) and aRMMs

Additional Risk minimisation measures (aRMMs) are educational materials that are given to healthcare professionals and/or to patients with the aim of explaining the risk associated with the use of a medicinal product and the ways in which this risk can be minimised.

Not all medicines have additional risk minimisation measures. During the lifecycle of a medicinal product, there may be more than one risk minimisation measure associated with a particular medicine as more safety data is gathered from pharmacovigilance.

Risk Minimisation Measures



These may include:

- Patient Reminder cards
- Educational Material for patients and prescribers (brochures, training programmes, instructions for use and handling of medicinal product)
- DHPC – used to directly inform healthcare professionals about new, important safety information about a medicinal product
- PPP – Pregnancy Prevention Programme is a form of pregnancy-specific risk minimisation measure (e.g. for retinoids, valproate, methotrexate)
- PPPs are implemented where the product has the potential for:
 - A teratogenic effect
 - An adverse effect on the (neuro-) development of the child through exposure in-utero.

aRMMs examples



Patient and Caregiver Guide

Important things to remember about your MAYZENT[®] (siponimod) treatment

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

**If you have any side effects, talk to your doctor, pharmacist or nurse.
This includes any possible side effects not listed in the package leaflet.**

aRMMs examples (an example of RMM in Maltese Language)



Qabel ma tibda MAYZENT®



MAYZENT® m'għandux jintuża minn nisa tqal jew minn nisa li jistgħu joħroġu tqal li mhux qed jużaw kontraċezzjoni effettiva.

Qabel ma jinbeda t-trattament, irid isir test tat-tqala lil nisa li jistgħu joħroġu tqal, u kull riżultat negattiv għandu jkun iċċertifikat minn tabib.



Tkellem mat-tabib tiegħek dwar metodi affidabbli biex ma toħroġx tqala li għandek tuża waqt it-trattament u għal mill-inqas għaxart ijiem wara li tkun waqqaft it-trattament b'siponimod.

Jekk jogħġbok aqra l-fuljett ta' tagħrif dwar MAYZENT® inkluż fil-pakkett.

aRMMs examples (aRMMs examples (an example of RMM in Maltese Language)



Qabel it-tnedija tat-trattament b'Gilenya



Tqala –Gilenya huwa teratogeniku. Nisa li jistgħu joħorġ tqal (inkluż tfajliet adoloxxenti) għandhom ikunu mgħarrfa mit-tabib tagħhom dwar ir-riskji serji li għandu Gilenya għall-fetu, irid ikollhom test tat-tqala negattiv (ivverifikat minn professjonist mill-qasam tal-kura tas-saħħa), u għandhom jieħdu kontraċezzjoni effettiva qabel ma jinbada t-trattament b'Gilenya.



Kanċer relatat mal-virus tal-papilloma umana (HPV) – It-tabib tiegħek se jevalwa jekk għandekx bżonn tagħmel screening għall-kanċer (inkluż test tal-Pap) u jekk għandekx titlaqqam kontra-HPV.



Funzjoni tal-fwied – Gilenya jista' jwassal għal riżultati mhux normali fit-testijiet tal-funzjoni tal-fwied. Se jkollok bżonn tagħmel test tad-demem qabel ma jinbada t-trattament b'Gilenya.



Aċċessjonijiet – Matul it-trattament jistgħu jseħħu aċċessjonijiet. Għarraf lit-tabib tiegħek jekk inti jew xi qarib għandkom storja ta' epilessija.

aRMMs examples (Highlighting Certain Side Effects)

Your guide to therapy with Beovu[®] (brolucizumab) ▼

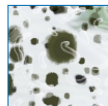
For the treatment of
neovascular (wet) age-related
macular degeneration (AMD) and
diabetic macular edema (DME)

What to expect after treatment (cont)

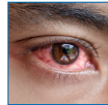
Seek immediate medical help if you experience any of the following:



A sudden decrease or change
in your vision



New or increased number of
floaters (small particles in vision)



Overall redness of the eye



New or persistent eye pain or
worsening eye discomfort



Flashes of light or increased
sensitivity to light (discomfort from
bright lights)

How to report side effects:

<https://www.youtube.com/watch?v=kyQzikP86NM>

Online reporting for patients

<http://medicinesauthority.gov.mt>



A A A



Home

Organisation ▾

Legislation ▾

Consultation ▾

News & Events ▾

Online Services ▾

Contact and Connect ▾

ON LINE FORMS

Enquiries and Feedback
Complaints
Complaints related to Advertising of Medicinal Products

Report Product Defect
Report a Side Effect - Adverse Drug Reaction (ADR)

CONNECT AND SHARE

Engage with us on Facebook
Follow us on LinkedIn
Follow us on Twitter
Connect with us on Google

Watch our videos on YouTube

FIND US

Contact Details

Report a Side Effect - Adverse Drug Reaction (ADR)

Report a Side Effect - Adverse Drug Reaction (ADR)



[Home](#) / [Adverse Drug Reaction](#)

Adverse Drug Reaction

Useful Links

[Medical Devices](#)

[Pharmacy Roster](#)

[eHealth](#)

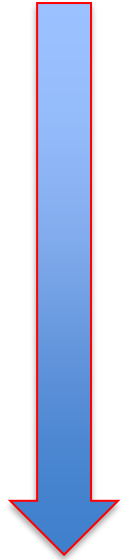
[Government of Malta](#)

[Heads of Medicines Agency](#)

[Innovative Medicines](#)

In Malta, both patients and consumers as well as healthcare professionals (HCPs) can report side effects that are experienced while taking a medicine.

For HCPs; The Adverse Drug Reactions (ADR) reporting form (for use by Healthcare Professionals) is available **here**



Useful Links

[Medical Devices](#)
[Pharmacy Roster](#)
[eHealth](#)
[Government of Malta](#)
[Heads of Medicines Agency](#)
[Innovative Medicines Initiative](#)
[European Medicines Agency](#)

Activities

OR

HCPs may fill in the ADR form in ink, scan and then send via email to **postlicensing.medicinesauthority@gov.mt**

OR

HCPs can send the ADRs to the Marketing Authorisation Holder on the address that can be found on the medicine's package (in such cases do not send the same report to the Medicines Authority to avoid creation of duplicate reports).

For Patient and consumers; Patients and consumers should use the **online side effect report form** which is sent directly to the Medicines Authority

How should HCPs report adverse drug reactions to the Medicines Authority



HCPs should use MMA ADR Paper Form
(online webportal is for patients)

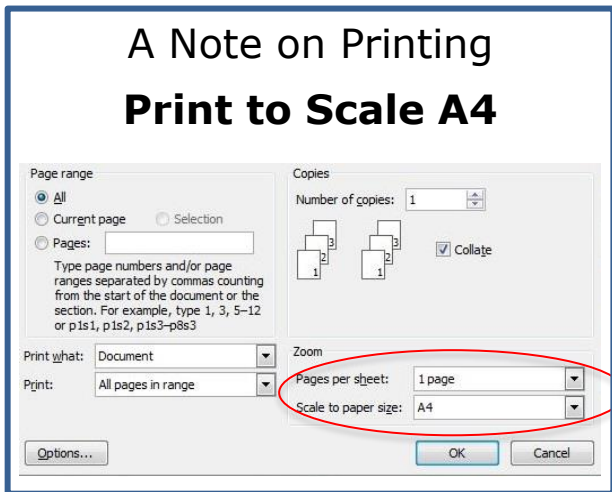
Accessible from Homepage > Contact and Connect > Online forms > Report a Side Effect

<https://medicinesauthority.gov.mt/adrportal?l=1>

The screenshot shows the Malta Medicines Authority website. The logo is in the top left. A search bar is in the top right. The navigation menu includes Home, Organisation, Legislation, Consultation, News & Events, Online Services, and Contact and Connect. The 'Contact and Connect' menu item is circled in red. Under 'ON LINE FORMS', the link 'Report a Side Effect - Adverse Drug Reaction (ADR)' is circled in red. A dropdown menu is open below this link, showing 'Report a Side Effect - Adverse Drug Reaction (ADR)'. The footer has three tabs: PATIENT / CONSUMER, INDUSTRY, and HEALTH CARE PROFESSIONALS.

HCPs ADR reporting

The form is downloadable from the MMA website



Useful Links

- Pharmacy Roster
- eHealth
- Government of Malta
- Heads of Medicines Agency
- Innovative Medicines Initiative
- European Medicines Agency

Activities

In Malta, both patients and consumers as well as healthcare professionals (HCPs) can report side effects that are experienced while taking a medicine.

For HCPs; The Adverse Drug Reactions (ADR) reporting form (for use by Healthcare Professionals) is available **here**

Ways HCPs can report: HCPs may fill in the ADR form electronically using MS Word and send via email to postlicensing.medicinesauthority@gov.mt

OR

HCPs may fill in the ADR form in ink, scan and then send via email to postlicensing.medicinesauthority@gov.mt

OR

HCPs can send the ADRs to the Marketing Authorisation Holder on the address that can be found on the medicine's package (in such cases do not send the same report to the Medicines Authority to avoid creation of duplicate reports).

For Patient and consumers; Patients and consumers should use the **online side effect report form** which is sent directly to the Medicines Authority

If difficulties are encountered, contact the MMA. Self-addressed paper Forms may be supplied.

The ADR Form for HCPs

ADVERSE DRUG REACTION (ADR) REPORT FORM

ALL CONSUMER/PATIENT AND REPORTER INFORMATION WILL REMAIN CONFIDENTIAL

Please complete as much information as possible

PATIENT DETAILS
 INITIALS _____ SEX MALE FEMALE AGE (at time of reaction) _____ WEIGHT (in kg, if known) _____
 ETHNICITY _____ AREA _____

SUSPECTED DRUG(S) / VACCINE(S) / BLOOD PRODUCT(S)
 Brand name and form of drug and batch no. (if known) Dosage Prescribed for Date started Date stopped

SUSPECTED REACTION(S) (Description of Toxic/Side Effects/Interaction) Date started Date stopped

OTHER DRUGS (including self-medication & herbal medicinal products)
 Brand name and form of drug and batch no. (if known) Dosage Prescribed for Date started Date stopped




ADVERSE DRUG REACTION AND MEDICATION ERROR REPORT FORM

ALL PATIENT INFORMATION WILL REMAIN CONFIDENTIAL, REPORTER INFORMATION WILL BE DESTROYED

Before you start reporting please check which sections should be filled in
 Please complete as much information as possible
 Tick boxes where appropriate

Are you reporting an adverse drug reaction? (fill in sections 1 and 3)
 Are you reporting an adverse drug reaction due to a medication error or other causative event (eg occupational exposure, abuse, overdose)? (fill in sections 1, 2 and 3)
 Are you reporting a medication error or other causative event that did not lead to an adverse drug reaction? (fill in sections 2 and 3)

 For a detailed explanation on how to fill in particular sections, please refer to the instructions at the back of the form

SECTION 1: REPORTING ADVERSE DRUG REACTIONS

1.1 PATIENT DETAILS
 INITIALS MALE FEMALE AGE (at time of reaction) _____ WEIGHT (in kg, if known) _____ RACE _____ AREA _____

1.2 SUSPECTED MEDICINE(S) / VACCINE(S) / BLOOD PRODUCT(S) (list the medicine you think caused the side effect)
 Trade name, Active ingredient, Strength, Form, Batch no. Dosage, frequency, route Prescribed for Date started Date stopped

Medicine 1	Trade name, Active ingredient, Strength, Form, Batch no.	Dosage, frequency, route	Prescribed for	Date started			Date stopped		
				dd	mm	yr	dd	mm	yr
Medicine 2									
Medicine 3									

ADVERSE DRUG REACTION

Current ADR form

- Redesigned and launched in 2013
- Combines ADR and ME reporting into one form
- Measures to promote data quality; Granular Data Fields, Information sheet and Decision Tree

Tanti A, Serracino-Inglott A, Borg JJ. Designing a national combined reporting form for adverse drug reactions and medication errors. East Mediterr Health J. 2015; 21(4):246-55.

Understanding the Layout: HCP ADR reporting Form



Paper Form

Main Sections

- Decision Tree (1)
- Section 1: Reporting Adverse Drug Reactions (2)
- Section 2: Medication Error Reporting (3)
- Section 3: Reporter Details (4)
- Instruction Sheet Overleaf

ADVERSE DRUG REACTION AND MEDICATION ERROR REPORT FORM

ALL PATIENT INFORMATION WILL REMAIN CONFIDENTIAL. REPORTER INFORMATION WILL BE DESTROYED

Before you start reporting please check which sections should be filled in
Please complete as much information as possible
Tick boxes where appropriate

Are you reporting an adverse drug reaction? (fill in sections 1 and 3)
Are you reporting an adverse drug reaction due to a medication error or other causative event (eg occupational exposure, abuse, overdose)? (fill in sections 1, 2 and 3)
Are you reporting a medication error or other causative event that did not lead to an adverse drug reaction? (fill in sections 2 and 3)

! For a detailed explanation on how to fill in particular sections, please refer to the instructions at the back of the form

SECTION 1: REPORTING ADVERSE DRUG REACTIONS

2 1.1 PATIENT DETAILS
INITIALS MALE FEMALE AGE (at time of reaction) _____ WEIGHT (in kg, if known) _____ RACE _____ AREA _____

1.2 SUSPECTED MEDICINE(S) / VACCINE(S) / BLOOD PRODUCT(S) (list the medicine you think caused the side effect)
Trade name, Active ingredient, Strength, Form, Batch no. Dosage, frequency, route Prescribed for Date started Date stopped
ADR.1 ADR.2 ADR.3

1.3 SUSPECTED ADVERSE DRUG REACTION (Describe each side-effect in as much detail as possible) Date started Date stopped
ADR.1 ADR.2 ADR.3

1.4 LIST OTHER MEDICINES BEING TAKEN BY THE PATIENT (including over the counter & herbal medicinal products)
Trade name, Active ingredient Dosage (amount), frequency (eg, twice a day), route (eg, oral) Prescribed for Date started Date stopped
ADR.1 ADR.2 ADR.3

1.5 How serious do you consider this Adverse Drug Reaction? Tick boxes where appropriate
ADR.1 ADR.2 ADR.3

1.6 Outcome from Adverse Drug Reaction Tick boxes where appropriate
ADR.1 ADR.2 ADR.3

1.7 For this Adverse Drug Reaction(s) Tick boxes where appropriate
ADR.1 ADR.2 ADR.3

1.8 ADDITIONAL RELEVANT INFORMATION (if known) (known allergies, test results, medical history, discharge summaries - information may be attached)
Liver disease Allergy (please describe) Pregnancy weeks
Kidney disease
Other illnesses (please describe):

1.9 WAS THIS ADVERSE DRUG REACTION CAUSED BY A MEDICATION ERROR OR OTHER CAUSATIVE EVENT?
 Yes - please fill in sections 2 and 3. No - please fill in Section 3 Reporter Details.

PLEASE NOTE THAT FOR ALL REPORTS SECTION 3 **MUST** BE FILLED IN

Form P010/3 version 02

SECTION 2: MEDICATION ERROR REPORTING

3 **DISCLAIMER:** The submission of a report does not constitute an admission that the patient, medical personnel, user facility, importer, distributor, manufacturer or the medicine itself caused or contributed to the event.

2.1 MEDICINE(S) INVOLVED IN MEDICATION ERROR OR OTHER CAUSATIVE EVENT (EG OCCUPATIONAL EXPOSURE)

Medicine 1	Medicine 2	Medicine 3
Medicine Trade Name		
Active ingredient (substance in a medicine that is biologically active)		
Form (eg, tablets, injection)		
Strength (eg, 5 mg, 100)		
Dose frequency, duration, route (eg, 1 tablet, 3 qd, by mouth)		
Type of container (eg, blister pack, loose strip or other)		

2.2 DATE OF EVENT Date event was detected:

2.3 DESCRIBE THE MEDICATION ERROR OR OTHER CAUSATIVE EVENT (EG OCCUPATIONAL EXPOSURE) RELATED TO THE MEDICINE
Free Text (eg, Wrong route; wrong dose; wrong medicine; other):

Far medication errors - tick the stage the error may have occurred:
Prescribing
Dispensing
Preparation
Storage
Distribution
Administration

2.4 LOCATION WHERE THE EVENT OCCURRED (eg, Nursing home, Home, Hospital, Pharmacy, Clinic, Other)

2.5 UNSUSPECTED CAUSE OF THE MEDICATION ERROR OR OTHER CAUSATIVE EVENT RELATED TO THE MEDICINE

2.6 ANY FACTORS CONTRIBUTING TO THE MEDICATION ERROR OR OTHER CAUSATIVE EVENT RELATED TO THE MEDICINE (eg, Omission of meals, concomitant alcohol intake, over exposure to heat and sun, other)

2.7 WAS THE MEDICATION ERROR OR OTHER CAUSATIVE EVENT PREVENTABLE? Yes No

2.8 WAS ANY REMEDIAL ACTION RELATED TO THE MEDICINE TAKEN? Yes No

2.9 RECOMMENDATIONS TO PREVENT REPEAT INCIDENT

2.10 DID THE MEDICATION ERROR OR OTHER CAUSATIVE EVENT RESULT IN AN ADVERSE DRUG REACTION?
 Yes - please fill in section 1. No - please fill in your details below.

SECTION 3: REPORTER DETAILS
Details will be destroyed following transmission to the TUC central side effect database *Preference*

Type: Circle - doctor/strainer/pharmacist/other healthcare professional/patient
Name: _____
Address: _____
Telephone/Mobile: _____
E-mail address: _____

Signature _____ Date _____

The Medicines Authority thanks you for the time taken to fill in this form.
The reporting of Adverse Drug Reactions is an important process whereby Regulatory Authorities can learn more about the medicines and its use and take appropriate action in order to protect and enhance public health.

SUPPLY OF ADR REPORT CARDS IS REQUIRED
 INFORMATION ABOUT OTHER ADRs IS REQUIRED

PLEASE NOTE THAT FOR ALL REPORTS SECTION 3 **MUST** BE FILLED IN

Form P010/3 version 02

How to Report: For HCPS

PRINT, FILL IN AND SEND BY POST TO

Medicines Authority
Sir Temi Żammit Buildings,
Malta Life Sciences Park,
San Ġwann SĠN 3000
Malta



OR

**FILL IN WORD AND EMAIL TO
FILL IN INK, SCAN AND EMAIL TO**

postlicensing.medicinesauthority@gov.mt



OR

**Send to the Marketing
Authorisation holder of that
product**

**Details on the MAH may be
found on the PIL inside
every box**



**Do Not send the same report to the MAH and to the
Malta Medicines Authority as
this will create duplicates**

Additional Resources for HCPs



HCPs may refer to the:

[Adverse Drug Reaction Reporting & Pharmacovigilance Guidance Notes for Healthcare Professionals](#) for further background and instruction on how to report ADRs.



The ADR form for HCPs also contains a detailed step by step instruction sheet overleaf.

**Adverse Drug Reaction Reporting
& Pharmacovigilance Guidance Notes
For Healthcare Professionals**

Esperjenzajt xi
effett mhux mixtieq?

Irrapporta dan l-effett lill-



Awtorita Dwar
il- Medicini



Kellem

Tabib
Infermier
Spizjar

Jiżdiedu twissijiet fil-fuljett



Ir-rappurtar iwassal għal mediċini aktar siguri

www.medicinesauthority.gov.mt/adversedrugreactions



ALL PATIENT INFORMATION WILL REMAIN CONFIDENTIAL. REPORTER INFORMATION WILL BE DESTROYED

Before you start reporting please check which sections should be filled in
Please complete as much information as possible
This form is a paper program

- Are you reporting an adverse drug reaction? (See sections 1 and 2)
- Are you reporting an adverse drug reaction due to medication error or other causative event (eg. medication misuse, drug-drug interaction, patient error, etc.)? (See sections 1, 2 and 3)
- Are you reporting a medication error or other causative event that did not lead to an adverse drug reaction? (See sections 2 and 3)

For a detailed explanation on how to fill in particular sections, please refer to the instructions at the back of the form

Section 1: Reporting Adverse Drug Reactions

1.1 PATIENT DETAILS

INITIALS MALE FEMALE AGE (at time of reaction) WEIGHT (in kg, if known) RACE AREA

1.2 SUSPECTED MEDICINE(S) / VACCINE(S) / BLOOD PRODUCT(S) (ie. the medicine you think caused the side effect)

Trade name, with a registered design, brand, strength, dosage, frequency, route	Formulation	Therapeutic Use	Discontinued	Discontinued
Medicine 1			<input type="checkbox"/>	<input type="checkbox"/>
Medicine 2			<input type="checkbox"/>	<input type="checkbox"/>

1.3 SUSPECTED ADVERSE DRUG REACTION (Please tick each adverse effect as much detail as possible)

Trade name, with a registered design (name and), frequency (eg. 1 to 4 times a day), route (eg. oral)	Formulation	Therapeutic Use	Discontinued	Discontinued
None			<input type="checkbox"/>	<input type="checkbox"/>
None			<input type="checkbox"/>	<input type="checkbox"/>

1.4 ALL OTHER MEDICINES BEING TAKEN BY THE PATIENT (including over the counter & herbal/motrilal products)

Trade name, with a registered design (name and), frequency (eg. 1 to 4 times a day), route (eg. oral)	Formulation	Therapeutic Use	Discontinued	Discontinued
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Tick boxes where appropriate

1.5 How serious does the patient think the Adverse Drug Reaction?			1.6 Duration from Onset to Reporting			1.7 Possible Adverse Drug Reaction?		
ADR1	ADR2	ADR3	ADR1	ADR2	ADR3	YES	NO	
Fatal	<input type="checkbox"/>	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	<input type="checkbox"/>	Suspect medicine 1 was stopped	<input type="checkbox"/>	<input type="checkbox"/>
Life threatening	<input type="checkbox"/>	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	<input type="checkbox"/>	Suspect medicine 2 was stopped	<input type="checkbox"/>	<input type="checkbox"/>
Caused or prolonged hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>	Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	Suspect medicine 3 was stopped	<input type="checkbox"/>	<input type="checkbox"/>
Required medical attention	<input type="checkbox"/>	<input type="checkbox"/>	Worsening	<input type="checkbox"/>	<input type="checkbox"/>	Was medicine restarted	<input type="checkbox"/>	<input type="checkbox"/>
Self-limiting	<input type="checkbox"/>	<input type="checkbox"/>	Long-term effects	<input type="checkbox"/>	<input type="checkbox"/>	Was a doctor notified for this ADR?	<input type="checkbox"/>	<input type="checkbox"/>
Caused disability	<input type="checkbox"/>	<input type="checkbox"/>	Death	<input type="checkbox"/>	<input type="checkbox"/>	Treatment required for this ADR?	<input type="checkbox"/>	<input type="checkbox"/>
Other medically important	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	If yes, include	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>				To be ticked if the patient you report to the ADR	<input type="checkbox"/>	<input type="checkbox"/>

1.8 ADDITIONAL RELEVANT INFORMATION (if known)

(eg. pregnancy, diet, alcohol, medical history, discharge summary - information may be available)

Liver disease Allergy (please describe) Pregnancy weeks

Kidney disease

Other illness (please describe)

1.9 WAS THIS ADVERSE DRUG REACTION CAUSED BY A MEDICATION ERROR OR OTHER CAUSATIVE EVENT?

- Yes - please fill in section 2 and 3.
- No - please fill in Section 3 Reporter Details

Patients may also report a side effect through a healthcare professional of their choice.

Confidentiality



Any information including attachment/s related to the identities of the reporter and patient **will be kept confidential**

Minimum requirements for a valid report



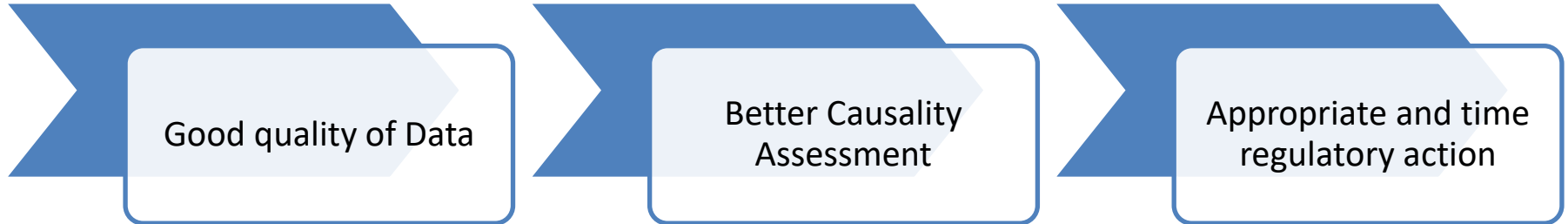
For a valid report, **4 DATA ELEMENTS** are necessary



Promoting **Good Data Quality** in ADR reports



The quality of ADR reports is very important when carrying out **casualty assessment** and taking decisions on regulatory actions in a timely way



Casualty assessment = the assessment of the likelihood that a drug has caused the ADR

Information to be included in the ADR report

- Patient details (name, age, gender)
- Details on the medicine which is suspected of causing a side effect (medicinal name, dose, indication, date of start of treatment, end date of treatment (where applicable)),
- Information about the side effect (start/stop date of event where applicable)
- Concomitant medications
- Concomitant disease or medical conditions



What makes a report one of good quality?



- Be as **accurate** as possible; avoid vague descriptions (e.g. feeling upset/fussy) and ambiguous terms – (e.g. congestion: nasal congestion or congestion of liver sinus? Pain: where?). Avoid the use of abbreviations.
- Be as **specific** as possible when reporting start and end dates of for e.g. medicinal treatment duration, adverse event.
- Give relevant patient details e.g. past medical history, concomitant medication and outcome of event e.g. did the patient recover from the adverse event?
- When indicating laboratory data report units and range e.g. Blood glucose 4 mmol/L (range: 3.9-7.1 mmol/L).



What happens to my side effects report?

Keeping MEDICINES safe

If side effects are unusual a flag is raised and EU experts take an even closer look. This can lead to a change in how the medicine is prescribed.

You can play a role in making medicines safer by reporting side effects directly to your national medicines authority.

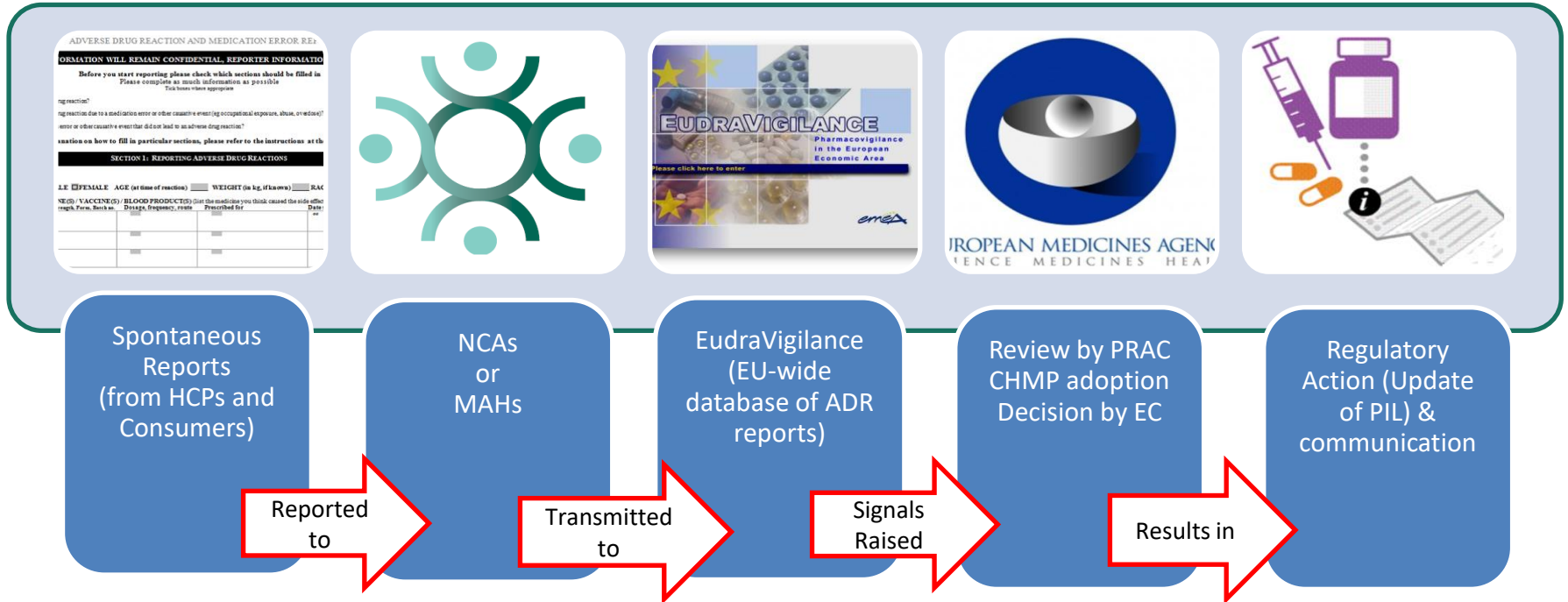


EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

An agency of the European Union



EU system of Adverse Drug Reactions



The Malta Medicines Authority's Role in Safety Monitoring

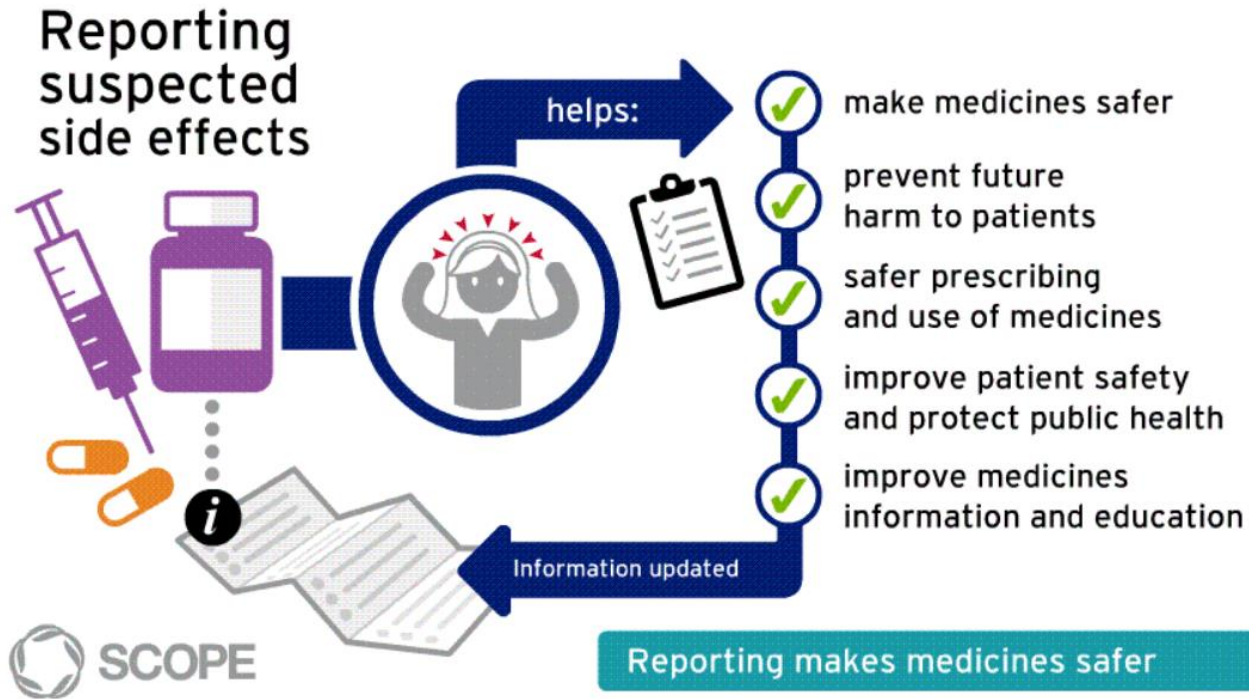


The MMA monitors the safety of medicinal products in Malta and supports the safe and rational use of medicines through the provision of objective and unbiased information.

Key activities

- Managing ADRs (Acknowledgement / Validation / Causality / Databasing / Transmission to EV)
- Raise potential safety signals to the PRAC
- Participate in EU Decision Making on Regulatory Actions at the level of the EMA
- Communicate on Safety Issues (via [DHPCs](#) and [Safety Circulars](#))
- Approve [Risk Minimisation Measures](#) and ensure their implementation

Why should we report side effects?



MedSafetyWeek and World Antimicrobial Awareness Week (Nov 2022)



The MMA participated and promoted two social media campaigns:

1. The **#MedSafetyWeek** was aimed at increasing awareness on the importance of monitoring of side effects and encouraging the reporting of side effects by both healthcare professionals and patients.
2. The **World Antimicrobial Awareness Week** was aimed at improving understanding of Antimicrobial Resistance (AMR) and push for the adoption of best practices by policymakers, healthcare professionals and institutions, as well as by the public.

<https://www.facebook.com/medicinesmalta/>



THANK YOU FOR YOUR ATTENTION

The mission of the Medicines Authority is to protect and enhance public health through the regulation of medical products and pharmaceutical activities.

Sir Temi Żammit Buildings
Malta Life Sciences Park
San Ġwann, SĠN 3000, Malta

Tel: +356 2343 9000
Fax: +356 2343 9161

www.medicinesauthority.gov.mt

Additional queries may be sent to postlicensing.medicinesauthority@gov.mt