Agência Nacional de Vigilância Sanitária

Regulatory Guide - ANVISA

Glossary

In accordance to RESOLUTION – RDC no. 4, dated 10/Feb/09 (DOU 11/Feb/09): Provides for pharmacovigilance norms for the holders of registration of medical drugs for human use.

Brasília, August 2009.

ADVERSE EVENT: any unfavorable medical occurrence, which may occur during the treatment with a drug, but does not necessarily have a causal relation with this treatment. For the purposes of this norm, adverse event is considered:

- Suspicion of Adverse Drug Reaction;
- Adverse Event due to drug quality deviation;
- Adverse Event from unapproved use of drugs;
- Drug interactions;
- Total or partial therapeutic ineffectiveness;
- Intoxications related to drugs;
- Abusive use of drugs;
- Potential and real medication errors.

BRIDGE: term used in IT to designate a device that put together one or more networks using distinct protocols. This tool may be used to make the correspondence between the adverse reaction terminologies by the World Health Organization (WHO-ART) and the International Conference on Harmonization – ICH (MedDRA).

CAUSALITY ASSESSMENT: assessment of the probability that an adverse event is consequence from drug use, when referring to an individual case.

CLINICAL OUTCOME: final clinical condition of the medical drug user after manifestation of adverse event. Examples: death, not-recovered, recovered with sequel, in recovery, recovered, ignored.

CONFIDENTIALITY: maintenance of the privacy of patients, health professionals and institutions, including personal identities and all personal medical information.

CORRECTIVE ACTIONS: systematic actions adopted by the registration holder to correct cases of non-conformity after their detection.

DRUG ADVERSE REACTION: any harmful or undesired unintentional response to a drug, which occurs in the doses usually used in humans for prophylaxis, diagnosis, therapy of disease, or for alteration of physiological functions.

DRUG EFFICACY: the capacity of a drug of producing the intended beneficial effects in an individual from a certain population, in ideal use conditions.

DRUG INTERACTION: pharmacological, toxicological, clinical, or laboratory response caused by the combination of the drug with other drugs. It can also occur from the interaction of the drug with foods, chemical substances, or diseases. The reliability of results from laboratory tests may be affected due to its interaction with drugs. The drug interaction may result in increase or reduction of therapeutic effectiveness, or even in the emergence of new adverse events.

DRUG INTOXICATION: harmful response due to the intentional – or not – use of a drug in higher doses than those usually applied for prophylaxis, diagnosis, treatment, or alteration of physiological functions.

DRUG REGISTRATION: instrument through which the Health Ministry, in the use of its specific attribution, determines the previous register in the competent organism or entity, by verifying the legal-administrative and technical-scientific compliance related to efficacy, safety, and quality of such products, so they can be introduced in the market to be commercialized and consumed.

ELECTRONIC SYSTEM MANAGER: the person at the drug registration holder company who is responsible for the passwords to access Anvisa Electronic Information System.

EXECUTIVE SUMMARY: information on the main items of the Periodical Pharmacovigilance Report, which emphasizes the main safety findings and actions taken in the period.

FOLLOW-UP NOTIFICATION: follow-up notification of a previously notified adverse event, including additional data, clinical data, or data from complementary tests, in order to better understand the causality relation between the effect described and the suspicious drug.

HEALTH SURVEILLANCE BRAZILIAN SYSTEM (SNVS): formed by the Ministry of Health, the Brazilian Health Surveillance Agency (Anvisa), Health Surveillance Centers of the States, the Federal District and Municipalities (Visas), the Public Health Central Laboratories (LACENS), the Brazilian Institute of Health Quality Control (INCQS), related to health surveillance actions.

ICD: WHO International Classification of Diseases.

MedDRA: medical dictionary for the regulatory activities developed by the *International Conference on Harmonization* – ICH, which belongs to the *International Federation of Pharmaceutical Manufactures and Associations* – IFPMA.

MEDICAL DRUG ABUSE: intentional excessive use of one or more medical drugs, which may be persistent or sporadic, accompanied by harmful physical or psychological effects.

MEDICATION ERROR: any avoidable event that may cause or lead to an inappropriate use of medical drugs, or cause harm to a patient, while the medication is under the control of health professionals, patients, or consumers. This event may be related to the professional practice, health products, procedures and systems, including prescription, verbal guidance, labeling, packaging, and nomenclature of industrialized and prepared products, dispensation, distribution, administration, education, monitoring, and use.

NEW DRUGS: for the purposes of this Resolution, new drugs are new synthetic molecule entities, new vaccines, and biotechnological drugs. The drug is considered new during the first five years of registration in Brazil.

NOT SERIOUS (ADVERSE) EVENT: any other event that is not included in the serious adverse event criteria.

NOTIFICATION: the act of informing the occurrence of a drug adverse event to registration holders, health authorities, or other organizations.

OFF-LABEL USE: the use in situations different from the information leaflet of a drug registered by Anvisa. It may include differences in indication, age/ weight, dose, frequency, presentation, or route of administration.

PERIODICAL PHARMACOVIGILANCE REPORT: document on the safety of a drug regulated by Anvisa, which must be periodically submitted by the registration holder to the regulatory authority in Brazil, in order to assess the risk-benefit ratio profile.

PERSON RESPONSIBLE FOR PHARMACOVIGILANCE: third level qualification health professional, officially designated by the registration holder, who has qualification, training, and experience compatible with the job.

PHARMACOVIGILANCE: activities related to detection, assessment, understanding, and prevention of adverse events or other problems related to drugs.

PHARMACOVIGILANCE INSPECTION: set of measures taken by the SNVS aiming at verifying, at any moment, the implementation and execution of pharmacovigilance activities, based on the health legislation in force. Such measures include documental analysis, interviews, visits, database reviews, among others.

PHARMACOVIGILANCE PLAN: a plan that should be based on the product's Safety Specification, and should propose actions that direct the safety interests identified for a certain drug. Preliminary discussions between health authorities and drug registration holders are recommended to identify the need to carry out additional pharmacovigilance activities. It is important to observe that risks are only partially expected, and the Pharmacovigilance Plan should be used to complement, and not replace, the methods normally used to detect safety signs.

PHARMACOVIGILANCE SELF-INSPECTION: Pharmacovigilance Inspection carried out by the medical drug registration holder.

PREDICTABILITY: possibility of occurrence of suspicion of adverse reaction that is expected/ described (predictable) or not (unpredictable), in accordance with the information on the leaflet. Some authors call it "expectation".

REGISTRATION HOLDER: anyone responsible for medical drugs of human use regulated by ANVISA.

RISK MANAGEMENT: a series of pharmacovigilance activities and interventions designed to identify, characterize, prevent, or minimize the risks related to the use of drugs, including the assessment of the effectiveness of such interventions.

RISK MINIMIZATION PLAN: document that describes pharmacovigilance activities and interventions designed to identify, characterize, prevent, or minimize risks related to drugs, including assessment of the effectiveness of such interventions.

SAFETY AND EFFICACY PROFILE: detailed assessment of the risk-benefit ratio, which may be related to safety, efficacy, drug quality, as well as its rational use.

SAFETY SIGNAL: information on the possible causal relation between an adverse event and a drug, such relation being unknown or previously documented incompletely. Usually, more than one notification is needed for a signal to be generated. However, depending on the seriousness of the event and the quality of information, a signal may be generated with a single notification only. A known adverse reaction may also be included as a signal, when there has been an alteration of the intensity or frequency pattern for such reaction. The identification of a signal demands an additional explanation, continuous vigilance, or the application of an investigation process.

SERIOUS ADVERSE EVENT: the following situations are considered serious:

- **Death**.
- **Threat to life**: there is risk of death at the moment of the event.
- **Hospitalization or extension of existing hospitalization**: hospitalization is a hospital service needing internalization. It also includes extension of hospitalization due to an adverse event.
- **Significant or persistent incapability**: substantial interruption of a person's capability of carrying out his or her life normal activities.
- **Congenital anomaly**.
- **Any suspicion of infectious agent transmission by means of a medical drug**.
- **Clinically significant event**: any event from the use of drugs that need medical intervention, in order to avoid death, risk to life, significant incapability, or hospitalization.

STANDARD OPERATIONAL PROCEDURE: detailed description of techniques and operations to be used in the activities included in this Regulation.

STUDIES PHASE IV: all studies carried out after the registration of a medical drug and related to the approved therapeutic indications. In general, such studies are not necessary for registration, but are important to improve the use of medical drugs. They may be of any type, but must have valid scientific objectives. They usually include studies on drug interactions, dose-response, safety studies, studies designed to assess

mortality, morbidity, or epidemiologic studies. Routine vigilance, for example, voluntary notification, is not considered study phase IV.

THERAPEUTIC INEFFECTIVENESS: absence or reduction of the therapeutic response expected from a drug, under the use conditions prescribed or indicated in the information leaflet.

UNAPPROVED USE OF DRUGS: it comprehends *off-label* use and the use of *unregistered* drugs.

USE OF *UNREGISTERED* DRUGS: it includes drugs the formulation of which has been altered, the ones used before registration grant or imported ones without registration by Anvisa.

WHOART: World Health Organization Adverse Reaction Terminology.