Medicines & Healthcare products Regulatory Agency

MHRA

Early Access to Medicines Scheme – Treatment protocol – Information on the pharmacovigilance system and requirements for reporting safety data

Introduction

The aim of the Early Access to Medicines Scheme (EAMS) is to provide earlier availability of promising new unlicensed and 'off label' medicines to UK patients that have a high unmet clinical need. The medicinal products included in the scheme are those that are intended to treat, diagnose or prevent seriously debilitating or life threatening conditions where there are no adequate treatment options. In some cases the safety profile of the EAMS medicine may not yet be fully established and it is therefore particularly important that any harmful or unintended responses to EAMS medicines are reported. More information about the scheme can be found here: http://www.mhra.gov.uk/Howweregulate/Innovation/EarlyaccesstomedicinesschemeEAMS/index.htm

Healthcare professionals should enroll any patients receiving EAMS medicines in the registry which the pharmaceutical company will have in place to enable systematic collection of information on adverse events.

Suspected adverse drug reactions (ADRs) for any patients, particularly those not enrolled in a study (or registry), can be reported directly to the MHRA via the Yellow card scheme at **www.mhra.gov.uk/yellowcard**.

When reporting please provide as much information as possible, including information about medical history, any concomitant medication, onset, treatment dates, outcome and results of any test results or investigations. Alternatively, healthcare professionals can report ADRs which occur in patients not enrolled in any study (or registry) directly to the pharmaceutical company who manufactures the EAMS medicine.

The information below is intended for healthcare professionals and is provided by the pharmaceutical company that manufactures the medicine. The description below summarises the requirements for clinical monitoring and reporting of adverse events with medicines used under the scheme.

Prescribing doctors should also consult the relevant detailed information provided by the company.

Information on the Pharmacovigilance system:

When a doctor requests access to the Raxone EAMS programme they will receive a set of materials from Santhera which will include detailed information on the collection and reporting of adverse events and all the necessary forms and contact details.

All healthcare professionals involved in the Raxone EAMS will be instructed to report to the company all adverse events within 24 hours of first knowledge of such events.

If only limited information is initially available, further follow-up will be requested by the company and all events will be followed to resolution or stabilisation.

Training for healthcare professionals
Once a centre has indicated that they are interested in participating in the scheme, Santhera will arrange to deliver materials, provide training on the appropriate use of Raxone, recognising and reporting adverse events.

Scheme materials
The following documents are required to run this EAMS:

Site set up

- **EAMS patient identification list** to remain at the treatment centre and not be shared with the manufacturer.
- **EAMS treatment protocol – Information for HCPs** summarises the available information about Raxone, including risks and benefits, and its use in this scheme.
- **EAMS programme administration system** provides more detail about the administration of the scheme.

Pharmacy

- **EAMS pharmacy set up form** for pharmacies that are not already customers of Santhera, to enable supply of Raxone.
- **EAMS information for pharmacists** to accompany the prescription.
- **EAMS order form** to request the supply of Raxone.
- **EAMS dispensing label** for pharmacy to stick onto commercial stock at the point of dispensing.

Patient initiation

- **EAMS treatment protocol – Information for patients** summarises the available information for patients.
- **EAMS consent form** enables patients to provide informed consent for participation.
- **EAMS patient enrolment form** provides confirmation that patient is suitable for EAMS

During treatment

- **EAMS Case Report Form** to feedback patient progress
- **EAMS safety information reporting form-** all adverse events must be collected

Discontinuation of treatment

- **EAMS discontinuation form** must be submitted in the event of a patient discontinuing treatment

Information provided by HCPs to the manufacturer and the MHRA

Pseudonymised data is provided to the manufacturer via the forms listed above and will be collected via fax or email.

EAMS patient enrolment form collects the following data:

- Confirmation of DMD diagnosis and that the patient is in active respiratory decline
- Confirmation patient is off steroids; reason for steroid discontinuation, steroid initiation date and steroid discontinuation date (or confirmation never used steroids)
- Confirmation patient is aged 10 or over and date of birth
- Whether or not patient is ambulatory
- Whether or not patient is able to perform FVC and PEF
- Date and results of two respiratory function tests at least 3-6 months apart for PEF, FVC or FVC%p (NB: if patient is unable to perform tests, requesting physician must provide confirmation that patient is in active respiratory decline and provide clinical rationale for making that assessment)
- Ventilation status (day, night, none)
- Patient height, ulna length or arm span
- Patient weight
- DMD mutation (if known)
- Important underlying co-morbidities, concomitant medications, clinical trial participation and any other information the physician deems pertinent (e.g. atypical gender; collected in a comment section)

EAMS Case Report Form should be used at each standard clinic visit to record follow-up clinical information on the patient's condition. The form collects the following data:

- Visit information (date of visit, if initial or follow-up, follow-up number, date of report)
- Patient gender
- Patient date of birth
- Patient height, ulna length or arm span
- Patient weight
- Date Raxone treatment commenced
- Ambulatory status and date of change in ambulatory status
- List of all current medication, changes in medication since last visit and dates these changes started
- Whether able to perform respiratory function test
- Results of Peak expiratory flow (PEF); Forced vital capacity (FVC); Peak cough flow (or confirmation that tests were not performed)
- Ventilation status (non-invasive, diurnal, nocturnal), dates of starting ventilation, and other changes related to ventilation
- Whether a sleep study has been performed since last visit
- Whether sleep study resulted in change in ventilatory status and what changed
- Any current illness or medication which may affect respiratory function or airways (NB: please complete an EAMS safety information reporting form if not already done)
- Number and dates of hospitalisations due to respiratory disease since last review (NB: please complete an EAMS safety information reporting form if not already done)
- Number of upper and lower respiratory tract infections since last review (NB: please complete an EAMS safety information reporting form if not already done)

EAMS Safety information reporting form:
All adverse events (including hospitalisations for any reason) must be reported. The adverse event data will be entered into Santhera's safety database. It will be linked to the patient only by the EAMS patient identification number. Data on safety and usage of the product will be submitted to the MHRA in periodic reports. Adverse event data will be compared to existing safety data available from the clinical trials and previous use of Raxone in other indications.

Additional information:

See **EAMS Programme Administration System**

Contact details:

Santhera: General enquiries and EAMS support
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Medical information and adverse events
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