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 medicines and medicines used outside their licence, 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.

The scientific opinion is based on assessment of the information supplied to the MHRA on the benefits and risks of the medicine. As such this is a scientific opinion and should not be regarded as a licensed indication or a future commitment by the MHRA to licence such a medicine, nor should it be regarded as an authorisation to sell or supply such a medicine. A positive scientific opinion is not a recommendation for use of the medicine and should not be interpreted as such. Under EAMS the risk and legal responsibility for prescribing the medicine remains with the physician, and the opinion and EAMS documentation published by the MHRA are intended only to inform physicians' decision making and not to recommend use. An EAMS scientific opinion does not affect the civil liability of the manufacturer or any physician in relation to the product.

As the safety profile of the EAMS medicine may not yet be fully established it is 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

Physicians should enroll any patients receiving EAMS medicines in the drug registry put in place by the pharmaceutical company to enable systematic collection of information on adverse events. Suspected adverse drug reactions (ADRs) for any patients can also 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.

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

Healthcare professionals should also consult the relevant detailed information provided by the company.

EAMS Indication

Efgartigimod alfa is indicated for the treatment of adult patients with AChR-antibody seropositive generalised myasthenia gravis (gMG), including patients with refractory gMG who have failed, not tolerated or are ineligible for licensed treatment.

Information on the Pharmacovigilance system

1. All physicians interested in taking part in the EAMS programme should contact Clinigen (email: Managedaccess@clinigengroup.com) to be granted access to the Clinigen portal
2. Information for the physician and patient are supplied through the portal
3. The physician completes and submits a Patient Access Form to request efgartigimod alfa for an individual patient and if the qualification criteria are met submits an order for supply of efgartigimod alfa using the Cliniport portal
4. For resupply, mandatory information will have to be entered in the Clinigen portal and if qualification criteria are met

Adverse event/Adverse drug reaction reporting

Safety information will be received by Clinigen on behalf of the Scientific Opinion Holder and will be validated, assessed for causality and reported to the appropriate health authorities.

For reporting suspected adverse events during the EAMS, healthcare professionals must report any suspected adverse reactions via the Adverse Event / Serious Adverse Event Report Form (Annex I) to Clinigen drug safety group within 24 hours of awareness of the event for assessment and processing. The contact details for Clinigen drug safety are: drugsafety@clinigengroup.com or by phone 01932 824084.

Adverse events must also be reported to Yellow Card: https://yellowcard.mhra.gov.uk; alternatively, you may call Freephone 0800 731 6789 for free (available between 9am-5pm Monday – Friday).

At the time of resupply of efgartigimod the prescriber will be asked to confirm that all AEs have been reported.

The treating physician will assess the severity and seriousness for each AE and SAE reported during the patient's participation in EAMS. Reporting of safety data will categorise events by seriousness (serious or non-serious) and include an assessment of causality where possible.

Severity will be assigned to one of the following categories:

- Mild: An event that is easily tolerated by the patient, causing minimal discomfort, and not interfering with everyday activities.
- Moderate: An event that causes sufficient discomfort to interfere with normal everyday activities.
- Severe: An event that prevents normal everyday activities. An AE that is assessed as severe should not be confused with an SAE. Severe is a category utilised for rating the intensity of an event, and both AEs and SAEs can be assessed as severe.

Seriousness criteria definition is: an adverse reaction which results in death, is life-threatening, requires in-patient hospitalisation or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect. Any suspected transmission via a medicinal product of an infectious agent is also considered a serious adverse reaction.

All AE reports will be followed-by argenx up with the physician as necessary to obtain supplementary detailed information for the scientific evaluation of the cases. The data management of all AE/safety information will be in accordance with argenx BV pharmacovigilance procedures.

All pregnancies will be followed-up to ascertain the outcome of the pregnancy. All follow-up attempts will be done in writing, unless the reporter responds and has only provided a contact telephone number.

The Scientific Opinion Holder is required to send ADRs suspected to be related to the EAMS products to the MHRA within the agreed timelines.

Training for healthcare professionals

Each prescribing physician will be provided with an EAMS physician pack by Clinigen, that contains the following documents needed to manage patients receiving efgartigimod alfa under EAMS.

- Treatment Protocol for Health Care Professional (HCP)
- Treatment Protocol for Patients (Information for patients and parents/guardians)
- Training materials on AE reporting
- Adverse Event Report Form (for HCP)
- Training materials on data collection
- Patient Consent Form
- Patient Alert Card

Additional risk minimisation materials

Patients will sign an EAMS consent form and be issued with an EAMS Patient Alert Card. Patients should be asked to carry the card with them at all times. It alerts any other healthcare professional that may treat them, that the patient is receiving efgartigimod alfa through an early access scheme, with details of their treating physician, out of hours contact details, and the company's contact details.

Withdrawal procedure

A patient may withdraw from the EAMS at any time. Open AEs will be followed until resolution/ stabilisation after withdrawal If a patient wants to terminate EAMS participation, no further data will be collected. In case a patient would like to withdraw the consent given earlier, they should inform their HCP and the HCP should document the reason of the withdrawal in the electronic data capture system (EDC) as well as in the medical records. All data collected prior to the date of the withdrawal will be included in the EAMS registry unless otherwise specified. The reason for withdrawal and any AEs should be collected.

Additional information

Data Collection

The following information will be collected for all patients receiving efgartigimod alfa in EAMS:

- Patient age, gender and weight
- Date of MG diagnosis
- Medical history including comorbidities
- MG autoantibodies (where available)
- IgG levels
- Serology for chronic infections (TB, HBV, HCV), if available
- Vaccination history (including pneumovax, influenza, shingles and COVID-19)
- Efgartigimod dose and administration
- Adverse Events (including follow-up of pregnancy)
- Hospitalisations and procedures related to gMG

Additional data

Additional data about gMG symptoms (using the validated, patient reported MG-ADL scale) and previous and current gMG treatments will be collected to support Health Technology Assessment (HTA) and not for regulatory activity purpose and to compare the 'real world' situation with the trial to ensure the risk-benefit for the patients in EAMS remains positive. The collection of this real-world data is voluntary and not mandated via EAMS.

Early Access to Medicines Periodic Report

Early Access to Medicines Periodic Report will following the MHRA template. Contents, including an executive summary, are described below:

1. Confirmation that the product meets the EAMS criteria
2. Actions Taken in the Reporting Period for Safety Reasons
3. Patient exposure through EAMS
4. Spontaneous reported data
5. New efficacy data which may alter the benefit risk opinion
6. Additional Information
7. Proposed Changes to Treatment Protocol or terms of the EAMS Scientific Opinion
8. Conclusions

The periodic report of efgartigimod alfa will be provided to the MHRA every 3 months following the EAMS periodic update/renewal template.

Contact details

EAMS Programme:

To request patient access to the EAMS, healthcare professionals should email: Managedaccess@clinigengroup.com

For information about EAMs, email: Preapprovalaccess@argenx.com

Medical Information:

Contact email for medical information: medinfo@argenx.com

Pharmacovigilance:

Report AEs to: drugsafety@clinigengroup.com , telephone 01932 824084