Guideline 55.006A Summary of Product Characteristics (SmPC) & Investigator's Brochure Checks

Scope
This Guideline provides additional information on the process and timelines for checking and responding to Summary of Product Characteristics (SmPC) and Investigator's Brochure (IB) updates for clinical trials of investigational medicinal products sponsored or co-sponsored by NHS Greater Glasgow & Clyde.

Preparing for SmPC/IB Checks
The R&D Pharmacist (or designee) will be responsible for preparation of Form 55.006A/B and ensuring that SmPC/IB checks are commenced as per SOP 55.006 Management of IBs and SmPCs in CTIMPs. The Pharmacy PO/Facilitator must be informed when a new SmPC/IB check is initiated.

At a minimum, an initial check against the SmPC/IB (where applicable) must be completed and resolved prior to completion of the Pharmacy RGL as documented on Form 51.018A Sponsor Oversight Checklist – CTIMPs.

SmPC/IB Checks
SmPC/IB checks will be performed on a monthly basis principally by the Pharmacy PO/Facilitator as per SOP 55.006. Where there is no change to current SmPC, the Pharmacy PO/Facilitator will complete Form 55.006A to indicate completion of the SmPC/IB check.

Where a change to a SmPC is identified the Pharmacy PO/Facilitator will segregate the relevant Form 55.006A within the SmPC Check File for review/resolution by R&D Pharmacist.

The Pharmacy PO/Facilitator will be responsible for tracking the anticipated IB update anniversary to the relevant R&D Pharmacist. When the anniversary is due the Pharmacy PO/Facilitator will segregate the relevant Form 55.006B within the SmPC/IB Check File for review/resolution by R&D Pharmacist. The R&D Pharmacist will be responsible for obtaining either the updated IB, any change history or confirmation there is no IB update from the organisation responsible for or IB author.

The Pharmacy PO/Facilitator will maintain a back-up SmPC/IB check Spreadsheet and will update the spreadsheet appropriately.

Pharmacist Assessment of SmPC/IB Changes and Timelines
Where a SmPC update is identified/revised IB received, an appropriate R&D Pharmacist will be responsible for assessing any changes and where necessary, contact the Chief Investigator regarding any potential changes in the risk-benefit assessment or clinical management information.

- Where a change is assessed by the R&D Pharmacist as likely to impact on risk-benefit assessment an expedited response would be expected from the Chief Investigator (CI) or appropriate designee within 1-2 working days. The Lead Pharmacist Clinical Trials, R&D Governance Manager and Pharmacovigilance Manager will be alerted immediately on identification as per SOP 55.006.

- Where a change is assessed by the R&D Pharmacist as likely to require a change in clinical management where this is likely to have a significant impact on clinical management (as assessed by the Pharmacist reviewing the change), a response should be expected from the

Chief Investigator within 5 working days. *Example: SmPC recommends changes to infusion rate of an IV medicine.*

- Where no change to risk-benefit assessment or anticipated impact on clinical management is minimal (as assessed by the R&D Pharmacist), a response would be expected from the Chief Investigator within 15 working days. *Example: change in frequency of expected adverse event already detailed in the patient information sheet from very rare to rare.*

Where the expected timelines for CI response are exceeded, this should be highlighted to the Lead Pharmacist Clinical Trials where necessary, based on the assessing Pharmacist's judgement. Continued non-response will be escalated to the Lead Pharmacist Clinical Trials.

It is anticipated that most communication regarding SmPC/IB updates will be via e-mail. Sample e-mail text is provided as an appendix to this guideline.

Tracking Progress with SmPC/IB Updates, Resolution and Timelines
Resolution of SmPC/IBs update assessments should normally occur within 15 working days of the SmPC/IB update being identified except where there are significant risks to participant safety in which case a plan/resolution will be implemented within a shorter time-frame.

Once the SmPC/IB changes have been identified the Pharmacy PO/Facilitator will generate Form 55.006C using the SmPC/IB Spreadsheet. R&D Pharmacists will also be sent an Outlook Task in order for them to action any updates within 15 days where possible. The relevant R&D Pharmacist will be responsible for documenting the SmPC/IB change was actioned (i.e. sent to CI or resolved) and the date resolved. Final resolution and comments relating to the assessment will be documented on Form 55.006A/B. The Pharmacy PO/Facilitator will monitor on a weekly basis until SmPC updates are resolved/closed and signed off by appropriate R&D Pharmacist. They will then reconcile resolution as documented on Form 55.006C with Form 55.006A/B and SmPC/IB Spreadsheet to ensure that all checks are completed. R&D Pharmacists will review SmPC/IB Spreadsheet medicine details on approximately quarterly basis.

Document Retention
Active SmPC Tracker Forms (Form 55.006A/B) will be routinely filed in a designated SmPC Check Folder. Where appropriate, completed SmPC/IB tracker forms may be filed in the IMP management file. All e-mail correspondence relating to the SmPC/IB review, including the updated SmPC or IB will be retained within the relevant IMP management file. At the end of the trial all documentation including completed Form 55.006A/B will be filed in the relevant section of the IMP management file.

Referenced documents:
None

Document History

Version	Date	Description
1.0	28/09/2018	First release

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Appendix: Sample SmPC Update E-mail

Subject: [ACRONYM] update to [insert medicine] SmPC: last updated to emc [insert date] Response required by [insert date]

Study Title: [ACRONYM and title]
EudraCT: [insert]

[Insert summary of update/key points]
Medicine: [insert medicine] **Last Updated on eMC:** [insert date]

Revised SmPC: [insert link]
Updates: [insert link]
[Insert updates]

Actions required

The **Chief Investigator** is required to make the following assessments:

- Has the risk-benefit assessment for the above clinical trial changed?
- Has the update to the SmPC affected the clinical management of a patient to the extent that the updated SmPC should be provided to investigators to ensure continued patient safety?

If the risk-benefit remains as previously assessed and the information on clinical management has **not** changed sufficiently to warrant circulation to sites and no other changes are required e.g. protocol or changes to information in patient consent then please:

- confirm that neither the risk-benefit assessment or clinical management information has significantly changed
- file a copy of correspondence in the trial master file

If the changes do alter the risk-benefit assessment then please reply with the reasons and proposed actions. If there are updates to clinical management information such that the updated information should be circulated, please provide a short summary of the changes for the benefit of investigators/other members of the study team.

Please respond to this e-mail by [insert date]

Appendix: Sample IB Update E-mail

Subject: [ACRONYM] - Updated IB for [insert drug]([Insert version/edition and date]) Response required by [insert date]

Study Title: [ACRONYM and title]
EudraCT: [insert]

IMP: [insert drug]
IB [insert version/edition] updated [insert date] ([Insert version/edition and date])

[Insert summary of update/key points]

Summary of main IB Changes

Actions required:
The **Chief Investigator** is required to make the following assessments:

- Has the risk-benefit assessment for the above clinical trial changed?
- Has the update to the IB affected the clinical management of a patient to the extent that the updated IB should be circulated to investigators at participating sites to ensure continued patient safety?

If the risk-benefit remains as previously assessed and the information on clinical management has **not** changed sufficient to warrant circulation to sites and no other changes are required e.g. protocol or changes to information in patient consent then please:

- confirm that neither the risk-benefit assessment or clinical management information has significantly changed
- file a copy of correspondence in the trial master file

If the changes do alter the risk-benefit assessment then please reply with the reasons and proposed actions. If there are updates to clinical management information such that the updated information should be circulated, please provide a short summary of the changes for the benefit of investigators/other members of the study team. This will then be circulated to sites with the updated IB.

Please respond to this e-mail by [insert date]