“临床风险管理计划”撰写指导原则

（试行）

国家药品监督管理局

2021 年 12 月

Table of contents

I. Overview

The International Council for Technical Harmonization of Registration of Pharmaceuticals for Human Use for Harmonization of Technical Requirements for Pharmaceuticals for Human Use, ICH) "E2E: Pharmacovigilance plan" (hereinafter referred to as the E2E Guiding Principles) has been transformed and implemented in China. E2E Guidelines The main focus of the regulations is: when applying for marketing authorization, drug administration should be provided. Drug safety overview and pharmacovigilance plans from drug regulatory agencies. this guideline Based on the requirements and recommendations of the E2E guiding principles, combined with the Chinese marketing authorization application Please provide review experience and conduct a comprehensive review of the considerations and focus of clinical risk assessment. Explain and provide a writing template for applicants to understand. This guiding principle The “risk” involved refers to the risks that are determined or may occur during the clinical application of the drug after it is put on the market. Treatment risks to patients are not related to quality controllability during the production process. risk. The applicant is based on non-clinical studies conducted before the drug is marketed and on human subjects. Effectiveness and safety data obtained in clinical studies, while referring to similar products safety information, combined with the characteristics of the indication population, to clarify the important Risks, important potential risks and important missing information have been identified and each "Risks" and whether the lack of information affects the "benefit-risk balance" of the drug/Public Health” assessment.

This guideline provides guidance on the writing of a "Clinical Risk Management Plan" See, submission and update requirements for this document are not involved. Center for Drug Evaluation July 2020

"1.8.3" required in the "M4 Module - Administrative Documents and Drug Information" released on the 1st

Risk management plan" includes pharmacovigilance activity plans and risk control measures."

The above content is included in the "Bed Risk Management Plan" and can be submitted when required. "1.8.3

"Risk Management Plan" replaces or forms part of this document. This refers to

The guidelines are not legally binding. Applicants are advised to refer to these guidelines.

The template attached to the Principles is used to write the “clinical clinical information” when submitting a drug marketing authorization application in China.

"Risk Management Plan". After a drug is approved for marketing, the marketing authorization holder (hereinafter referred to as

(referred to as "Holder") shall be based on the contents of the "Clinical Risk Management Plan" and in accordance with

Requirements of relevant laws, regulations or guiding principles to form a "Pharmacovigilance plan" and/or

"Post-IPO Risk Management Plan." When applying these technical guidelines, applicants should

Comply with the requirements of Chinese drug registration laws and regulations, and refer to ICH and Chinese Drug Registration

Other relevant technical guidelines issued by product regulatory agencies. With the development of the industry

and regulatory system progress, the guiding principles will be continuously updated to meet new drug regulatory requirements.

manage environmental requirements. Applicants are encouraged to maintain communication with drug review agencies as

In-depth work on related incidents will continue to improve this technical guiding principle.

2. General considerations

"Clinical risk management" should be formulated based on drug characteristics and China's medical practice.

Plan", the pharmacovigilance activity plan and risks proposed therein should be fully considered

Operability and rationality of control measures in China. "Clinical Risk Management Plan"

The data contained in the application should be consistent with the non-clinical and clinical data in other documents included in the application.

Research data remains consistent.

The "clinical risk management plan" should be based on the active ingredients (for example, traditional Chinese medicine).

communication with the review department), that is: all the products produced by the same applicant

Medicinal products with the same active ingredient (i.e. indication, mode of administration, dosage form and

(different routes of administration, etc.) can be included in the same "clinical

"Risk Management Plan". If a drug has not yet applied for marketing authorization for the first indication

If you submit a marketing authorization application for another indication when it is approved, you can write a new application based on the indication.

"Clinical Risk Management Plan", which will be merged as appropriate based on the actual approved indications.

manage. If a marketing authorization application is submitted again for an already marketed drug, it must be submitted at the same time.

Provide a "clinical risk management plan" that should be obtained at the time of this marketing authorization application

Update the "Clinical Risk Management Plan" provided earlier with the latest research data

new, or write a new Clinical Risk Management Plan. Applicants may apply for a marketing authorization

During pre-application communication (i.e. pre-NDA communication), discuss with the review department

The specific content of the "Clinical Risk Management Plan" for the drug will be discussed.

After a drug is approved for marketing, the holder is responsible for submitting the "clinical risk management plan"

Fully communicate risk information with doctors and strictly implement pharmacovigilance

Activity planning and risk control measures to ensure that the benefits of the medicine continue to outweigh the risks.

The holder forms a "pharmacovigilance plan" or "post-marketing risk" after the drug is launched.

When providing risk management-related documents such as "Management Plan", you should fully refer to the listing application to obtain

The "clinical risk management plan" confirmed by the Center for Drug Evaluation at the time of approval and maintained accordingly

Concerning the consistency and cohesion of content.

The main content of the "Clinical Risk Management Plan" is intended to be read mainly by medical academic personnel, regulatory agencies and corporate professionals, etc., the wording should be rigorous and accurate. The details of each chapter support each other appropriately to avoid the accumulation of data and documents. "clinical style The attachment to the "Risk Management Plan" may be read by people with non-medical backgrounds. The applicant should choose an appropriate wording style according to the reader.

3. Writing Principles

The purpose of developing a clinical risk management plan is to identify and describe drug important identified risks, important potential risks and important missing information, and then Propose pharmacovigilance activities and risk control measures commensurate with risks to ensure After the drug is put on the market, the benefits must outweigh the risks during use by the applicable population.

The "clinical risk management plan" mainly includes three major elements, namely safety overview, Pharmacovigilance activities and risk control measures.

(1) Security overview

According to E2E guidelines, safety specification should be “an important identified risk, an important potential risk, and a summary of important missing information". This guidance no longer contributes to the E2E guidance The writing element structure that has been emphasized in the article will be described in detail.

When identifying risks of drugs, the disease characteristics and population size of the indications The small impact will have an important impact on the conclusion of whether the risk affects the risk-benefit balance, because

This recommendation begins with a review of the epidemiology of the target indication in the Safety Overview section.

Information is summarized. The main body of the Security Overview section is an overview of important risks.

Analysis and evaluation, no matter what indications and target groups are targeted, in the correct

When determining whether a risk is significant, the following factors should be considered: ÿ Medical severity of the risk

sex, including the impact on individual patients; ÿ frequency of occurrence, predictability, predictability

preventability and reversibility; ÿ potential impact on public health (based on frequency of occurrence,

Comprehensive judgment based on the size of the treatment population, etc.), including the possible need to avoid

Avoid public risks caused by the use of certain/category preventive products. During actual operation,

If a risk has one of the following characteristics (but does not exclude other possibilities), consideration should be given to

It is classified as an important risk: ÿ When the risk occurs, it will lead to death, disability, congenital anomalies,

serious consequences such as abnormality or birth defects, or because the sequelae seriously affect the patient's life

Social/life function or quality of life (such as causing severe depression in patients); ÿRequired

A high proportion of patients need to undergo clinical intervention (e.g. discontinuation of medication or receipt of blood transfusions, etc.)

Sustained treatment) to cope with/treat abnormal clinical symptoms/signs after the risk occurs;

ÿ Due to the lack of prevention or treatment methods for risks, or the current common application

prevention/diagnosis and treatment methods conflict, which brings major challenges to current clinical practice.

war. Important risks may not affect all drug users, but may be more common in people with

Drug users with certain characteristics, risk factors and preventability of risks that applicants should respond to

and its impact on the benefit-risk balance and serve as a basis for developing risk controls

Important reference for measures.

Important risks are divided into two categories: "identified" and "potential". Theoretically,

"Identified" risks usually have the following two characteristics: ÿ During the clinical treatment process

Risk-related adverse events have indeed been observed; ÿ There is sufficient evidence that the risk is related to the use

There is a causal relationship between drugs. The following situations can be used as references for "sufficient evidence":

ÿ Adverse reactions observed in both non-clinical and clinical studies; ÿ In well-designed

observed in good clinical trials or epidemiological studies compared with control treatments

Differential adverse reactions, or “identified risk” adverse reactions compared to the control treatment

The incidence rates should be similar; ÿ A certain number of adverse reactions with complete records, their occurrence

There is a clear temporal relationship and biological plausibility to the medication (e.g., severe allergies

reaction). If a safety issue is suspected to be related to a drug but the causal relationship is unclear

Proven, often classified as "potential" risks, for example: Risks are only theoretical

guidance (judgment based on the mechanism of action or experience with similar products), or in non-clinical

Events occurred in research but were not observed in clinical trials, or in clinical trials

A signal was observed in the trial but causality is unclear. It should be pointed out that if

If non-clinical studies have observed important safety risks that are highly related to the drug mechanism,

dangerous and judged to be extremely clinically relevant, or drugs with the same mechanism have been identified as

"Identified risks", new products have adopted reasonable measures in clinical trials (e.g.

Such as preventive medication, excluding high-risk groups, etc., rather than through molecular structure optimization or

Formulary improvements) successfully avoid or reduce related risks, even when current drug

No risk-related adverse events have been observed in human drug experience, based on patient-centered

The Center's principles should be used to determine whether the risk needs to be classified as an "identified risk".

Evaluate. Applicants should provide corresponding mechanism analysis and non-emergency plans under various risks.

Relevant data from clinical research and clinical studies to support its classification judgment.

Important missing information is also an important part of the security overview.

The safety profile of an aspect of a drug or the risks of using the drug for a specific group of people

There is a lack of benefit information, and this missing information is of clinical concern and should

Consider listing this as "Important Missing Information." Applicants should analyze the human body of the drug

Whether the safety database has limitations in a certain population group, e.g. children,

The elderly, pregnant/lactating women, those with impaired liver/kidney function, and those suffering from clinical research

People excluded for special safety reasons and subgroups of people with relevant genetic polymorphisms

Group etc. When data are insufficient, these groups are often excluded from the labeling

Outside the applicable population, or the clinical effectiveness and safety are not clear. drug

After being launched on the market, it may be used off-label for various reasons. For example, it has been approved overseas.

The approved indication has not been approved in China, and the cause and/or clinical status of a non-indicated disease are unknown.

The clinical performance is highly similar or related to the approved indications, etc. Applicants should

Evaluate the possibility of a drug being used off-label after it is marketed. If the drug is

will inevitably be used off-label in a certain population and the risks in that population are unique

differences from the approved population should be addressed in a clinical risk management plan

State and analyze whether it has any impact on the post-market safety of the drug.

(2) Pharmacovigilance activity plan

Pharmacovigilance plan includes conventional medicines

Biovigilance and additional pharmacovigilance activities. All drugs must be implemented after marketing

Routine pharmacovigilance activities. When routine pharmacovigilance activities cannot meet demand, it is necessary to

Additional pharmacovigilance activities are to be carried out, including but not limited to when important

Uncertain factors in risk that affect risk perception (such as high-risk groups, predicted

methods to prevent/reduce identified risks), or it may be necessary to target certain important potential

When risks or important missing information are systematically studied.

Different safety risks may be addressed through the same pharmacovigilance activity

conduct monitoring or analytical studies, it is therefore recommended to focus on the type of pharmacovigilance activity

Write relevant content in pharmacovigilance activity plans rather than being risk-focused

to write. Each planned or ongoing activity should be described concisely

Problems to be solved and schedule, completed activities should describe the problems solved

issues and the impact on risk analysis and subsequent planning. All countries with China

Formulated after consultation with the drug regulatory agency or promised by the applicant, it is adapted to the approved

Post-marketing studies (including effectiveness studies) related to the disease should be written in the "clinical

"Risk Management Plan", studies solely for the purpose of expanding indications are not included in this category.

In principle, a detailed plan for each additional pharmacovigilance activity should be

Attachment to "Bed Risk Management Plan" (the holder can complete it after the drug is approved).

(3) Risk control measures

Risk minimization measures include conventional measures

Implementation and special measures aimed at preventing/reducing the occurrence of important risks. Regular style

Risk control measures include revising drug instructions, labels, packaging, changing drug packages

Packaging specifications, change drug management status, etc. Through the sale, prescription and use of medicines

Measures to achieve risk control using materials or links that must be equipped in the process should be

Listed as routine measures; the state targets special drugs (such as narcotic drugs, blood products,

Prescription and sales restrictions on medications for mental illness, etc.) are also routine measures. drug

Instructions are the most important routine risk control tool; to prevent medication errors,

Provide special reminders on the packaging, or use different colors for products of different specifications

Or the packaging design of the appearance is also a conventional risk control measure.

When conventional measures are insufficient to reduce risk to an acceptable level,

Special risk control measures. Scientific and reasonable special measures can improve the “acquisition” of drugs.

"benefit-risk assessment" has a positive effect. Special measures usually have doctor-patient education materials

Materials, medication guides, prescription/distribution channel management, medication registration, pregnancy prevention plan

Wait. When writing special measures, we should focus on specific measures and analyze each measure.

name of the facility, planned control risks and objectives, implementation plan and effectiveness evaluation plan

Plan for summary. The tools and implementation plans involved in risk control measures should be

It is an attachment to the "Clinical Risk Management Plan" (can be completed after the product is approved).

4. Drug “Clinical Risk Management Plan” Template

Attached to this guidance is a template for a pharmaceutical “clinical risk management plan” Industry reference, this template consists of three parts: signature page, abstract and body.

references

1ÿI. I harmonized tripartite guideline: pharmacovigilance planning E2E[EB/OL]. (2004-11-18) [2021-06-04]. https://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E2E/Step4/E2E_Guideline.pdf

2. National People’s Congress. Drug Administration Law of the People’s Republic of China [EB/OL] (2019-08-26) [2021-06-0 http://www.npc.gov.cn/npc/c30834/201908/26a6b28dd83546d79d17f90c62e59461.shtml.

3. State Food and Drug Administration. State Food and Drug Administration’s regulations on the application of "E1: Human Population Exposure: Evaluating the Clinical Safety of Medications for the Long-Term Treatment of Non-Life-Threatening Illnesses "Safety" and other 15 published guidelines of the International Conference on Harmonization of Technology for the Registration of Pharmaceuticals for Human Use. Report (2019 No. 88) [EB/OL] .(2019-11-12) [2021-06-04]. http://www.nmpa.gov.cn/xxgk/ggtg/qtggtg/20191112094101469

.html.

4. State Food and Drug Administration. The State Food and Drug Administration issued the "Pharmaceutical Police"

Announcement of "Quality Management Standards" (2021 No. 65) [EB/OL]. (2021-05-13)[2021-09-28].

https://www.nmpa.gov.cn/xxgk/ggtg/qtggtg/20210513151827179.html

5ÿEMA. Guidance on the format of the risk management plan (RMP) in the EU-in integrated form[EB/OL]. (2018-11-30) [2021-06-04].

http://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/guidance-format-risk-management-plan-rmp-eu-integrated-format-rev-201_en.pdf.

Attached: Clinical risk management plan template submitted during drug marketing application

ÿ italics The text indicates that the applicant can write according to the actual situation. The words in brackets

The content should be removed. Applicants may adjust the submission of administrative information based on internal process requirements.

Present way. This template may contain information that is not available at the time of submission of marketing authorization application.

Applicants may not fill in the administrative information obtained temporarily. After the drug is approved for marketing, the applicant may

Add the actual situation yourself.)

药品通用名称临床风险管理计划

signature page

Version	Effective time	
1.0	*XXXX* Year*XX* moon*XX* Day	ÿ Approved version when first launched on the market
2.0	*XXXX* year *XX* *XX* day _	ÿ Main modification content and reasons
3.0	*XXXX* year *XX* *XX* day _	ÿ Main modification content and reasons

Company Name: Company Name

Pharmacovigilance manager: Name, title and signature

Company representative contact information:

company address:

Effective date of the current version: XXXX, XX, month, XX

临床风险管理计划摘要

(If the main text contains less content, this part can be omitted)

Drug information	
Common name (Chinese/English)	
Product name (Chinese/English) (if applicable)	
Active ingredients (Chinese/English) (if applicable)	
Date of first approval for listing in China	
Approved indications in China (whether attached conditional approval)	
Risk overview	
Significant Identified Risks Risk 1:	
	Risk 2:
Important potential risks	Risk 1:
	Risk 2:
important missing information	Crowd 1:
	Crowd 2
Additional pharmacovigilance activities	Activity 1: Briefly describe the content of the activity, the risks targeted and the purpose of implementation

	Activity 2: Briefly describe the content of the activity, the risks targeted and the purpose of implementation
Postmarketing Effectiveness Study Study 1:	Briefly describe the research plan and implementation purpose
	Study 2: Briefly describe the research plan and implementation purpose
Special risk control measures	Measure 1: Briefly describe the content of the measures, the risks targeted and the purpose of implementation
	Measure 2: Briefly describe the content of the measures, the risks targeted and the purpose of implementation

(You can insert the revisions of the latest version compared with the previous version before the text as needed.

Order instructions, general catalog, table catalog, figure catalog, English abbreviation list, etc.)

临床风险管理计划正文

1. Drug Overview

China registration application approval time	
Approval Number	
Product name/product name (Chinese/English arts)	
Active ingredients (Chinese/English) (if applicable)	

Specifications and dosage forms	
Indications	
Dosage and usage	
Does China approve conditions?	
Active ingredients approved for the first time in the world time	
The number of this risk management plan Database lock time point	
Remark	

(If the drug has multiple indications and the drug information under each indication is incomplete

They are all the same, and applicants can list them separately according to the actual situation. Indications and dosage

Methods and other items should be the same as the content of the manual.)

2. Security Overview

(The safety overview constitutes the pharmacovigilance activity plan and risk control measures

Foundation. The safety profile of the drug should be described in the safety summary,

Includes important identified risks, important potential risks and missing information about the drug

Review. If the applicant believes that the available evidence indicates that safety features should be

Reasons for reclassification, deletion or addition should be stated when revising.)

2.1 Summary of security overview

Important identified winds	
risk	
Important potential risks	
important missing information	
The current version adds new or	
Newly deleted risks/missing	
Missing information and briefly describe the basis	
according to	

2.2 Epidemiology of target indications

(Provide basic epidemiological data and characteristics of the population, natural history characteristics

Symptoms, important comorbidities and concomitant medications in the population, as well as currently available treatments

A summary of relevant information such as treatment options. Attention should be paid to whether Chinese people are different from other countries

Differences exist between home/regional populations and are appropriately stated and summarized.)

(When submitting a marketing application for a new indication, it should be based on the existing content.

A summary of epidemiological information for new indications will be added. If new indications are to be added

There are large differences from the characteristics of approved indications, such as lymphoma and similar

For rheumatoid arthritis, it is recommended that applicants state the indications separately; if new indications are to be added

It is highly similar to the approved indications in terms of disease characteristics, diagnosis and treatment methods, etc.

Consider combining them.)

2.3 Significant identified risks

(This section breaks down each of the material identified risks, each risk separately.

list. Items listed in the table below may be omitted if they are not relevant to specific risks.)

(Risk Name) (International Dictionary of Medical Terms should be used whenever possible [MedDRA] terminology, it is recommended to use MedDRA Preferred Term [PT] or Standard MedDRA Analysis Query [SMQ]. Applicants should indicate the source of definition of the risk name.)	
Reasons for identified risks deemed important	Risk mechanism: Analyze the drug's mechanism of action and/or pathophysiological basis for the risk.
	Non-clinical data: Provide relevant information from nonclinical studies (eg, pharmacology, reproductive/developmental toxicity, genotoxicity, carcinogenicity study results; pharmacological data (such as cardiovascular system QT interval prolongation), and the relevance of nonclinical safety findings to clinical sex.
	clinical: 1. Background information on the corresponding risks of the target indication (not When using this medicine): Provide epidemiology of corresponding risks,

A brief summary of relevant information such as background data. We should pay attention to whether there are differences between the Chinese population and other countries/regions and make appropriate statements and conclusions. If there are similar products on the market, the published incidence information of the corresponding risks of similar products should be provided.

2. Clinical data:

Provide a high-level summary of important clinical safety results related to this risk. Include exposure data from clinical studies and estimated drug exposure data after marketing, indicating the severity, frequency, and reversibility of safety issues. We should focus on whether there are differences between Chinese subjects/patients in clinical studies or post-marketing drug experience and subjects/patients in other countries/regions.

3. Identify and analyze relevant risk factors:

Identification and analysis based on the characteristics of the target population and clinical data. Briefly describe the risk factors, whether high-risk

Preventability:

groups can be identified and risk prediction can be carried out; early signs and diagnostic methods when risks occur; and treatment methods that should be adopted when risks occur.

Impact on benefit-risk balance/public health: (Concluding statement identifying this risk as a “significant identified risk”)

The severity, frequency and level of adverse reactions are combined to evaluate the risk's impact on benefit risk/public health. For example: can cause death, disability, congenital

Serious adverse reactions of abnormalities or birth defects; sequelae that may seriously affect the patient's social/life functions or quality of life There is currently a lack of risk-based prevention or treatment methods; more than a certain proportion of patients discontinue medication due to related adverse reactions, which has an impact on long-term effectiveness; etc.

2.4 Important potential risks

(This section breaks down each important potential risk, with each risk listed separately.

surface. Items listed in the table below may be omitted if they are not relevant to specific risks.)

(risk name) (International Dictionary of Medical Terminology [MedDRA] terminology should be used whenever possible, and it is recommended that It is recommended to use MedDRA Preferred Term [PT] or standard MedDRA Analytical Query [SMQ]. Applicants should indicate the source of definition of the risk name.)	
recognized as important potential wind The source of danger because	Risk mechanism: Analyze the drug's mechanism of action and/or pathophysiological basis for this potential risk.
	Non-clinical data (non-clinical data of similar drugs can be provided) data as basis): Provide a high-level summary of important nonclinical safety results related to this risk. Include toxicology, reproductive/developmental toxicity, genotoxicity, carcinogenicity study results; pharmacological data (such as cardiovascular system QT between period extension), and the clinical relevance of nonclinical safety findings should be discussed.

	Clinical (clinical information on similar drugs can be provided as in accordance with): 1. Background information on the corresponding risks of the target indication: Provide a brief summary of relevant information such as epidemiology and background data on the occurrence of the corresponding risk. We should pay attention to whether there are differences between the Chinese population and other countries/regions and make appropriate statements and conclusions. If there are similar products on the market, the published incidence information of the corresponding risks of similar products should be 2. Clinical data: provided. Provide a high-level summary of important clinical safety results related to this risk. Include exposure data from clinical studies and estimated drug exposure data after marketing, indicating the severity, frequency, and reversibility of safety issues. We should focus on whether there are differences between Chinese subjects/patients in clinical studies or post-marketing drug experience and subjects/patients in other countries/regions. 3. Identify and analyze relevant risk factors: Identification and analysis based on the characteristics of the target population and clinical data.

Preventability:

Briefly describe the risk factors, whether high-risk groups can be identified and risk prediction can be carried out; early signs and diagnostic methods when risks occur; and treatment methods that should be adopted when risks occur.

Impact on benefit-risk balance/public health: (reduction of risk

Concluding statements listed as “significant potential risks”)

Based on the results of non-clinical and clinical studies and the safety information of similar products, state the reasons why this risk is judged as a "potential" rather than a "confirmed" risk. Evaluate the impact that the risk may have on the benefit-risk balance/public health based on the severity of the potential risk. Describe the risk as "confirmed risk" or "potential risk".

Impact on benefit-risk balance/public health

2.5 Important missing information

(This section focuses on those that have not been studied prior to marketing approval.

groups, or groups for which existing clinical information is limited. These deficiencies should be discussed explicitly

The impact of information on predicting post-marketing safety of pharmaceuticals. The population to be considered should include

Including but not limited to the following groups of people.)

child:

Usually defined as people <18 years old, and can be subdivided into age groups. Describe the reasons why there were no studies or existing exposure data, and discuss the impact of the lack of information on post-marketing safety.

Elderly patients:

It is usually defined as people aged ÿ60 years, and can be subdivided into age groups. Describe the reasons why there were no studies or existing exposure data, and discuss the impact of the lack of information on post-marketing safety.

Pregnant or breastfeeding women: Description of reasons not studied or available exposure data,

Discuss the impact of missing information on postmarketing safety.

Patients with related comorbidities (patients with liver function impairment, renal impairment

Harmful patients, cardiac insufficiency patients, immunocompromised patients, clinical research

Other patients excluded, etc.): Indicate causes not studied or number of existing exposures

Discuss the impact of this lack of information on post-marketing safety.

Subgroups of people with known and relevant genetic polymorphisms:

If applicable, discuss the impact of the missing information on post-marketing safety.

Patients of different nationalities and/or races: If applicable, discuss missing information

Impact on post-marketing safety.

Other groups predicted to have off-label use after marketing:

If applicable, discuss the impact of the missing information on post-marketing safety.

3. Pharmacovigilance activity plan

(Based on the safety profile, formulate a drug that matches the drug's risks

Vigilance activity plan. Pharmacovigilance activities aim to further characterize and quantify risk

risk characteristics, confirm or eliminate potential risks, identify new risks, collect missing information

information and evaluate the effectiveness of risk control measures. pharmacovigilance

Activities include routine pharmacovigilance activities and additional pharmacovigilance activities.)

3.1 Routine pharmacovigilance activities

Routine pharmacovigilance activities are the primary/minimum requirements for all pharmaceutical products

A combination of pharmacovigilance activities. Applicants should plan and implement in compliance with regulatory requirements

Routine pharmacovigilance activities, including: establishing a system for collecting and reporting adverse reactions

and procedures; reporting adverse drug reactions to regulatory authorities; regular safety updates

reporting; continuous monitoring to collect safety signals; updating instructions; and drug supervision

Other requirements specified by the agency.

3.2 Additional pharmacovigilance activities

(Additional pharmacovigilance activities are non-routine pharmacovigilance activities and can be

Non-clinical research or clinical trials for safety purposes and/or non-interventional research

Research etc. Only necessary when conventional pharmacovigilance activities cannot meet demand

Additional pharmacovigilance activities, the applicant should

Explain the purpose and necessity of the action. Applicants can submit drug marketing authorization

You can communicate and discuss with the regulatory agency in advance before applying to determine whether additional measures are required.

Pharmacovigilance activities, what additional pharmacovigilance activities should be undertaken and follow-up

reached preliminary consensus on the evaluation and reporting nodes.

If there is no need to carry out additional pharmacovigilance activities, state it directly; if there is any additional

For pharmacovigilance activities outside of

Content and language should be as concise as possible.)

3.2.1 Additional pharmacovigilance activities planned/ongoing

Additional pharmacovigilance activity names say	Implementation purpose and necessity	Key points in the implementation plan	Completion day Expect
Mandatory additional pharmacovigilance activities required by the regulatory agency (as determined by the regulatory agency in the review raised during the process)			
Other post-marketing pharmacovigilance activities committed/planned by the applicant			

3.2.2 Additional pharmacovigilance activities completed/terminated

(When an additional pharmacovigilance activity has been completed or terminated prematurely, then write this section. Briefly describe the content and results of completed/terminated activities to and the impact of the conclusion of the activity on the clinical risk management plan.)

additional medications Alert activity name say	Finish/ When terminated between	Problem solved	Adjustments to the clinical risk management plan

Mandatory additional pharmacovigilance activities required by the regulatory agency (as determined by the regulatory agency in the review raised during the process)			
Other post-marketing pharmacovigilance activities committed/planned by the applicant			

4. Post-marketing effectiveness research plan

(Regardless of whether conditional approval is granted, the regulatory agency may impose

To meet the requirements for post-marketing effectiveness studies, the applicant may also proactively commit to conducting marketing

post-validity study. These planned or ongoing post-marketing effectiveness studies

This should be reflected in the clinical risk management plan, but once completed it can be taken from the clinical

be removed from the risk management plan or other relevant documents.)

After listing, there are effectiveness study name	Implementation purpose	Implementation plan Draw	Completion day Expect
Validity studies as a condition for full approval in case of conditional approval (applicant under conditional approval (Fill in the communication content before the document is approved for listing)			

Mandatory effectiveness studies required by the regulatory agency (provided by the regulatory agency during the review process out)			
Other effectiveness studies committed/planned by the applicant			

5. Risk control measures

(Based on the safety overview, develop risks that match the risks of the drug

control measures. The purpose of implementing risk control measures is to reduce security risks by

Maximizing treatment benefits should not be at the expense of patients' access to treatment.

Costs should be minimized to minimize the burden and pressure on the medical system.

Risk control measures include conventional risk control measures and special risk control measures.)

5.1 General risk control measures

Routine risk control measures apply to all drugs, including scientific formulation and revision

Order drug inserts, labels, and packaging, and use appropriate drug prescription forms and management

physical status, etc.

Regular risk control measures are described according to the list of risks targeted:

risk name say	Routine risk control measures (For example, emphasize the usage and dosage, contraindications, warnings, precautions, adverse reactions, etc. in the instructions)
Risk 1	Corresponding content in the instructions (brief description, do not copy and paste all the text) Packaging dimensions and specifications of the specially ……
Risk 2	designed drug Corresponding contents (brief description, do not copy and paste all the text) Packaging dimensions and specifications of the specially designed drug ……

5.2 Special risk control measures

(Special risk control measures often include risk communications, education programs, patient Patient Diary, Prescription Restriction Program, Controlled Distribution, Disease/Drug Registry Recruitment Program, Contraceptive plans and more. Only when conventional risk control measures fail to achieve the desired results Only then will special risk control measures be implemented. Applicants may contact the Regulatory agencies communicate and discuss in advance whether special risk control measures need to be taken, What special risk control measures should be taken and the subsequent evaluation nodes to be reached Preliminary consensus.

If no special risk control measures are required, state it directly; if there are special risks controls, write the following content centered on the type of activity rather than the security issue content, the language should be as concise as possible.)

Name of the risk control measure	Related risks and implementation purposes	Implementation time limit (Latest start time)	Measure effectiveness evaluation time point

6. References

7. Appendix (Applicants can add according to actual situation)

7.1 Post-marketing study protocol (if applicable)

7.2 Specific implementation plan of risk control measures (if applicable)

7.3 Tools related to risk control measures (if applicable)