Salud
Secretaría de Salud

COFEPRIS
COMISIÓN FEDERAL PARA LA PROTECCIÓN CONTRA RIESGOS SANITARIOS

PHARMACOVIGILANCE GUIDE IN CLINICAL RESEARCH

March-2025

Change control: update to current institutional stationery

2025 Año de La Mujer Indígena

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Content

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1. INTRODUCTION

Clinical research as a scientific procedure is recent, as it is part of the process by which medicine adopts scientific procedures from the physical sciences. The adoption of this methodology led to the transition of medical procedures from technique to technology, that is, to the requirement for practice that is scientifically based on quantifiable objective evidence. Biomedical research was added to clinical research, which currently aims to validate pharmacological and clinical therapies, both diagnostic and therapeutic.

According to Article 96 of the General Health Law, health research is considered to include the development of actions that contribute to: I. Understanding the biological and psychological processes in human beings; II. Understanding the links between the causes of disease, medical practice, and the social structure; III. Preventing and controlling health problems considered a priority for the population; IV. Understanding and controlling the harmful effects of the environment on health; V. Studying the techniques and methods recommended or employed for the provision of health services; and VI. The national production of health supplies.

Now, in terms of pharmacological research, according to article 66 of the Regulations of the General Health Law on Health Research, it specifies that drug research in clinical pharmacology includes the sequence of studies that are carried out from the time they are first administered to humans until data are obtained on their therapeutic efficacy and safety in large groups of patients.

population. For this purpose, the following phases are considered:

PHASE I.- It is the administration for the first time of an investigational drug when healthy human, without diagnostic or therapeutic benefit, in single or multiple doses, in groups hospitalized children, to establish initial pharmacological parameters in humans;

PHASE II.- It is the administration of an investigational drug to a sick human being, in single or multiple doses, in small hospitalized groups, to determine its initial efficacy and other pharmacological parameters in the sick organism;

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PHASE III.- It is the administration of an investigational drug to large groups of patients (usually external), to define their therapeutic usefulness and identify adverse reactions, interactions and external factors that may alter the generalized and prolonged pharmacological effect.

PHASE IV: These are studies conducted after a drug is registered and authorized for sale. The purpose of these studies is to generate new information on the safety of the drug during widespread and long-term use. These studies are classified as interventional and non-interventional.

- **Phase IV clinical studies (interventional),** when in addition to new information on the safety of the drug, new indications, routes of administration, treatments, therapeutic combinations, and/or doses are sought.

- **Phase IV (non-interventional) studies** are observational studies conducted during regular use of the drug to determine the association between effects and causal factors and/or monitor its safety profile, in accordance with the conditions of its authorization.

According to numeral 4.17 of NOM 220-SSA1-2016, Installation and Operation of the Pharmacovigilance, Clinical study: is any research that is carried out on human beings humans and aims to discover or verify the clinical and pharmacological effects and/or other pharmacodynamic effects of an investigational product and/or identify any adverse reactions and/or study the absorption, distribution, metabolism and excretion with the aim of evaluating the efficacy and safety of an investigational medicinal product.

The benefit/risk balance of a drug or vaccine is based on its safety profile during clinical development and may change during marketing. Therefore, it is important to establish standardized guidelines for health registration holders, the principal investigator, sponsor, or clinical study lead, in order to generate the most comprehensive safety information prior to the authorization of the drug or vaccine of interest. The implementation of these guidelines is the responsibility of COFEPRIS.

Clinical studies allow us to understand and confirm the safety profile of a medicine or vaccine, both during the development of the product and once it has obtained its health registration and is used in clinical practice. In order to ensure that its

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benefit/risk balance is positive and therefore its use in the target population implies improvements in their health status and quality of life, it is of paramount importance that the results of such studies be presented to the regulatory authority.

Since adverse events related to the investigational product are common during clinical trials, and some of these events may impact its safety profile, it is essential that the regulatory authority have this and all information related to the risk of using the drug, so that, if necessary, it can take regulatory measures based on the reported data.

This guide seeks to allow the holder of the health registry, sponsors, researchers and those responsible for clinical studies to know the guidelines to which they must adhere in order to comply with the provisions of NOM-220-SSA1-2016, in what
regarding phase I, II and III clinical studies.

2.DEFINITIONS

Benefit/risk balance: the result of the evaluation of the positive therapeutic effects of the medicine or vaccine in relation to the risks.

Bioequivalence: the relationship between two pharmaceutical equivalents or pharmaceutical alternatives when administered under similar conditions they produce similar bioavailability.

National Pharmacovigilance Center (CNFV): the Evidence and Risk Management Commission, attached to the Federal Commission for the Protection against Health Risks, which is responsible, in accordance with applicable regulations, for issuing policies and guidelines for the operation of pharmacovigilance in the national territory.

Distinctive name: the name that a laboratory or manufacturer assigns as a trademark to its pharmaceutical specialties in order to distinguish them from other similar ones, subject to approval by the health authority and registration with the competent authorities.

Generic name: the name of the medicine or vaccine, determined through a pre-established method, which identifies the drug or active substance, internationally recognized and accepted by the health authority.

Amendment: any change to a document that is part of the research project or protocol, derived from variations to the methodological structure, replacement of the
principal investigator or upon identification of risks in research subjects.
Documents that may be amended include: project or protocol, informed consent letter, patient documents, measurement scales, and schedules.

Clinical study: any research carried out on human beings and which aims to discover or verify the clinical, pharmacological and/or other pharmacodynamic effects of an investigational product and/or identify any adverse reactions.
adverse and/or study the absorption, distribution, metabolism and excretion with the aim of
evaluate the efficacy and safety of an investigational drug. For the purposes
of this Standard, are divided into two types: a) intervention studies (also known as clinical trials) and b) non-intervention studies (observational studies). It includes the
Phase I, II, III and IV studies, as referred to in Article 66 of the Regulations of the General Health Law on Health Research.

Completed clinical study: This is a clinical study that has already been completed and for which the final report is available.

Biocomparability study: the tests, trials and analyses that are essential to demonstrate that a biotechnological drug test has the same
quality, safety and efficacy characteristics of a reference biotechnological medicine.

Adverse event (AE): Any undesirable medical occurrence that may occur in a research subject during the clinical research phase of a drug or vaccine but that does not necessarily have a causal relationship with it.

Event supposedly attributable to vaccination or immunization (ESAVI): to the(s)
Clinical manifestation(s) or medical event(s) that occur after vaccination and are supposedly attributed to vaccination or immunization. The timing will depend on each vaccine.

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Pharmacovigilance: activities related to the detection, evaluation,
Understanding and preventing adverse events, suspected adverse reactions,
adverse reactions, events allegedly attributable to vaccination or immunization, or any other safety issues related to the use of medicines and
vaccines.

Medication: any substance or mixture of substances of natural or synthetic origin that has a therapeutic, preventive, or rehabilitative effect, presented in pharmaceutical form and identified as such by its pharmacological activity and physical, chemical, and biological characteristics. When a product contains nutrients, it will be considered a medication, provided that it is a preparation that individually or in combination contains: vitamins, minerals, electrolytes, amino acids, or fatty acids, in concentrations higher than those of natural foods, and is also presented in a defined pharmaceutical form and the indication for use contemplates therapeutic, preventive, or rehabilitative effects. As established in article 221, section I, of the Law

General Health.

Investigational medicinal product or vaccine: the pharmaceutical form of an active substance or placebo that: a) is being tested in a clinical study, including products that already have a marketing authorisation but are used or assembled (formulated or packaged) in a manner different from the authorised form; b) is used

for an unauthorized indication and c) is used to obtain more information about the authorized form.

MedDRA: Medical Dictionary for Regulatory Activities
Dictionary for Regulatory Activities) is the international medical terminology developed under the auspices of the International Conference on Harmonization (ICH) of regulatory requirements.
technicians for the registration of pharmaceutical products for human use.

Notification: the action by which the CNFV is made aware of a Suspected Adverse Reaction to a Medication, Adverse Reaction to a Medication, AE,
ESAVI in the format issued for that purpose.

Safety profile: the result of the evaluation of the benefit/risk balance of the drug or vaccine, which is reflected in a document.

Av. Marina Nacional No. 60, 4th Floor, Colonia Tacuba, Miguel Hidalgo Territorial Demarcation, Mexico City, CP 11410

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Safety concern or safety issue: a significant identified risk, significant potential risk, or missing information for a drug or vaccine.
PT (Preferred Terms): is a well-differentiated descriptor (a single medical concept) for a symptom, sign, disease, diagnosis, therapeutic recommendation, complementary examination, medical or surgical procedure, and characteristics of medical, social or family history.

Adverse drug reaction (ADR): an unwanted response to a drug, in which the causal relationship with the drug is at least reasonably attributable.

Unexpected adverse reaction: an adverse reaction whose nature or severity is not described in the product's prescribing information or in the documentation submitted
for your health registration.

Individual case report: equivalent to a notification, which contains the report of one or more Suspected Adverse Drug Reactions, ADRs, AEs, AEFIs, or any safety issue related to the use of medications and vaccines that occurred with a medication or vaccine, which a patient presents at a specific point in time.

Clinical study safety report: A detailed document describing the frequency and incidence of adverse events occurring during the clinical study. This can be a follow-up report (all events occurring during the study) or

final (the one carried out at the end of the study).

Pharmacovigilance Officer: A healthcare professional trained in pharmacovigilance, responsible for coordinating and implementing pharmacovigilance activities. He or she will be the sole authorized representative in this area before the National Commission for the Promotion of Pharmacovigilance (CNFV), in accordance with applicable regulations.

Identified risk: an unwanted medical event for which there is sufficient evidence of an association with the drug or vaccine of interest.

Significant risk: an identified or potential risk that may have a negative impact on the product's benefit/risk balance or that has implications for public health.
What constitutes a significant risk will depend on several factors including the impact on the individual, the seriousness of the risk, and the impact on public health.

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Potential risk: an undesirable medical event for which there are grounds for assuming an association with the medication or vaccine of interest, but said association has not been confirmed.

Suspected adverse drug reaction (SDR): any undesirable clinical or laboratory manifestation that occurs after the administration of one or more medications.

Health registration holder or their legal representative in Mexico: the natural or legal person who holds the health registration granted by the Federal Commission for the Protection against Sanitary Risks for a medicine/vaccine, which complies with Article 168 of the Health Supplies Regulations and other applicable regulations.

Vaccine: a biological preparation intended to generate immunity against a disease by producing antibodies, to eliminate, prevent or control states.
pathological.

3. OBJECTIVES

3.1. GENERAL OBJECTIVE

- Establish the criteria for the preparation and submission of the documents established in numerals 8.3.1, 8.3.2 and 8.3.3 of NOM-220-SSA1-2016.
- Establish the guidelines to which the registration holders must adhere health, sponsors, researchers and those responsible for them, to give compliance with the provisions of NOM-220-SSA1-2016, regarding studies clinical phase I, II, III and bioequivalence.

3.2. SPECIFIC OBJECTIVES

- Specify the criteria and when the notice of commencement, notice of termination, and Completion of the clinical phase of the study, annual and final safety report, report of cancellation, suspension or definitive discontinuation of the study.
- Specify the criteria and necessary information that each section must contain of the annual, final and bioequivalence safety reports.

4. GENERALITIES

4.1. This guide is prepared based on the provisions of *NOM-220-SSA1-2016, Installation and operation of pharmacovigilance,* therefore, none of the points of the structure established in this guide should be omitted.

4.2. The information must be submitted electronically (in PDF format), in the language Spanish and will only apply to clinical studies that have a Research Center in Mexico.

4.3. The holders of the health registry or their legal representatives in Mexico must comply with all pharmacovigilance activities established by NOM-220-SSA1-2016, *Installation and Operation of Pharmacovigilance* Related to Clinical Studies. If these activities are delegated to the Research Center conducting the study and this has been mutually agreed upon, the activities must be reported by only one of the parties to avoid duplication of information.

4.4. It should be taken into account that the frequency of delivery of the annual safety report of a clinical study is established from the first authorization national study, as established in section 8.3.3.3.1. *NOM-220-SSA1-2016, Installation and operation of pharmacovigilance.*

4.5. Clinical studies conducted at Health Institutes and authorized by COFEPRIS must comply with the provisions of this guide.

5.STRUCTURE OF DOCUMENTS RELATING TO CLINICAL STUDIES

The procedures must be submitted in writing to the Comprehensive Service Center (CIS) of COFEPRIS, addressed to the Executive Director of Pharmacopoeia and Pharmacovigilance.

5.1. SUBMISSION LETTER

You must include the following information in full:

- **Type of procedure:** specify the type of procedure to be submitted (notice of authorization, notice of cancellation, suspension, discontinuation and/or resumption of clinical studies, annual follow-up safety report, notice of completion of the clinical stage, final safety report).

- **Regulatory background** must name under which numeral of NOM-220-SSA1-2016, Installation and operation of pharmacovigilance document is being submitted.
- **Generic name of the** medicine or vaccine or identification code of the study drug (if applicable).
- **Distinctive name** of the drug, vaccine or identification code of the drug under study (if applicable).

- **Pharmaceutical form** of the medicine or vaccine.
- **Health registration number** or number of the Recognition Office Orphan Drug (when applicable).
- **Protocol number** authorized by the Health Authorization Commission (CAS).
- **Full title** of the study according to the Authorization Letter issued by the CAS.
- **Format** in which the procedure is submitted (CD/USB).
- **List of the electronic files that make up the procedure,** which must be all documents must be included and must be included in PDF format.
- **Complete and authorized data of the person in charge and the Unit of Pharmacovigilance**

  a) Name and signature of the person responsible

  b) Pharmacovigilance Unit (Company name)

  c) Address

  d) Telephone number and extension (if applicable)

  e) Email

  Note: In case a collaboration agreement is presented, inform who will be the person responsible for pharmacovigilance activities for that study.

5.2. ANNUAL SAFETY REPORT

ÿ SUBMISSION WRITING : In accordance with the provisions of section 5.1 of this guide.

ÿ COVER OF THE ANNUAL SAFETY REPORT

Title Title of the protocol authorized by the CAS.	
Protocol No. Place it according to the authorization by the CAS.	
Generic name Generic name of the medicine or vaccine or **product** key identification of the drug (include the therapeutic group with ATC code).	
Denomination distinctive of the product	Distinctive name of the drug or vaccine to be studied (if applicable).
Holder of the health registration or Name of the researcher or center of Investigation	Responsible for the submission of information regarding clinical studies.
Sponsor of the study	If the sponsor is the registered owner, repeat the information in the previous box.
Approval Date Date on which it was approved by the Authorization Commission Sanitary	
Start date of the clinical stage When applicable.	
Reporting period dd/mm/yyyy to dd/mm/yyyy	
Responsible for the Unit of Pharmacovigilance or the person responsible for the study	Full name, contact information and signature.

ÿ RESEARCH OBJECTIVES

This section should include the objective(s) of the research.

ÿ TABLES FOR PHASE I, II AND III STUDIES.

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Tel: (55) 50 80 52 00 www.gob.mx/cofepris

A) For serious AEs presented in the Mexican population.

NOTIFICATION NO.	SHIPPING DATE TO THE CNFV	GENDER PATIENT	AGE OF THE PATIENT	EA (PT)	EA, ESAVI AND PROBLEMS OF SECURITY RELATED OR UNRELATED
EC/XXXXX/00202/2020	04/01/2020	Male	73 years old	Colon tumor	Unrelated
				Anaphylactic shock related	
				Tachycardia	Unrelated
EC/XXXXX/00202/2019/S4	04/01/2020	Female	65 years old	Purple	related
				Unrelated hypersensitivity	
EC/XXXXX/00223/2020/S2	April 10, 2020	Male	85 years old	Arrhythmia	related
EC/XXXXX/00230/2020	April 22, 2020	Male	70 years	Diarrhea	related
				Syndrome of Stevens-Johnson	unrelated

Note: (The contents of the tables are filled out as an example, for greater clarity).

B) For serious AEs presented abroad during the period dd/mm/yyyy to dd/mm/yyyy.

COUNTRY	MOLECULE OR KEY STUDY	EA (PT)	NUMBER OF SERIOUS AEs PER GENDER		ACCUMULATED OF EA GRAVES
			MALE	FEMALE	
Holland	Ck2814	Anaphylactic shock	20	32	52
		Hypersensitivity	7	3	10
		Tachycardia	17	43	60
Spain	GAMABETA	Purple Thrombocytopenic	1	4	5
		Stevens syndrome Johnson	21	19	40
England	Ck2814	Arrhythmia	17	13	30
		Tachycardia	13	12	25

Note: (The contents of the tables are filled out as an example, for greater clarity).

C) Other security information detected.

Inclusion of new Research Centers
Principal Investigator
Approval date
Research Center

Any relevant safety information for both the protocol and the investigational molecule was authorized. 24 October 2019, an amendment to
the study with Protocol No. 234EDS was authorized.

Note: (The contents of the tables are filled out as an example, for greater clarity).

Note:

ÿ If you do not have the information requested in the tables, draw a line that indicate that they are being cancelled.

ÿ If information is missing from any section, the reason for this must be justified. absence.

5.3. FINAL SECURITY REPORT

ÿ SUBMISSION WRITING: According to the provisions of section 5.1 of this guide.

ÿ COVER OF THE FINAL SECURITY REPORT

Title Title of the protocol authorized by the CAS.	
Protocol No. Place it according to the authorization by the CAS.	
Denomination generic product	Generic name of the medicine or vaccine or drug identification code (include the therapeutic group with ATC code).
Denomination distinctive of the product	Distinctive name of the drug or vaccine to be studied (if applicable).
Holder of the health registry	Holder of the health registry (when applicable).
Study sponsor	If the sponsor is the registered owner, repeat the information in the previous box.
Approval Date Date according to the issuance of the Authorization Letter issued by the CAS. dd/mm/yyyy.	
Start date of the clinical stage	
End date of the clinical stage	Date dd/mm/yyyy.

Responsible for the Unit of Pharmacovigilance or the person responsible for the study	Full name, contact information.

ÿ TABLE OF CONTENTS

In this section, a paginated index will be created, which must include all the sections included in the final report.

ÿ LIST OF ABBREVIATIONS

They must make an alphabetical list of each of the abbreviations used in the report text with their respective meanings.

ÿ LIST OF ANNEXES

They must be listed and included in the electronic device (in PDF format) in a folder separate from the final report.

ÿ OBJECTIVES

This section should include the objective(s) of the research.

ÿ RESULTS

TABLES FOR PHASE I, II AND III STUDIES.

A) Serious AEs presented in the Mexican population should be included in the following board:

NOTIFICATION NO.	SHIPPING DATE TO THE CNFV	GENRE OF THE PATIENT	AGE OF THE PATIENT	EA (PT)	CAUSALITY	EA, ESAVI AND EA PROBLEMS , ESAVI AND PROBLEMS OF SECURITY UNEXPECTED OR EXPECTED
EC/XXXX/00121/2020	04/01/2020	Male	73 years old	Vomit	Possible	Expected
				Probable Anaphylactic Shock		Unexpected
				Tachycardia	Likely	Unexpected
EC/XXXX/00202/2020/S4	04/01/2020	Female	65 years old	Vomit	Possible	Expected
				Possible Hypersensitivity		Expected
EC/XXXX/00223/20/S2	April 10, 2020	Male	85 years old	Headache	Doubtful	Unexpected
	April 22, 2020	Male	70 years	Diarrhea	Possible	

EC/XXXX/00200/2020				Syndrome of Stevens-Johnson	Doubtful	Unexpected

Note: (The content of the tables is filled out as an example, for greater clarity)
clarity).

B) Non-serious AEs presented in the Mexican population should be included in the following board:

NOTIFICATION NO .	GENRE OF THE PATIENT	AGE OF THE PATIENT	EA (PT)	CAUSALITY	SEVERITY	EA, ESAVI AND PROBLEMS OF UNEXPECTED SECURITY OR EXPECTED
EC/XXXX/00134/2019	Male	73 years old	Vomit	Possible	Mild	Expected
EC/XXXX/0024/2019	Female	66 years old	Vomit	Possible	moderate	Expected
EC/XXXX/0334/2019	Male	45 years	Headache	Doubtful	Mild	Unexpected
EC/XXXX/00354/2019	Male	55 years old	Diarrhea	Possible	Moderate	Expected

Note: (The contents of the tables are filled out as an example, for greater clarity).

C) Serious AEs presented abroad must be included in the following table:

COUNTRY	MOLECULE OR MEDICINE IN STUDY OR PLACEBO	EA (PT)	NUMBER OF SERIOUS AEs PER GENDER		ACCUMULATED OF EA GRAVES
			MALE	FEMALE	
Holland	Ck2814	Anaphylactic shock	20	32	52
		Hypersensitivity	7	3	10
		Tachycardia	17	43	60
Spain	Placebo	Vomit	1	4	5
		Stevens-Johnson syndrome	21	19	40
England	Ck2814	Myalgia	17	13	30
		Tachycardia	13	12	25

Note: (The contents of the tables are filled out as an example, for greater clarity).

D) Table summarizing the AEs of the entire study, must include information according to the following example:

EA (PT)	NUMBER OF CASES GRAVES	NUMBER OF CASES NO GRAVES	EA 'S TOTAL CUMULATIVE (PT)
Vomit	50	100	150
Myalgia	10	50	60
Tachycardia	5	20	25
Diarrhea	60	150	210
Headache	40	90	130
Nausea	30	120	150
Pruritus	25	110	135

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Total	**220**	**640**	**860**

Note: The contents of the tables are filled out as an example, for greater clarity.

ÿ ANALYSIS OF THE RESULTS

This section should include a general evaluation of the results obtained during the study, including comorbidities, concomitant treatments or other factors that explain the results related to the benefit/risk balance assessment.

The discussion of the observations made throughout the study should also be described and detailed, presenting the logical deduction of the data obtained that allows the result of the research to be shown.

ÿ CONCLUSIONS

The final result of the study, whether the established objectives were met, and the verification of the presented hypothesis (when applicable) must be specified.

ÿ ANNEXES

They must be attached along with the report, within the same electronic device in PDF format, as separate files.

In PDF format, the simple copy of the Clinical Studies Approval Letter issued by the CAS.

Note:

ÿ If you do not have the information requested in the tables, draw a line that indicate that they are being cancelled.

ÿ If information is missing from any section, the reason for this must be justified. absence.

5.4. FINAL SAFETY REPORT FOR BIOEQUIVALENCE STUDIES

ÿ SUBMISSION WRITING: IN ACCORDANCE WITH SECTION 5.1 OF THIS GUIDE

ÿ COVER OF THE BIOEQUIVALENCE REPORT

Title Title of the protocol authorized by the CAS.	
Protocol No. Place it according to the authorization by the CAS.	
Medication of reference and medication of proof	Reference Drug: _____ Test Drug: _____
Registration holder sanitary	Holder of the health registry (when applicable).
Study Sponsor In case the sponsor is the registration holder, repeat the information from the previous box.	
Approval Date Date in accordance with the issuance of the Authorization Letter issued by the CAS.	
Head of the Unit Pharmacovigilance or the person responsible for the study	Full name, contact information and signature.

ÿ OBJECTIVES

This section should include the objective(s) of the research.

ÿ RESULTS

This section should describe the national AEs of both the reference drug and the test drug, presented during the development of the study.

In addition, you must include the following information:

ÿ TABLES FOR BIOEQUIVALENCE STUDIES

A) For the final safety report of bioequivalence studies, the following must be submitted:
the information according to the following example:

NOTIFICATION NO.	MEDICINE REFERENCE / MEDICINE TEST	GENDER OF THE PATIENT	AGE OF THE PATIENT	GRAVITY OF THE NOTIFICATION	EAY ISSUES OF SECURITY (PT)	SEVERITY CAUSALITY		EA,ESAVIY PROBLEMS SECURITY UNEXPECTED OR EXPECTED
EC/XXXXX/00121/2019	Reference	Female 40 years old		Serious	Vomit	Mild	Possible	Expected
					Moderate Probable Myalgia			Unexpected
					Severe Tachycardia		Likely	Unexpected
EC/XXXXX/00132/2020	Proof	Male 50 years old		Serious	Vomit	Mild	Possible	Expected
					Possible Moderate Diarrhea			Expected
EC/XXXXX/00223/2020	Proof	Male 33 years old Not serious			Pain	Moderate Doubtful		Unexpected
EC/XXXXX/00230/2020	Proof	Female 37 years old Not serious Vomiting Moderate Possible						Expected

					Nausea	Mild	Likely	Expected
	Proof				Headache	Severe	Doubtful	Unexpected
EC/XXXXX/00325/2020		Male 65 years old	Not serious		Drowsiness to	Mild	Possible	Expected
EC/XXXXX/00350/2020	Proof	Female 36 years old		Serious	Severe Tachycardia		Likely	Unexpected
					Moderate Dizziness	Probable		Unexpected
EC/XXXXX/00385/2020	Proof	Male 45 years old	Not serious		Moderate Itching	Possible		Expected
					Vomit	Mild	Possible	Expected
EC/XXXXX/00400/2020	Test	Male 20 years old	Not serious		Diarrhea	Moderate	Possible	Expected
					Nausea	Mild	Likely	Expected

Note: (The contents of the tables are filled out as an example, for greater clarity).

ÿ ANALYSIS OF THE RESULTS

This section should include a general evaluation of the results obtained during the study.

The discussion of the observations made throughout the study should also be described and detailed, presenting the logical deduction of the data obtained that allows the result of the research to be shown.

ÿ CONCLUSIONS

The final result of the study, whether the established objectives were met, and the verification of the presented hypothesis (when applicable) must be specified.

ÿ ANNEXES

They must be attached along with the report, within the same electronic device in PDF format, as separate files.

- In PDF format the simple copy of the Approval Office of the clinical studies issued by the CAS.

Note:

ÿ If you do not have the information requested in the tables, draw a line that indicate that they are being cancelled.

ÿ If information is missing from any section, the absence must be justified.

6. GUIDELINES

6.1. **Authorization Notice:** You must submit a submission form as indicated in section 5.1 of this guide and include a copy of the clinical study authorization issued by the CAS. The DEFFV will issue an acknowledgment of receipt of the authorization notice, which can be downloaded from the Comprehensive Service Center of the Federal Commission for the Protection Against Health Risks website, where the user can view and print the image of said information.

6.2. **Notice of commencement of clinical phase study:** The CNFV shall not be notified of the commencement of any type of study (phase I, II, III or Bioequivalence), since this is not an activity established in *NOM-220-SSA1-2016, Pharmacovigilance Installation and Operation.* This information must be included in the annual or final report as appropriate.

6.3. **Cancellation/discontinuation/suspension of the clinical phase:** You must submit a submission form as indicated in section 5.1 of this guide.

Likewise, the reasons for the cancellation, discontinuation, or suspension of the clinical study must be explained, and a copy of the Cancellation/Discontinuation/Suspension of the Clinical Study issued by the CAS must be included. In the event of suspension of the clinical phase, if it is necessary to resume the research phase, the CNFV must be informed and the tentative dates indicated.

6.4. **Clinical phase completion notice:** You must submit a submission form as indicated in section 5.1 of this guide. The DEFFV will issue an acknowledgment of receipt for the clinical phase completion notice, which will be downloaded from the Comprehensive Service Center of the Federal Commission for the Protection Against Health Risks website, where users can view and print the image of this information.

6.5. **The final security report** must be submitted to the CNFV when any of the following situations occur:

- ÿ At the conclusion of a study that included at least one research center in Mexico.
- ÿ In the event of cancellation, discontinuation or permanent suspension of the study.
- ÿ At the conclusion of a Bioequivalence, bioavailability and pharmacokinetic study.

7.REFERENCES

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