Oracle Argus Safety China NMPA E2B(R3) Best Practices





Oracle Argus Safety China NMPA E2B(R3) Best Practices, Release 8.4

F51739-01

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Preface

This preface contains the following sections:

- · Documentation accessibility
- · Diversity and Inclusion
- Related resources
- Access to Oracle Support

Documentation accessibility

For information about Oracle's commitment to accessibility, visit the Oracle Accessibility Program website at http://www.oracle.com/pls/topic/lookup?ctx=acc&id=docacc.

Diversity and Inclusion

Oracle is fully committed to diversity and inclusion. Oracle respects and values having a diverse workforce that increases thought leadership and innovation. As part of our initiative to build a more inclusive culture that positively impacts our employees, customers, and partners, we are working to remove insensitive terms from our products and documentation. We are also mindful of the necessity to maintain compatibility with our customers' existing technologies and the need to ensure continuity of service as Oracle's offerings and industry standards evolve. Because of these technical constraints, our effort to remove insensitive terms is ongoing and will take time and external cooperation.

Related resources

For information about Oracle Argus patches, see My Oracle Support.

All documentation and other supporting materials are available on the Oracle Help Center.

Access to Oracle Support

To receive support assistance, determine whether your organization is a cloud or onpremises customer. If you're not sure, use Support Cloud.

Cloud customers receive support assistance through Support Cloud

Oracle customers that have purchased support have access to electronic support through Support Cloud.

Contact our Oracle Customer Support Services team by logging requests in one of the following locations:



- English interface of Oracle Health Sciences Customer Support Portal (https:// hsgbu.custhelp.com/)
- Japanese interface of Oracle Health Sciences Customer Support Portal (https:// hsgbu-jp.custhelp.com/)

You can also call our 24x7 help desk. For information, visit http://www.oracle.com/us/support/contact/health-sciences-cloud-support/index.html or visit http://www.oracle.com/pls/topic/lookup?ctx=acc&id=trs if you are hearing impaired.

On-premises customers receive support assistance through My Oracle Support

Oracle customers that have purchased support have access to electronic support through My Oracle Support. For information, visit http://www.oracle.com/pls/topic/lookup?ctx=acc&id=trs if you are hearing impaired.



Revision history

Argus version	Description
8.2.3.1	First release
8.4	Added point 5 in the Observation during NMPA testing chapter



Introduction

This document lists best practices and recommendations for generating NMPA E2B(R3) report from Argus.

The National Medical Products Administration (NMPA), formerly known as the China Food and Drug Administration or CFDA, published the Regional Implementation Guide for the Electronic Transmission of Individual Case Safety Reports E2B(R3) Data Elements and Message Specification on November 22, 2019.

The guidelines include the following:

- The post-marketing ICSRs need to be submitted to NMPA in the E2B(R3) format along with the regional elements to comply with the final Implementation Guide. This is optional from July 01, 2019 and mandatory from July 1, 2022.
- The SUSAR (Suspected Unexpected Serious Adverse Reactions) ICSRs from clinical trials approved on or after May 1, 2018 must be transmitted in E2B(R3) format based on the ICH guidelines in Chinese for Narratives and Reaction reported by source (without regional elements). This is optional from May 01, 2018 and mandatory from May 01, 2019.



NMPA has not published yet the effective date for submitting the SUSAR ICSRs in E2B(R3) format along with the regional elements (as of November 2021). For more information about the steps to create the E2B(R3) reports for clinical trial cases, refer to the article 2393471.1 on My Oracle Support.

It is recommended to switch to the NMPA E2B(R3) out-of-the-box profile for clinical trial cases only after NMPA publishes the effective date.

Argus supports out-of-the-box E2B(R3) profile to submit PMSR and CT cases to the China Health Authority NMPA.

The implementation guide defines 19 China specific E2B(R3) regional data elements and business rules regarding the submissions of E2B(R3) to the Center for Drug Re-evaluation, NMPA, and to the Center for Drug Evaluation, NMPA.

Element ID	Element description (English)	Element description (Chinese)
C.1.CN.1	Source of Report	报告来源
C.1.CN.2	Report Categories	报告分类
C.1.CN.3	Holder Identification	持有人标识
C.2.r.CN.1	Reporter's Email	电子邮箱
D.CN.1	Minority	民族



Element ID	Element description (English)	Element description (Chinese)
D.CN.2	Race	种族
D.CN.3	Medical Institution Name	医疗机构名称
D.CN.4	Nationality	国籍
D.CN.5	Patient Telephone	患者电话
D.CN.6	Pregnancy Description	妊娠相关描述
G.k.CN.1	Generic Name of Drug	通用名
G.k.CN.2	Related Device	相关器械
G.k.CN.3	Is the product owned by the holder?	是否为本持有人产品(必要时重复)
G.k.CN.4	Approval/Acceptance Number	批准文号/受理号
G.k.4.r.CN.1	Expiration Date/ Date of Expiry	失效日期/有效期至
G.k.9.i.CN.1	Is Reaction unexpected?	是否非预期
G.k.9.i.CN.2	Did the reaction disappear or was the reaction relieved after the drug was withdrawn or the dose was reduced?	停药或减量后 · 反应是否消失或减轻?
G.k.9.i.2.r.CN.1	Original Reporter/ Source of Assessment	初始报告人/上市许可持有人评估来源
G.k.9.i.2.r.CN.2	Result of Assessment	评估结果

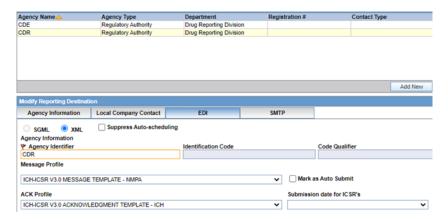


Reporting destinations setup

The Center for Drug Evaluation (CDE) and the Center for Drug Reevaluation (CDR) are two NMPA agencies.

CDE is responsible with submitting clinical trial reports and CDR is responsible with submitting post-marketed reports.

To achieve this, set up two different reporting destinations with agency identifiers in Argus.





Reporting rules setup

Each report to NMPA has to be routed to the CDE/CDR Receiver Identifier depending on the case data, such as: Report Type, Primary Reporter Country and Observe Study Type.



Reporting rules should be set up in Argus with advanced conditions.

The below table displays some sample reporting rules.

Country	License type	Agency	Rule name	Timeframe calendar days	Advanced condition
China	Marketed Drug	CDR	Death/LT ADR Domestic	7	Primary Reporter Country = China Report Type = Spontaneous
China	Marketed Drug	CDR	Serious ADR Domestic	15	Primary Reporter Country = China Report Type = Sponsored Trial Observe Study Type = Individual Patient Use or Other Studies
United States	Marketed Drug	CDR	Death/LT Foreign	7	Primary Reporter Country <> China Report Type = Spontaneous
United States	Marketed Drug	CDR	Serious ADR Foreign	15	Primary Reporter Country <> China Report Type = Sponsored Trial Observe Study Type = Individual Patient Use or Other Studies



Country	License type	Agency	Rule name	Timeframe calendar days	Advanced condition
China	Investigational Drug	CDE	SUSAR CT Domestic	30	Primary Reporter Country = China Report Type = Sponsored Trial Observe Study Type = Clinical Trial
United States	Investigational Drug	CDE	SUSAR CT Foreign	30	Primary Reporter Country <> China Report Type = Sponsored Trial Observe Study Type = Clinical Trial

The following table describes the set of criteria for the Report Category (C.1.CN.2). All mappings, validations and conformance are formed based on this criteria.

C.1.CN.2 Reporting Category	Criteria		
Domestic Study Case (NMPA code = 11)	 Cases that have REPORTTYPE [C.1.3] = 2, OBSERVESTUDYTYPE [C.5.4] = 1 and REPORTERCOUNTRYR3 [C.2.r.3] for Primary Reporter = CN 		
Domestic Post-Market Case (NMPA code = 12)	 Cases that have REPORTTYPE [C.1.3] = 2, OBSERVESTUDYTYPE [C.5.4] = 2 or 3 and REPORTERCOUNTRYR3 [C.2.r.3] for Primary Reporter = CN Cases that have REPORTTYPE [C.1.3] <> 2 and REPORTERCOUNTRYR3 [C.2.r.3] for Primary Reporter = CN 		
Foreign Study Case (NMPA code = 21)	 Cases that have REPORTTYPE [C.1.3] = 2, OBSERVESTUDYTYPE [C.5.4] = 1 and REPORTERCOUNTRYR3 [C.2.r.3] for Primary Reporter <> CN 		
Foreign Post-Market Case (NMPA code = 22)	 Cases that have REPORTTYPE [C.1.3] = 2, OBSERVESTUDYTYPE [C.5.4] = 2 or 3 AND REPORTERCOUNTRYR3 [C.2.r.3] for Primary Reporter <> CN Cases that have REPORTTYPE [C.1.3] <> 2 and REPORTERCOUNTRYR3 [C.2.r.3] for Primary Reporter <> CN 		



Set up an E2B(R3) profile for ICSR and ACK

To generate NMPA E2B(R3), set the **Message Profile** to **ICH- ICSR V3.0 MESSAGE TEMPLATE – NMPA** in the Reporting Destination section.

To import NMPA ACK, set the **Acknowledgment Profile** to **ICH-ICSR V3.0 ACKNOWLEDGEMENT TEMPLATE – ICH** in the Reporting Destination section.



Note:

The ACK ICH-ICSR V3.0 ACKNOWLEDGEMENT TEMPLATE – ICH profile is created using the new R3 framework and is designed to be used with the ICSR R3 profiles like NMPA.

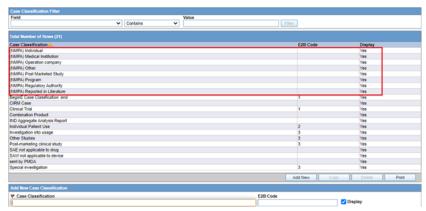
Source of Reports (C.1.CN.1)

REPORTSOURCE [C.1.CN.1] is used to identify from where the sender obtained the adverse reaction.

In Argus Console > Code Lists > Argus > Case Classification folder, the Case Classification standard code list includes the values required for REPORTSOURCE [C.1.CN.1].



Review and update should be done based on your company requirement. You can update the description or choose to set Display = No.



In Argus Console > Code Lists > Flexible Data Re-Categorization > Flexible Re-Categorization folder > CASE_CLASSIFICATION Code List Name, the CASE_CLASSIFICATION flexible code list includes the NMPA attribute with the set of values allowed by NMPA.



The NMPA attribute values should not be altered.





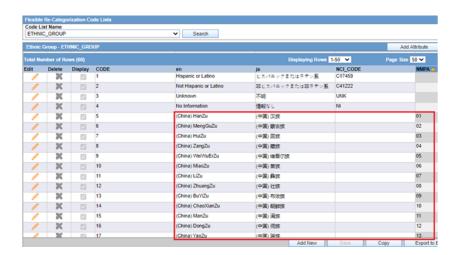
Minority (D.CN.1)

In Argus Console > Code Lists > Flexible Data Re-Categorization > Flexible Re-Categorization folder > **ETHNIC_GROUP** Code List Name, the ETHNIC_GROUP flexible code list includes the China ethnic groups along with the NMPA attributes: 01 to 56, according to the values allowed by NMPA.

These 56 ethnic groups are displayed in the Case Form window, on the Patient tab, in the Patient Information section, in the Ethnic Group field.



The NMPA attribute values should not be altered.



Race (D.CN.2)

In Argus Console > Code Lists > Argus > Ethnicity folder, the Ethnicity standard code list includes the Australian value required for PATIENTRACE [D.CN.2]. The other required NMPA values are already available in the Argus Ethnicity code list.

In Argus Console > Code Lists > Flexible Data Re-Categorization > Flexible Re-Categorization folder > **ETHNICITY** Code List Name, the ETHNICITY flexible code list includes the NMPA attribute with the set of values allowed by NMPA.



Review and update should be done according to your company requirement. You may update the description or add the NMPA attribute for other Ethnicity options.





Approval/Acceptance Number (G.k.CN.4)

For post-marketed cases, G.k.CN.4 is transmitted with the license number configured in the Product and Licenses window based on the product and the license for which the report is generated.

The License number should be configured as required by NMPA in the Console, in the Product and License window, License# field.

For clinical trial cases, G.k.CN.4 is transmitted with the application number configured on the Studies Configuration window in the Clinical References section based on the below logic. The Clinical References section should be configured so that G.k.CN.4 is transmitted as required by NMPA:

- Use Reference Type = CT Approval Number and Country = China
- Configure Reference Number in the format <License number>_<Application number>

For more details, refer to the business rule defined for G.k.CN.4 in the E2B(R3) export mapping document.



Result of Assessment (G.k.9.i.2.r.CN.2)

In Argus Console > Code Lists > Flexible Data Re-Categorization > Flexible Re-Categorization folder > **CAUSALITY_CATEGORY** Code List Name, Argus Flexible code list includes new NMPA attribute and values.

When a Medical Reviewer assesses the Causality as Reported Result and Causality as Determined Result column, in the Case Form window, on the Event tab, on the Event Assessment tab, the NMPA specific codes are populated by the out-of-the-box mapping logic in the CNRESULTASSESS [G.k.9.i.2.r.CN.2].

What this means to business users: No additional data entry required (and derived from existing Causality Result).



E2B(R3) elements with data in Chinese

NMPA mandates to transmit data for certain elements in Chinese. Argus supports multilanguage data entry as required by NMPA.

The following fields are enhanced in Argus 8.2.3.1 to support multi-language data entries:

- Case Form > General tab > Reporter Information section > Institution
- Case Form > Patient or Parent tab > Pregnancy Information section > Delivery Notes
- Case Form > Products tab > Product Information section > Product Name
- Case Form > Product > Product Information > Generic Name

The below code list is enhanced to add the Chinese name for the manufacturer list. The Chinese name should be configured because it is required to transmit the DRUGAUTHORIZATIONHOLDER [G.k.3.3]:

 Argus Console > Code Lists > Flexible Data Re-Categorization > Flexible Re-Categorization folder > MANUFACTURER Code List Name



For all other elements that need Chinese data, Argus already supports multilanguage data entry. The NMPA E2B(R3) mappings are updated to use Chinese data to transmit the elements. For more details, refer to the E2B(R3) mapping document.

The following table describes the list of elements with mandatory Chinese data:

#	Element description	Element conformance	Type of case
1	Name of Medical Institution/ Distributor (D.CN.3)	Optional	All cases
2	Pregnancy Description (D.CN.6)	Optional	All cases
3	Autopsy-determined Cause(s) of Death (free text) (D.9.4.r.2)	Conditional Mandatory	Domestic cases (Post marketed and Clinical trial)
4	Generic name of the drug (G.k.CN.1)	Conditional Mandatory	Domestic cases (Post marketed and Clinical trial) Foreign cases (Clinical trial)
5	Related device (G.k.CN.2)	Optional	All cases
6	Medicinal Product Name (G.k.2.2)	Mandatory	Domestic cases (Post marketed) Foreign cases (Post marketed)



Element description	Element conformance	Type of case
Name of holder/applicant (G.k.3.3)	Optional	All cases (The name of the company registered with NMPA. It may be all English characters if registered likewise)
Pharmaceutical form (G.k.4.r.9.1)	Optional	All cases
Route of Administration (G.k.4.r.10.1)	Optional	All cases
Parent Route of Administration (G.k.4.r.11.1)	Optional	All cases
Case Narrative (H.1)	Mandatory	Domestic cases (Post marketed and Clinical trial)
Reporter Comments (H.2)	Optional	Domestic cases (Post marketed and Clinical trial)
Sender Comments (H.4)	Optional	Domestic cases (Post marketed and Clinical trial)
	Name of holder/applicant (G.k.3.3) Pharmaceutical form (G.k.4.r.9.1) Route of Administration (G.k.4.r.10.1) Parent Route of Administration (G.k.4.r.11.1) Case Narrative (H.1) Reporter Comments (H.2)	Name of holder/applicant (G.k.3.3) Pharmaceutical form (G.k.4.r.9.1) Route of Administration (G.k.4.r.10.1) Parent Route of Administration (G.k.4.r.11.1) Case Narrative (H.1) Mandatory Reporter Comments (H.2) Optional



Observations during NMPA testing

Oracle tested the post-marketed ICSRs generated using the NMPA out-of-the-box profile in Argus 8.2.3.1.

This testing was performed by submitting the XMLs to the NMPA test gateway and by receiving ACKs from NMPA.



NMPA does not allow software vendors to create test accounts, so Oracle was helped by Argus customers to perform it.

The below observations were made during the NMPA testing:

NMPA has a hard validation to check if RECEIVEDATER3 [C.1.4] and RECEIPTDATER3
[C.1.5] are transmitted with the same value for the initial reporting. If the values are
different for the initial reporting, then a negative ACK is received. It may be a valid
scenario to have these dates different when the initial information is received and it is not
reportable, and then when the follow-up information is received at a different date and it
becomes reportable.

Argus customers discussed with NMPA to clarify if they remove this validation, but at this moment, NMPA does not plan to remove it.



RECEIVEDATER3 [C.1.4] and RECEIPTDATER3 [C.1.5] should be transmitted with the same value for the initial reporting.

2. NMPA has a hard validation to check if REACTIONSTARTDATER3 [E.i.4] is later than RECEIVEDATER3 [C.1.4]. ICSR is rejected when E.i.4 has date/time components and the date is the same in both elements. ICSR is accepted when E.i.4 has only a date component and the date is the same in both elements.



RECEIVEDATER3 [C.1.4] and RECEIPTDATER3 [C.1.5] should be transmitted with the same value for the initial reporting.

3. The NMPA Implementation Guide states that DRUGAUTHORIZATIONHOLDER [G.k.3.3] should be provided in Chinese. During testing, it was observed that DRUGAUTHORIZATIONHOLDER [G.k.3.3] should be the name of the company registered with NMPA. It could have English, Chinese or mixed characters. NMPA accepts as a log the registered company name as it is.



Note:

The company name should be carefully registered with NMPA in the Console > Code Lists drop-down menu > Flexible Data Recategorization option > Flexible Re-Categorization folder > MANUFACTURER Code List Name > cn attribute.

4. NMPA has a hard validation to check if COMPANYNUMB [C.1.8.1] is the same as any previously submitted XML, but with different SAFETYREPORTID [C.1.1]. In this scenario, ICSR is rejected. The same case can be submitted from multiple companies with the same C.1.8.1 and with different C.1.1. However, within a company, C.1.1 should be the same.

Note:

Ensure that the E2B company number is deleted from the Case references section while copying a case in Argus that has submitted the E2B report. Thus, you avoid sending the same COMPANYNUMB [C.1.8.1] as any previously submitted XML, but with different SAFETYREPORTID [C.1.1].

5. NMPA has a hard validation to check if RECEIVEDATER3 [C.1.4] and RECEIPTDATER3 [C.1.5] are transmitted with the same value for the nullification reporting. If the values are different, then a negative ACK is received. It may be a valid scenario to have different dates with the initial information received first and then the follow-up information, nullifying the case at a later date. This can be achieved by ensuring that the follow-up received date is the same as the initial receipt date while nullifying the case.

Note:

RECEIVEDATER3 [C.1.4] and RECEIPTDATER3 [C.1.5] should be transmitted with the same value for the nullification reporting.



Frequently asked questions

This chapter contains the most frequently asked questions about NMPA.

- Can the OOTB Argus E2B(R3) NMPA profile be used to submit post-marketed and clinical trial ICSRs to NMPA?
- What should you consider when sending the EDQM terms in Route of Administration and Dosage Formulation elements?

Can the OOTB Argus E2B(R3) NMPA profile be used to submit post-marketed and clinical trial ICSRs to NMPA?

No, the OOTB Argus E2B(R3) NMPA profile is developed based on the Implementation Guide published by NMPA, which includes 19 regional elements in the E2B(R3) report. Although the Implementation Guide is applicable for both post-marketed and clinical trial ICSRs, the NMPA has not published the mandatory date for submitting the SUSAR ICSRs in E2B(R3) format along with the regional elements (as of November 2021). For post-marketed ICSRs, use the OOTB Argus E2B(R3) NMPA profile.

For clinical trial ICSRs, use the ICH R3 profile configured to transmit narratives and reported terms in Chinese language. For more information about the steps, refer to the article 2393471.1 on My Oracle Support. Once NMPA announces the effective date for submitting the clinical trial ICSRs, including the 19 regional elements, then the OOTB Argus E2B(R3) NMPA profile is used.

What should you consider when sending the EDQM terms in Route of Administration and Dosage Formulation elements?

Refer to the Best Practices Document Usage of EDQM Routes of Administration (RoA) and Dose Forms (DF) published as part of Argus 8.2.3.1 release.