الهيئة العامة للغذاء والدواء
Saudi Food & Drug Authority

Pharmacovigilance Inspections Report
1st Jan 2024 to 31st Dec 2024

Contents

1 Introduction

From January 1 to December 31, 2024, the National Pharmacovigilance Center (NPC) within the Saudi Food and Drug Authority (SFDA) conducted 18 inspections of Marketing Authorization Holders (MAHs).

The primary objective of these inspections was to assess and ensure compliance with Saudi Arabia's pharmacovigilance regulations and guidelines, contributing to a robust and effective pharmacovigilance system.

The selection of MAHs for inspection followed a risk-based approach, aligned with the principles of Good Pharmacovigilance Practices (GVP) Module III. This approach included a thorough evaluation of several key factors:

- Product-specific risks: Including newly authorized active substances, biological products, or other high-risk medicinal products.
- Pharmacovigilance system complexity: Assessed the structure and operational intricacies of pharmacovigilance systems, especially those involving multiple service providers or extensive product portfolios.
- Organizational complexity and scale: Evaluating the size, scope, and operational complexity of the MAH and associated entities.
- Compliance history: Reviewing the MAH's previous adherence to regulatory requirements and the outcomes of prior inspections.
- Reporting rates: Evaluated the frequency and quality of adverse drug reaction (ADR) reports submitted by the MAH.

This report covers a total of eighteen inspections conducted between January 1 and December 31, 2024, categorized as follows:

- Ten routine inspections: Focused on evaluating standard compliance with pharmacovigilance requirements.
- Eight for-cause inspections: Initiated in response to specific concerns or risks that required immediate attention.

The report provides a detailed analysis of the types of inspections conducted and the findings observed. It highlights the areas with the highest concentration of findings identified by the inspection team during these visits. In addition, 25 re-inspections were carried out during the same period to verify the implementation of corrective actions and evaluate the sustained compliance of Marketing Authorization Holders (MAHs).

The appendix (Appendix I) contains the identified inspection types used by the inspection team, while the definitions for critical, major, and minor findings are provided in Appendix II.

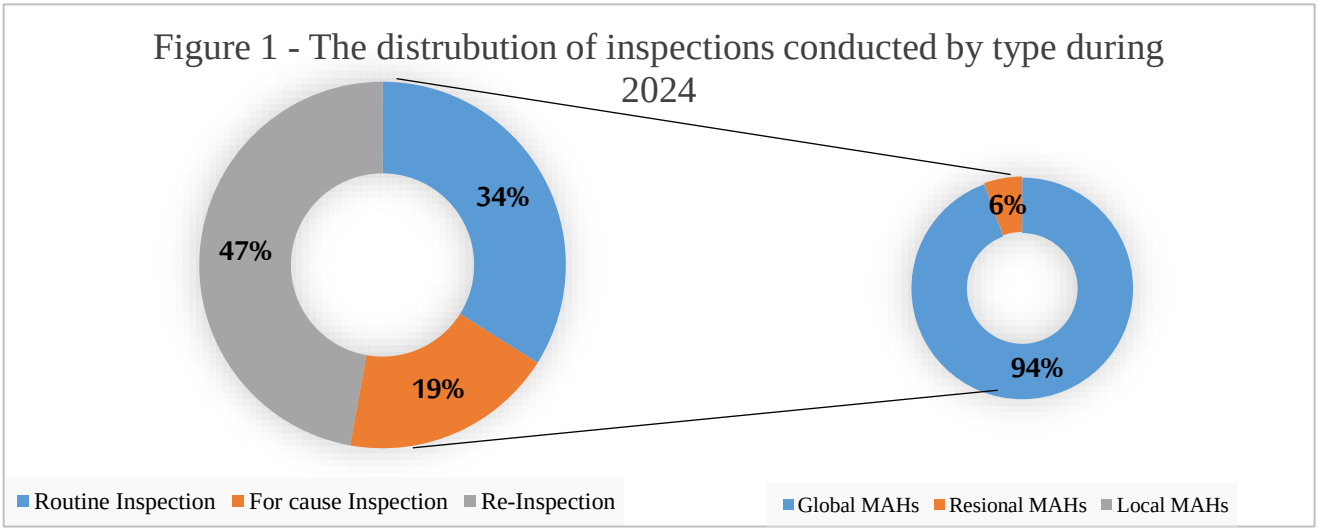
2 Overview of Inspection Department activities

In 2024, adjustments were made to the inspection schedule for 18 inspections of Marketing Authorization Holders (MAHs) due to specific circumstances, as follows:

- Ten inspections were postponed and rescheduled for a later date due to unforeseen circumstances affecting the MAHs' ability to comply with the inspection schedule.
- Three inspections had their reports referred to the Drug & Medical Devices Inspection Department in the central region. This department is tasked with taking appropriate actions against MAHs with a history of non-compliance with SFDA pharmacovigilance regulations.
- Two inspections were canceled outright due to significant logistical challenges or the failure of MAHs to meet critical regulatory requirements prior to the inspection.

These adjustments ensured that the inspections adhered to regulatory standards while maintaining the integrity and effectiveness of the process.

Figure 1 - The distrubution of inspections conducted by type during 2024



3 Re-Inspection Outcomes.

During the reporting period, 25 re-inspection visits were conducted. The following outcomes were observed:

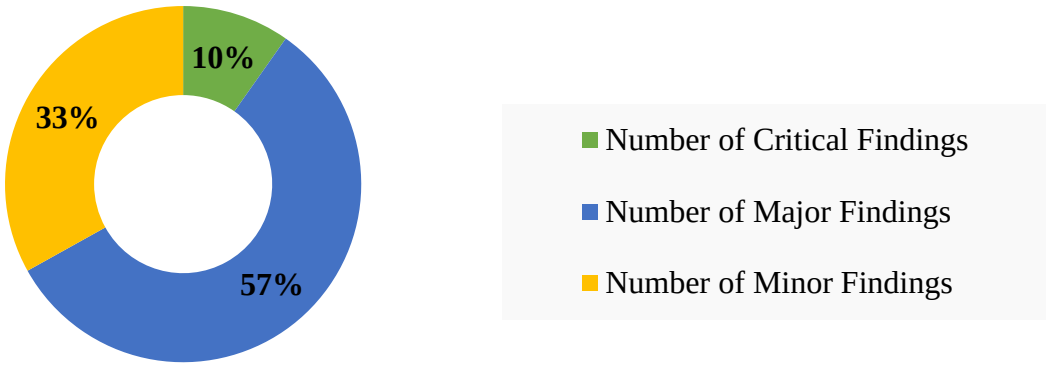
- 13 MAHs successfully resolved previously identified findings and were deemed compliant during the re-inspection.
- 5 MAHs demonstrated significant improvements and progress during the re-inspection. As a result, they were granted additional time to complete the required actions and address outstanding issues.
- 4 MAHs had their cases escalated to the legal track due to unsatisfactory performance. These MAHs failed to close out their Corrective and Preventative Actions (CAPAs) as proposed.
- Additionally, one re-inspection was canceled, and two were postponed due to specific circumstances affecting the inspected MAH.

4 Summary of findings during the reported period

During the reporting period of 2024, a total of 133 findings were documented, categorized as follows, 13 critical findings, and 76 major findings, and 44 minor findings. It is important to note that a single finding may encompass multiple instances of non-compliance, as defined by Saudi Good Pharmacovigilance Practices (GVP), or reflect a cumulative impact on the pharmacovigilance system.

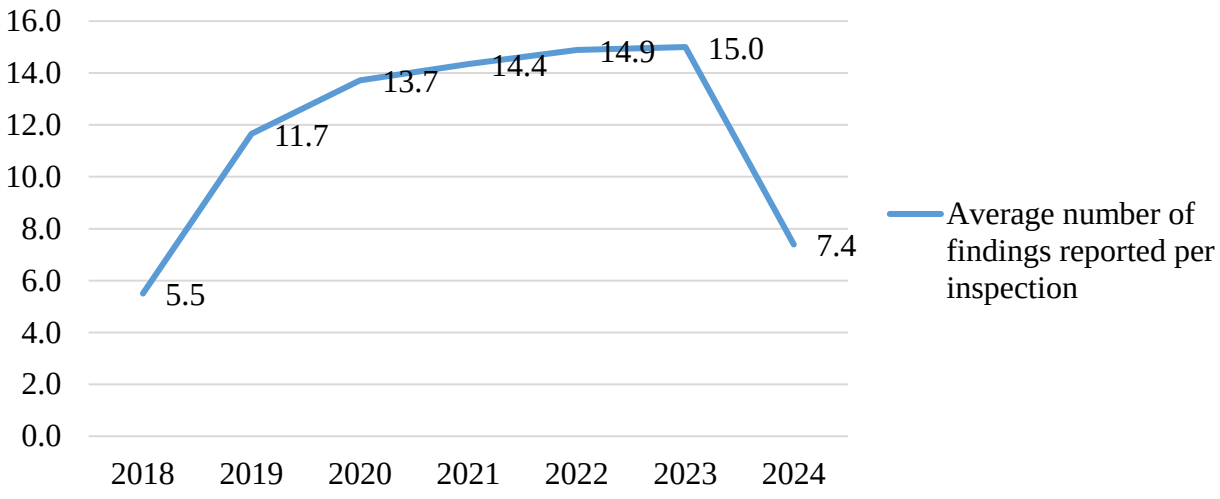
Additionally, some inspections were conducted with a targeted scope, referred to as "For cause Inspections." These inspections focused on specific technical areas and were initiated by NPC departments to evaluate the integrity and compliance of the pharmacovigilance system within the designated areas of focus.

Figure 2 - Number of over all inspection findings for Routine initial and for cause inspections



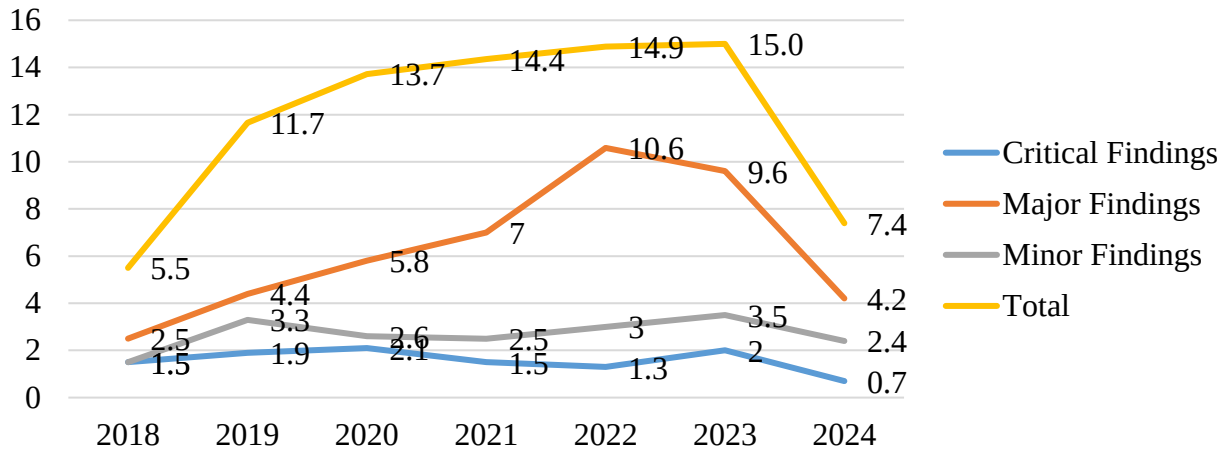
Compared to previous reporting periods, there was a noticeable improvement in the average number of findings per inspection (irrespective of grading). In 2024, the average number of findings per inspection significantly decreased from 15 to 7.4, representing a 68% improvement, as shown in Figure 3 below.

Figure 3 - Average number of findings reported per inspection over time



A review of the average findings reported each year by grading was completed and is presented in Figure 4.

Figure 4 - Average Number of Findings by Grading Reported Per Inspection Over Time



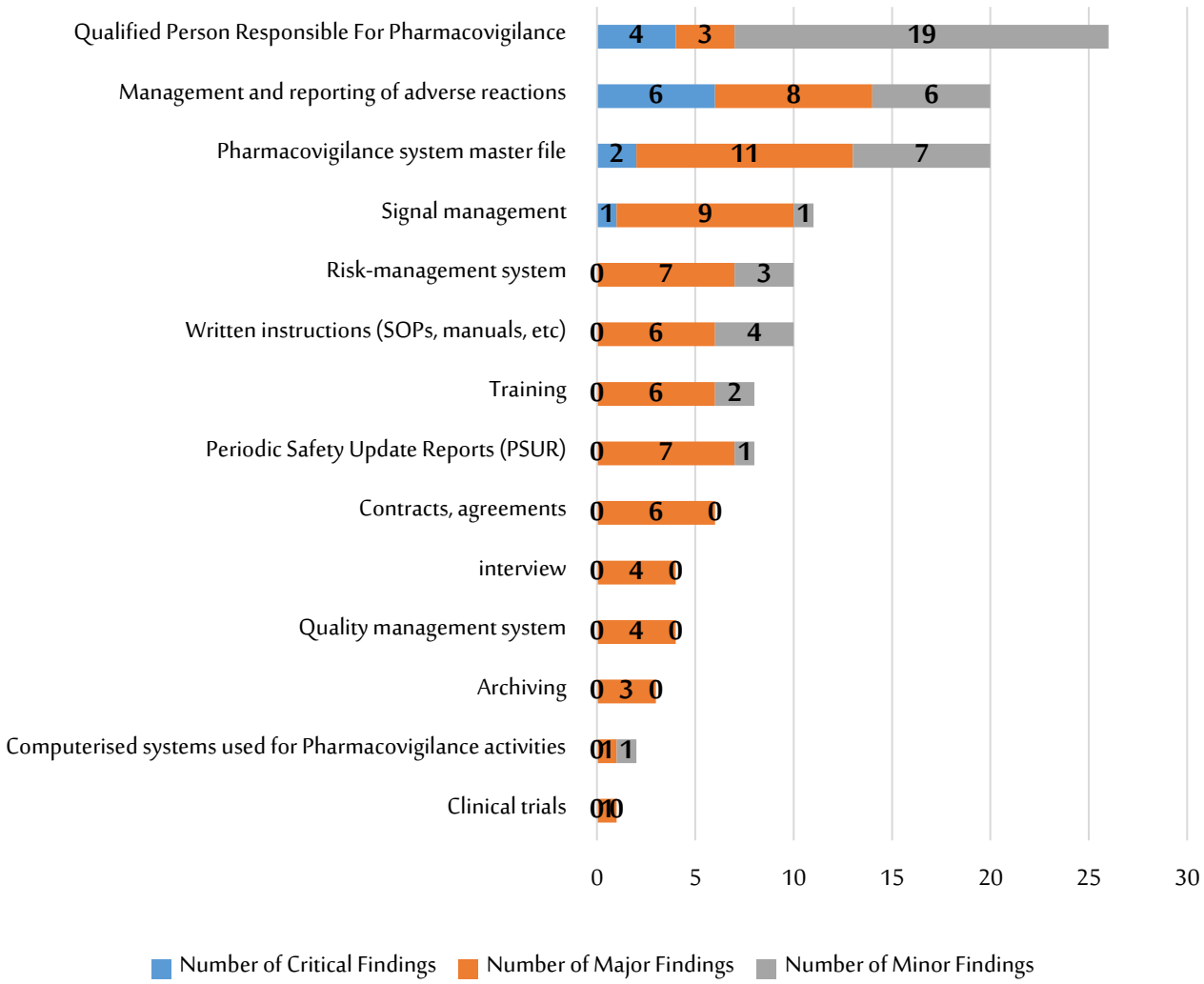
Over the years, the average number of findings per inspection has significantly decreased. The average number of critical findings per inspection decreased from 2 to 0.7, major findings from 9.6 to 4.2, and minor findings from 3.5 to 2.4. This significant improvement in inspection findings over time can be attributed to several factors. One key factor is the implementation of the updated Saudi Good Pharmacovigilance Practices (GVP) in January 2023. This update reflects the ability of Marketing Authorization Holders (MAHs) in Saudi Arabia to effectively adapt to and implement the revised requirements, leading to noticeable improvements in inspection outcomes during this period.

In the previous year, some MAHs were found to be operating through third-party distributors (providing consultation PV services) who lacked adequate data safety exchange agreements. These agreements often did not encompass all the critical pharmacovigilance activities required in Saudi Arabia, which may have contributed to the deficiencies observed during inspections.

The updated guidelines have addressed this issue by mandating that MAHs submit a preapproval request before designating distributors as Qualified Persons for Pharmacovigilance (QPPVs). This new requirement ensures that all essential activities are thoroughly covered and accurately

reflected in the data safety exchange agreements. As a result, the average number of findings reported per inspection has decreased, suggesting a positive shift in the attitude and practice of pharmacovigilance. This indicates a stronger focus on addressing major issues and improving overall compliance.

Figure 5 - Findings by topic area for 2024



When analyzing the inspection findings by topic area, Figure 5 shows that the largest proportion of findings was related to the Qualified Person Responsible for Pharmacovigilance, with 26 findings, representing 19.5% of the total 133 findings. This was followed by the Management and Reporting of Adverse Reactions, which accounted for 20 findings, or 15% of the total. The

Pharmacovigilance System Master File also emerged as a key area, with 20 findings, representing 15% of the overall findings.

Signal Management ranked next, with 11 findings (8.3%), followed by Risk-Management Systems, which accounted for 7.5%. The remaining findings were distributed across areas such as Written Instructions (SOPs, Manuals), Training, PSURs, and Contracts/Agreements, each reflecting smaller proportions.

These results highlight recurring challenges in key areas like the Qualified Person, Adverse Reaction Management, and the Pharmacovigilance System Master File. Addressing these gaps should remain a top priority to ensure improved compliance and stronger pharmacovigilance practices.

5 Critical findings

5.1 Critical findings reported during 2024

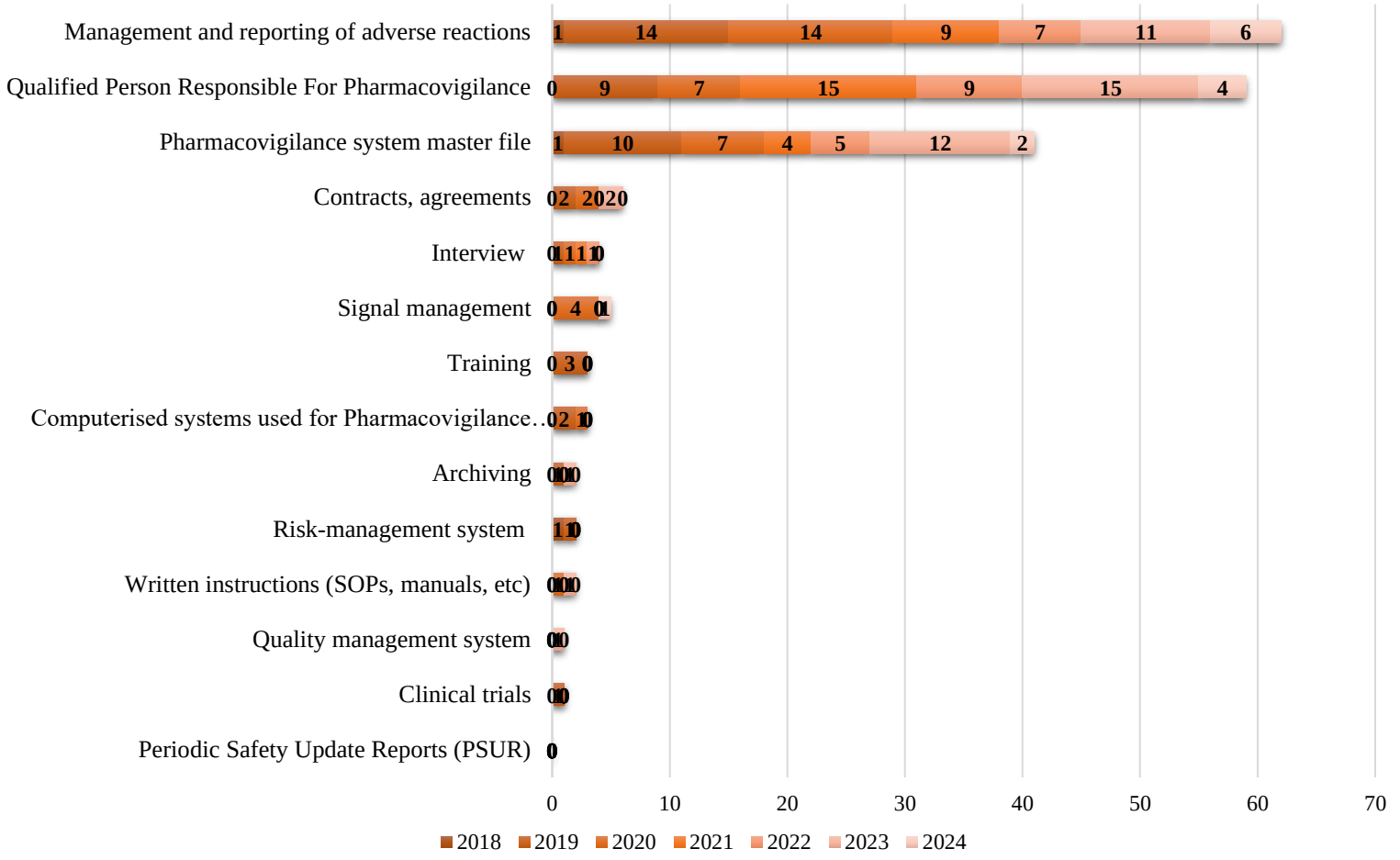
In 2024, thirteen critical findings were identified across five inspections, with an average of approximately three critical findings per inspection. All thirteen critical findings were related to the following areas: Qualified Person Responsible for Pharmacovigilance, Pharmacovigilance System Master File, Management and Reporting of Adverse Reactions, and Signal Management System.

5.2 Distribution of critical findings over time

From November 2018 to December 31, 2024, a total of 191 critical findings were reported. In the current reporting period (2024), 13 critical findings were identified across 6 out of 18 inspections, representing a decrease compared to the previous five reporting periods.

Figure 6 provides a comprehensive view of the number and distribution of critical inspection findings across various inspection topics since November 2018. These findings have been grouped under broad categories that encompass different components of the pharmacovigilance system. For a more detailed breakdown of the specific nature of the findings within each category, please refer to Appendix III.

Figure 6 - Number and distribution of critical findings across topics since 2018 until 2024



The management and reporting of adverse reactions remains the topic with the highest number of critical findings over time. In 2024, six critical findings were specifically related to data collection methods in this area. Another area that consistently yields critical findings is the Qualified Person Responsible for Pharmacovigilance, with four critical findings reported in 2024. Similarly, the Pharmacovigilance System Master File has historically been an area with frequent critical findings, and two critical findings were reported in this area in 2024. These findings highlight specific areas of concern within these topics, and their recurrence over multiple years indicates a need for focused attention and improvement.

On average, approximately three critical findings were reported per inspection in 2024, showing a decrease compared to the previous reporting period. This reduction in critical findings may be

attributed to the effective implementation of the updated Saudi Good Pharmacovigilance Practices (GVP), released in early 2023.

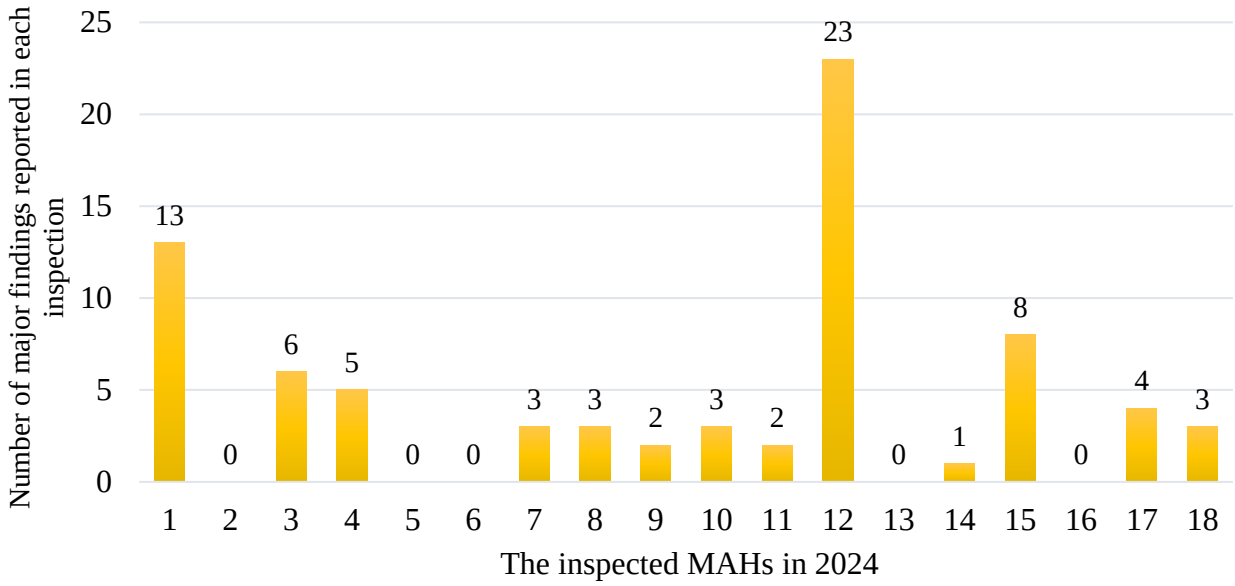
The updated GVP specifically addressed the quality aspects of pharmacovigilance. Key changes included modifications to the qualifications of the Qualified Person for Pharmacovigilance (QPPV) and their deputy, adjustments to pharmacovigilance task timeframes, and the transformation of certain tasks from reporting to implementation. Additionally, a thorough review of contracts related to pharmacovigilance activities was conducted.

These changes aimed to ensure that contracts sufficiently covered all required tasks to be carried out by the local QPPV. The updates in the Saudi GVP played a significant role in the decrease in critical findings by emphasizing the importance of maintaining high-quality standards in pharmacovigilance practices

6 Major findings

During this reporting period, the number of major findings per inspection varied, ranging from zero to 76. Interestingly, four inspections did not raise any major findings at all. Out of the 18 inspections conducted in 2024, the average number of major findings per inspection was 4.2. A visual representation of the distribution of major findings across inspections can be seen in Figure 8.

Figure 8 - Number of major findings reported by the number of inspections in 2024



A total of 76 major findings were identified in 2024. These findings have been categorized under broad topics that cover various aspects of the pharmacovigilance system. For more detailed information about the specific nature of the findings within each topic, please refer to Appendix II.

Figure 9 - Percentage of major findings reported for each topic area during 2024

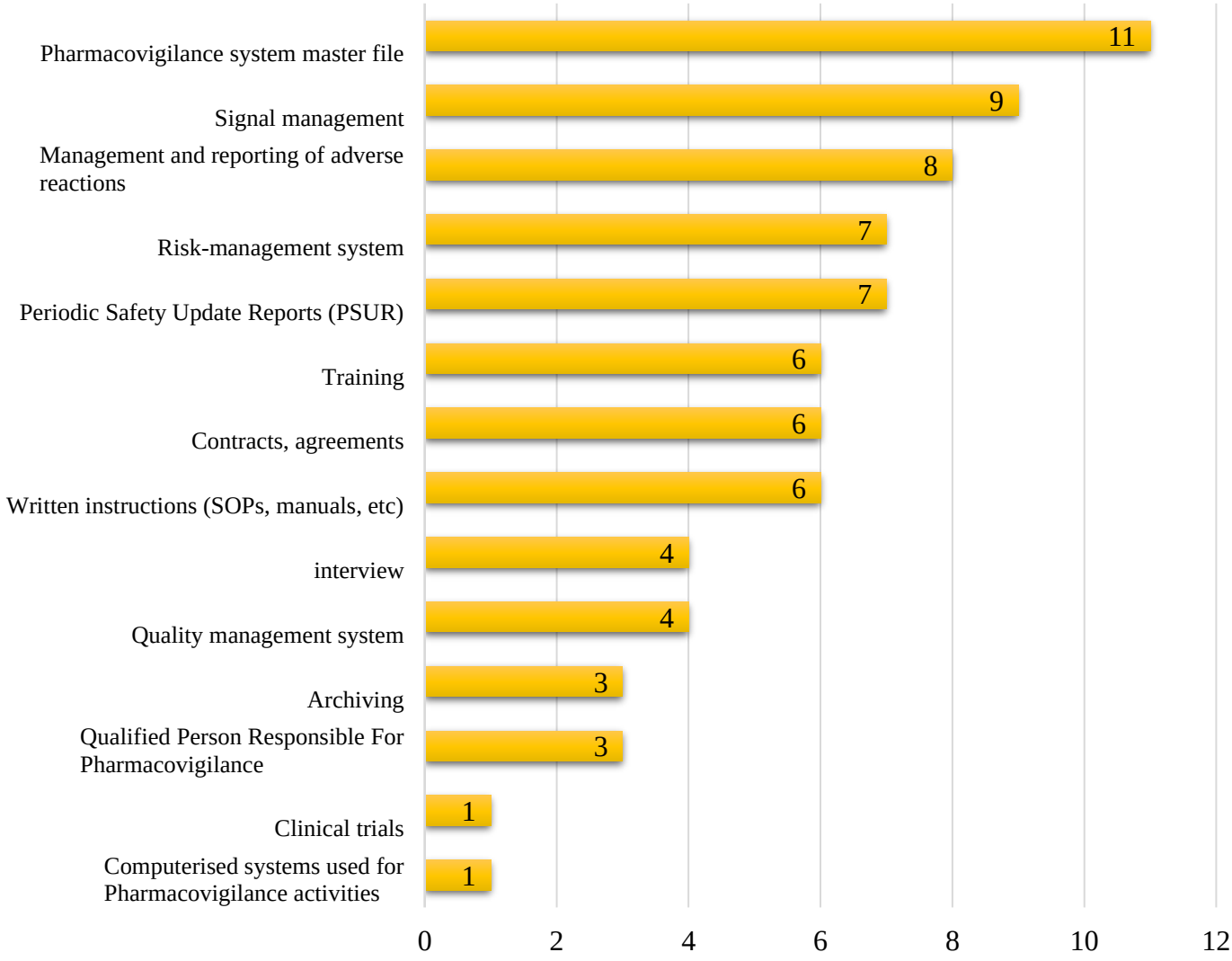


Figure 9 illustrates the distribution of major findings across various topics, highlighting the following key insights:

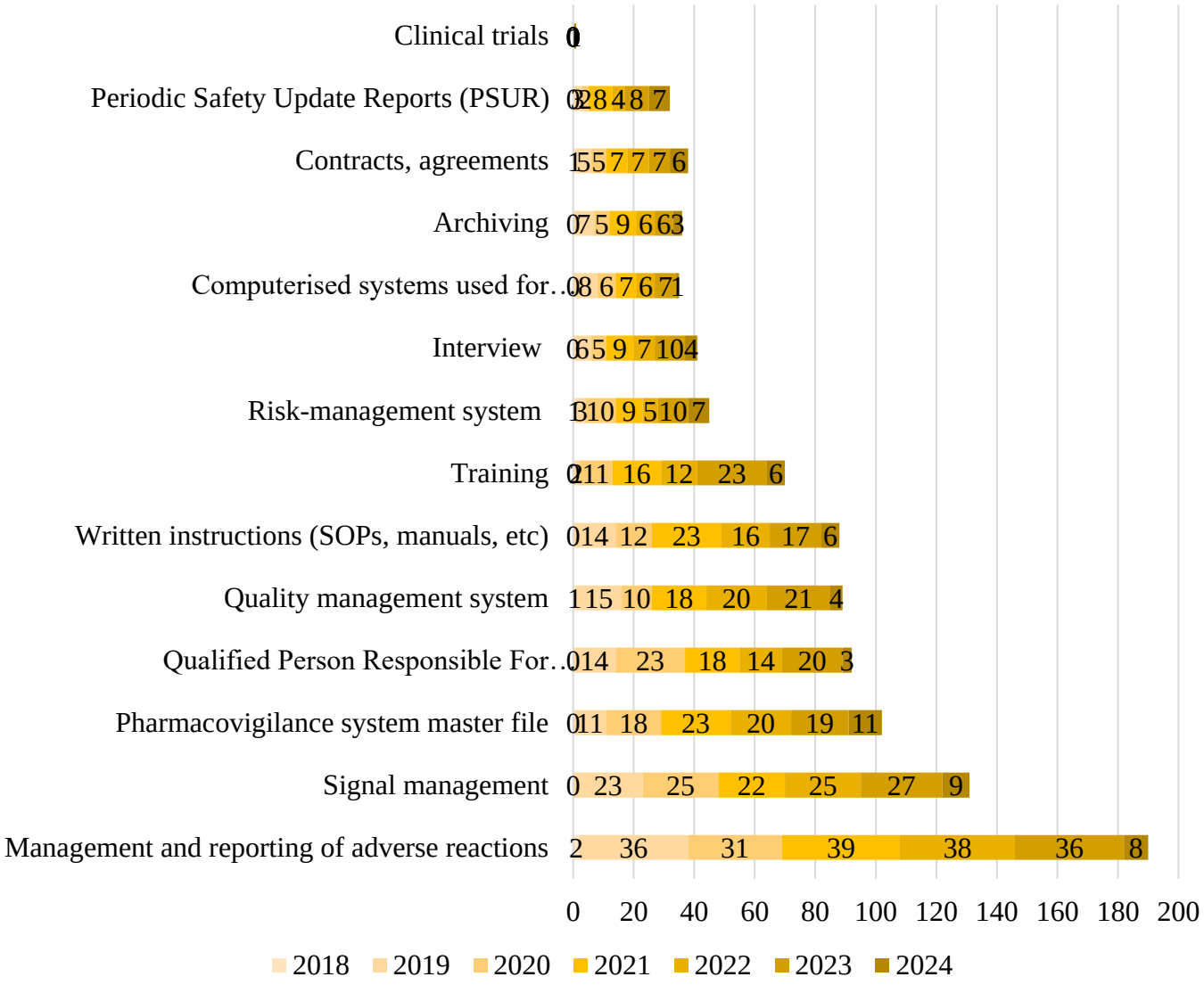
- Pharmacovigilance System Master File: With 11 major findings, representing for 14.5% of the total, this topic addresses the pharmacovigilance system master file, a comprehensive

document that outlines the framework and operational aspects of the pharmacovigilance system. The findings in this area point to potential deficiencies or gaps in the documentation, organization, or maintenance of the master file.

- Signal Management: This area accounted for 9 major findings, representing 12% of the total. Signal management pertains to the identification, evaluation, and management of safety signals related to medicinal products. The findings in this category highlight areas where the signal management process may be inadequate, requiring further attention and improvement.
- Management and Reporting of Adverse Reactions: Representing the highest proportion of major findings, this area recorded 8 findings (11% of the total). This topic emphasizes the critical importance of effectively managing and reporting adverse drug reactions. Ensuring thorough documentation and timely reporting of adverse events is vital for maintaining patient safety and regulatory compliance.
- Written Instructions (SOPs, Manuals): This category accounted for 6 major findings, constituting 7.9% of the total. The findings highlight deficiencies in the development, implementation, or adherence to written instructions such as standard operating procedures (SOPs) and manuals, which are essential for maintaining consistency and compliance in pharmacovigilance activities.
- Training: accounting for 6 major findings, comprising 7.9% of the total. It highlights the importance of providing adequate training to personnel involved in pharmacovigilance activities. Findings in this area may point to deficiencies in training programs, inadequate documentation, or a lack of available training resources and knowledge evaluation for attendees.

Addressing the major findings in the areas of the pharmacovigilance system master file, signal management, management and reporting of adverse reactions, periodic safety update reports (PSURs), risk-management systems, training, contracts/agreements, and written instructions (SOPs, manuals) is essential for strengthening pharmacovigilance practices, safeguarding patient safety, and ensuring ongoing compliance with regulatory requirements.

Figure 10 - Number and distribution of major findings across topics over time since 2018 until 2024



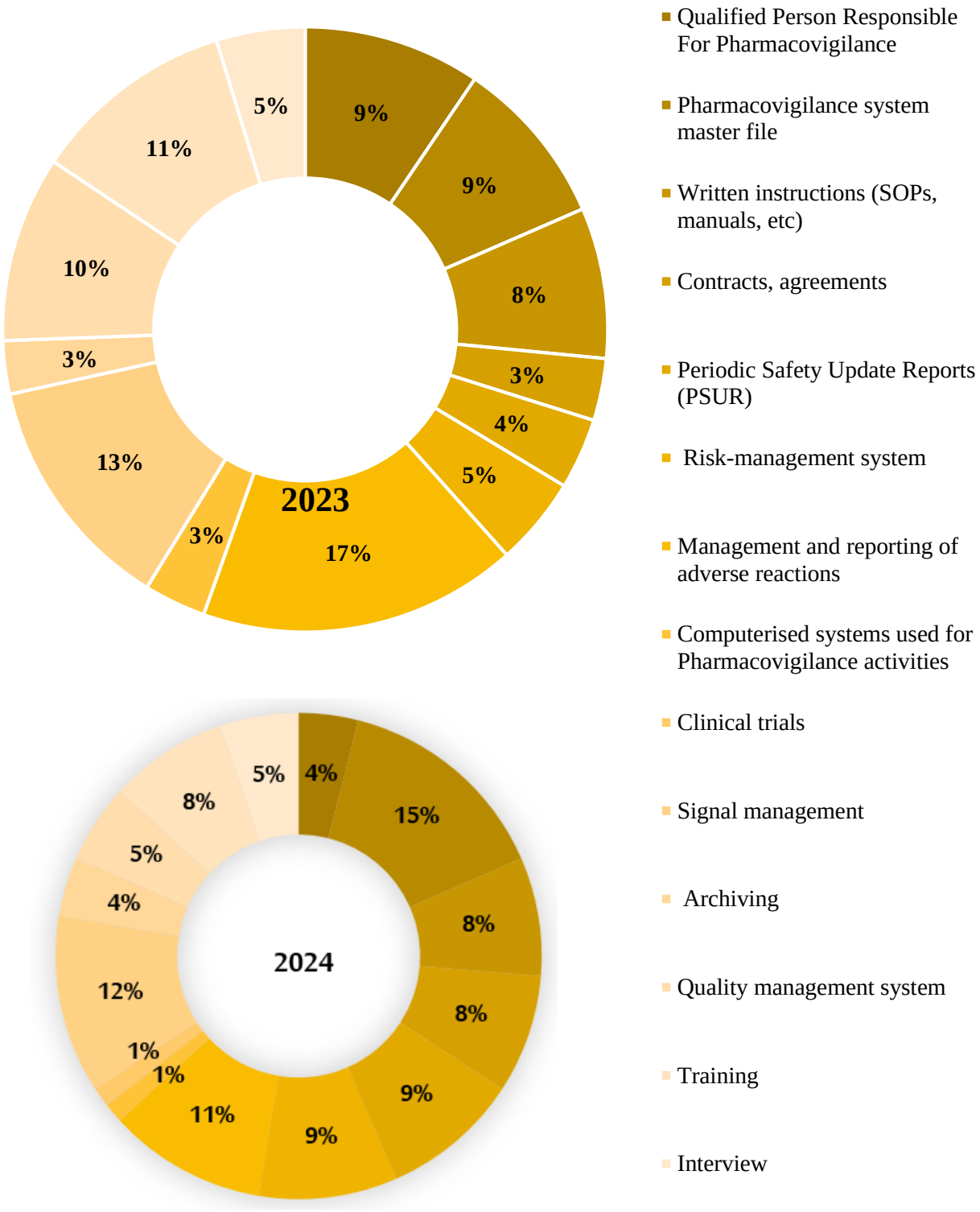
From November 2018 to December 31, 2024, a total of 991 major findings were reported, reflecting an approximate 7.66% overall. In the current reporting period, 76 major findings were identified across 13 out of 18 inspections. Figure 10 illustrates the distribution of major inspection findings across various topics since November 2018, providing a visual representation of the number and distribution of these findings over the specified time frame.

The reporting and analysis of major findings are essential in enhancing pharmacovigilance practices, reinforcing regulatory compliance, and safeguarding public health. Addressing these findings enables organizations to improve their pharmacovigilance systems, mitigate risks, and ensure the safe and effective use of medications.

When comparing the reporting periods of 2023 and 2024, the distribution of major findings across various topics exhibited fluctuations, although the overall proportional distribution remained relatively stable. Notably, the topic of Management and Reporting of Adverse Reactions experienced a decrease of 14% in its overall proportion of findings, dropping from 17% in 2023 to 10.5% in 2024, as illustrated in Figure 11 below. This decrease was slightly less pronounced than the overall decrease observed in 2024, which amounted to 14% of total findings.

Additionally, the topic of Signal Management saw a slight decrease in its proportion of major findings, dropping from 13% to 12% compared to the previous period. Most other inspection topics also experienced a reduction in the proportion of findings. However, two specific areas showed notable shifts: the Qualified Person Responsible for Pharmacovigilance decreased from 9% to 4%, while the topic of Training saw a significant reduction from 11% to 8%. These changes highlight the evolving focus areas within pharmacovigilance, underscoring the continued importance of the QPPV role and effective training in maintaining high standards of compliance and practice.

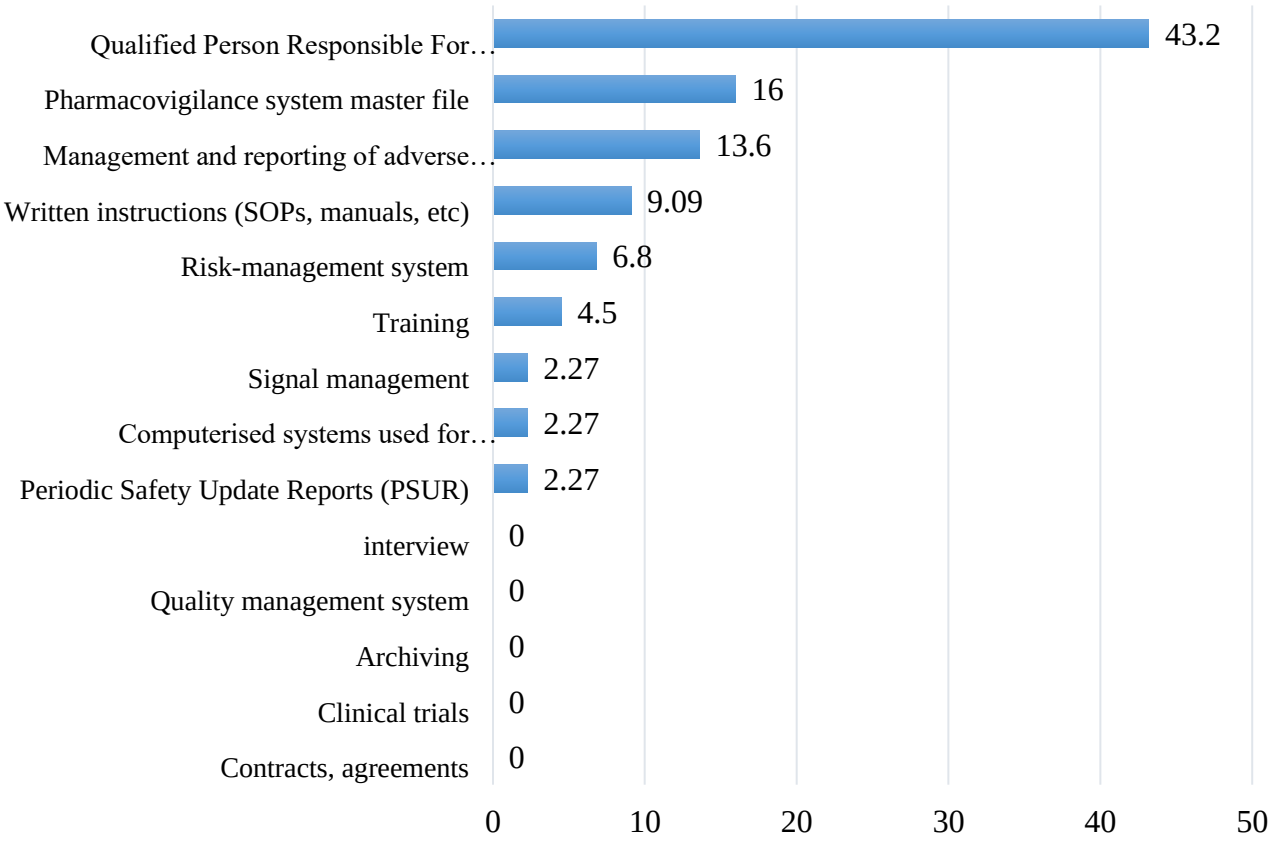
Figure 11 – Percentage change in the major findings between inspection findings from 2023 to 2024



7 Minor findings

In 2024, a total of 44 minor findings were identified, which notably aligns with the occurrence level reported in 2019, indicating a return to a similar trend compared to previous periods. Figure 12 offers a comprehensive overview of the proportion of minor findings categorized by topic area for the 2024 reporting period. This visual representation effectively illustrates the distribution and relative significance of minor findings across various areas of focus during this timeframe.

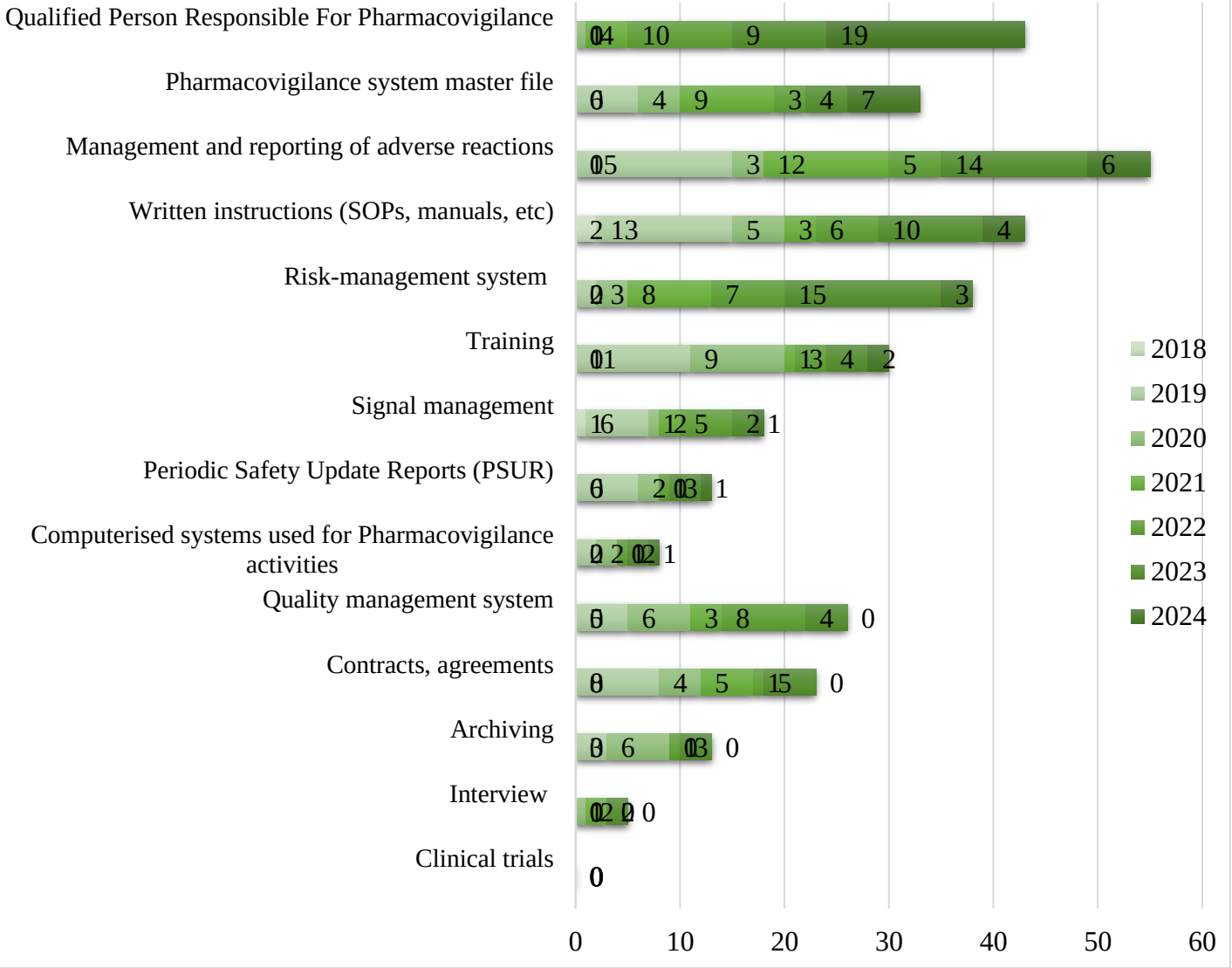
Figure 12 - Proportion of minor findings reported for each topic area in 2024



Among the minor findings, the largest proportion was attributed to non-compliance related to the Qualified Person Responsible for Pharmacovigilance. Next in line were findings concerning the Pharmacovigilance System Master File, Management and Reporting of Adverse Reactions, Written Instructions (SOPs, manuals), Risk Management Systems, and training.

These areas collectively accounted for a substantial portion of the minor findings, highlighting potential opportunities for improvement in compliance, documentation, and the overall effectiveness of risk management practices within the pharmacovigilance system.

Figure 13 - Number and distribution of minor findings across topics since 2018 until 2024



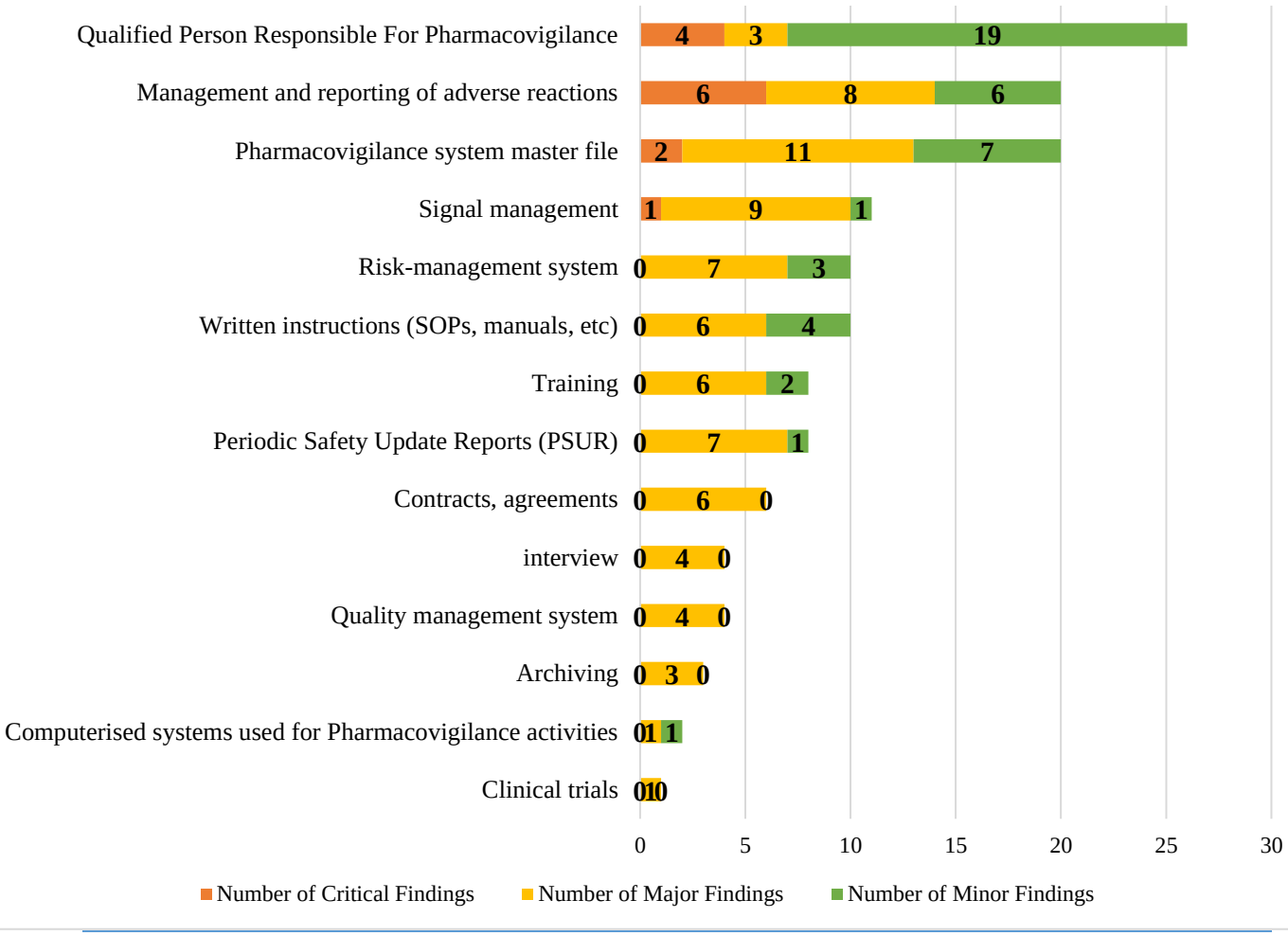
In 2024, the topics of the qualified person responsible for pharmacovigilance, management and reporting of adverse reactions, written instructions (SOPs, manuals, etc.), and risk management observed a noticeable improvement, with a significantly lower proportion of minor findings compared to 2023. This suggests that non-compliance issues in these areas were better addressed during the reporting period of 2024. On the other hand, the topics of the interview of inspected

MAH's medical representatives and computerized systems used for pharmacovigilance activities saw a further reduction in the proportion of minor findings in 2024, indicating fewer areas of concern or non-compliance, reflecting a stronger performance and adherence to requirements compared to the previous year.

8 Focus topics

During the reporting period, irrespective of the grading of findings, the topic with the highest number of total findings was the Qualified Person Responsible for Pharmacovigilance (QPPV). This was followed by the Management and Reporting of Adverse Reactions and the Pharmacovigilance System Master File. These areas accounted for the largest proportion of identified findings, underscoring their critical importance in terms of potential improvements, compliance, and the overall effectiveness of the pharmacovigilance system.

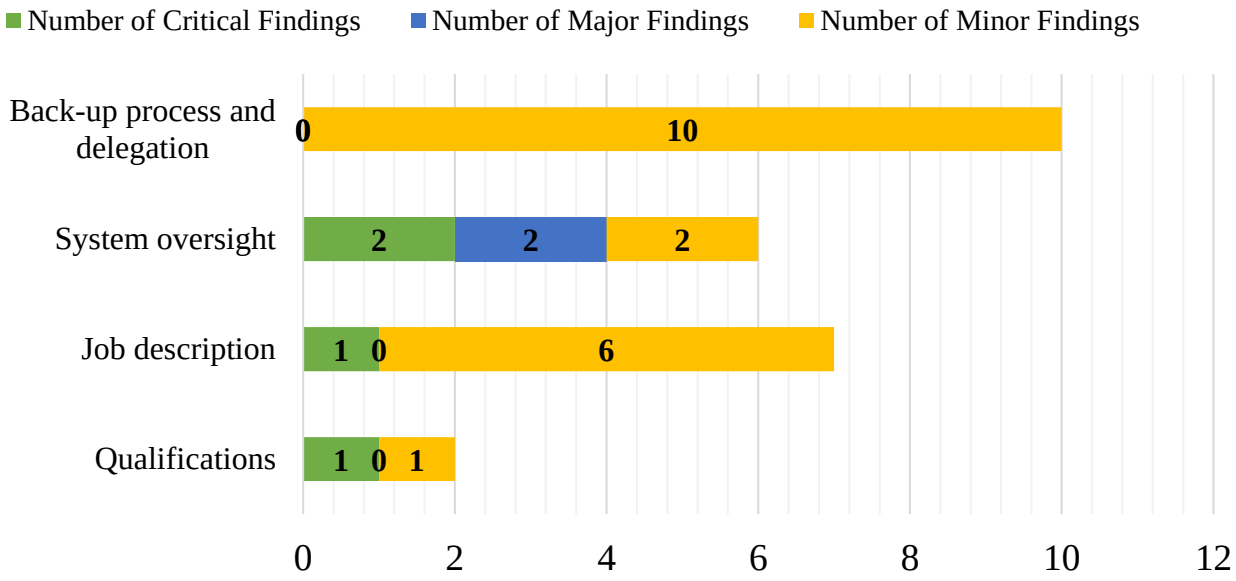
Figure 5 - Findings by topic area for 2024



8.1 Qualified person responsible for pharmacovigilance

In 2024, the topic of the Qualified Person Responsible for Pharmacovigilance (QPPV) accounted for the highest number of findings among all reported findings. Specifically, 26 out of 133 findings, representing 19.5% of the total, were related to this area. These findings were identified during inspections conducted across 26 of the 18 locations. For a detailed breakdown of the 44 findings within the QPPV topic, please refer to Figure 14.

Figure 14 - Breakdown of Qualified person responsible for pharmacovigilance findings in 2024



The backup process and delegation emerged as the sub-topic with the highest number of findings within the Qualified Person Responsible for Pharmacovigilance (QPPV) topic, totaling 10 findings. It was closely followed by 7 findings related to the job description of the local QPPV and 6 findings concerning the system oversight of the local QPPV. These sub-topics included critical, major, and minor findings.

The most common non-compliances observed in the backup process and delegation sub-topic were as follows:

- Absence of a clear, written backup and delegation standard operating procedure (SOP) or process.
- Inadequate documentation and implementation of the backup and delegation process.

In the System oversight, a common non-compliance was the lack of awareness or involvement of the local Qualified Person Responsible for Pharmacovigilance (QPPV) in the implemented pharmacovigilance (PV) activities or delegated responsibilities, both locally and globally.

Regarding the job description of the local QPPV, the most prevalent non-compliance issues were as follow:

- Absence of a job description specifically outlining the handling of local pharmacovigilance activities.
- Failure of the local QPPV to sign the provided job description.
- Lack of clarity regarding the responsibilities of the local QPPV in the provided job description.
- Inadequate implementation of the available job description.
- Omission of certain responsibilities of the local QPPV in the provided job description.

Lastly, the common non-compliance observed in the qualifications of the local QPPV included:

- The local QPPV not dedicating full-time to handling pharmacovigilance activities.
- Inspection being conducted by a Deputy-QPPV, with no local QPPV present at the Marketing Authorization Holder (MAH).
- Failure of the MAH to assign a local QPPV.
- Lack of awareness by the local QPPV about the requirements outlined in the Saudi GVP guideline

8.2 Management and reporting of adverse reactions

For the past two reporting periods, the management and reporting of adverse reactions has consistently been the leading topic; however, in 2024, it accounted for the second-largest percentage of findings. In the current reporting period, it represented 20 out of 133 findings, constituting approximately 15% of all findings. These findings were reported across all 18 inspections conducted.

Figure 15 - Breakdown of Management and reporting of adverse reactions findings in 2024

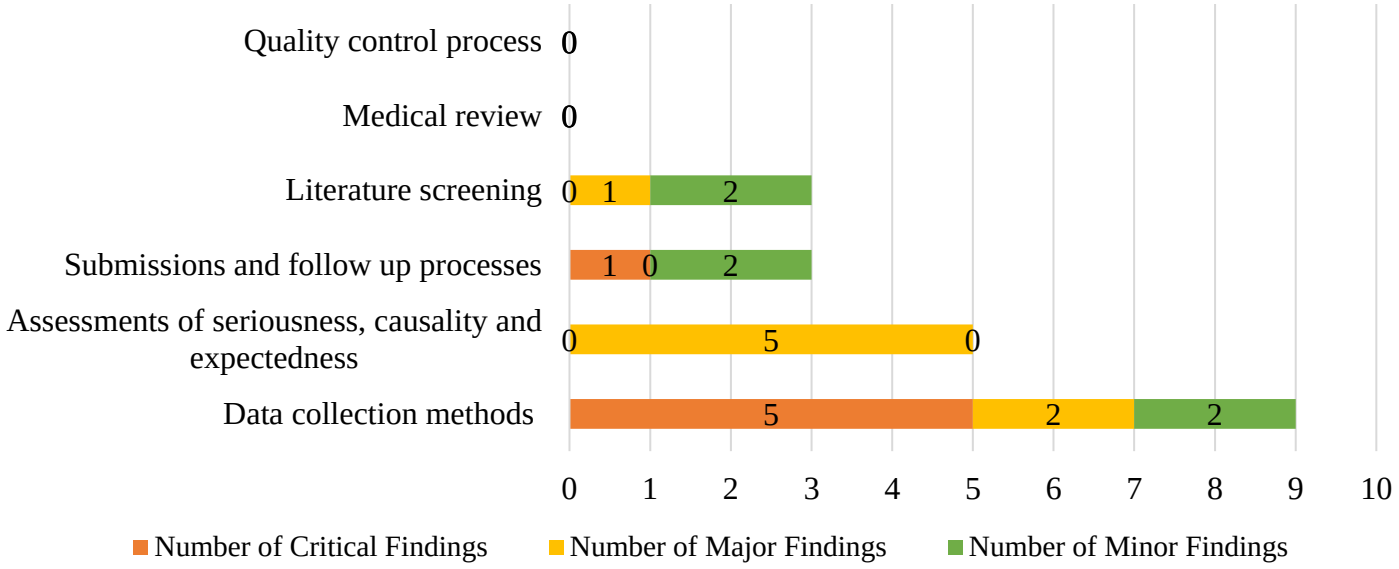


Figure 15 presents a detailed breakdown of the 20 findings within the 'Management and Reporting of Adverse Reactions' topic, categorized by sub-topic. This breakdown helps pinpoint specific areas where the findings were concentrated, enabling a clearer understanding of patterns and trends that require attention or improvement in the management and reporting of adverse reactions.

The consistently high number of findings in this area underscores the importance of robust systems for managing and reporting adverse reactions. Addressing these findings and implementing corrective actions can enhance patient safety and strengthen overall pharmacovigilance practices.

The majority of findings in this topic were linked to failures in data collection methods. Specifically, 9 findings were related to the limited channels used for receiving adverse drug event reports. Common non-compliance issues in this area included:

- Absence of a phone number or Arabic website for the public to report adverse events.
- Lack of a system to document and process locally received cases.
- Inability of the local Qualified Person Responsible for Pharmacovigilance (QPPV) to access the Marketing Authorization Holder (MAH) safety database to manage the local Individual Case Safety Reports (ICSRs).
- Inability of the local QPPV to access Saudi market medical representatives for adverse event report collection.
- Lack of a database or Excel sheet for documenting local cases.
- Presence of the Saudi Arabia webpage in the global drop-down list.
- Lack of connection between the available website and important pharmacovigilance links.
- Outdated information on the MAH website for the public to report adverse events.

The second-largest group of findings within the management and reporting of adverse reactions were related to failures in assessing the seriousness, causality, and expectedness of reported adverse events. Five findings were identified with the most common non-compliance issues being the exclusion of the local QPPV from these processes or their lack of awareness regarding them.
Additionally, three findings related to submissions and follow-up processes managing and reporting of adverse reactions and literature screening. The most frequent non-compliance issues in this area included:

- Failure to update the local Standard Operating Procedure (SOP) with new SFDA-NPC regulations for reporting local ICSRs and quality reports.
- Absence of an SOP or specific requirements for submissions and follow-ups.
- Insufficient awareness by the local QPPV regarding the timeframes for ICSRs submission and the criteria for follow-up.

Furthermore, there were ten findings related to literature screening. The most prevalent non-compliance issues were:

- Failure to conduct literature screening of local journals in Saudi Arabia.

- Lack of a defined timeframe for conducting literature screenings, coupled with insufficient documentation of previous attempt.
- Lack of involvement from both the global team and the local QPPV in the literature screening process.
- Absence of a SOP detailing the local literature screening process, including its frequency, documentation requirements, and the involvement of the local Qualified Person for Pharmacovigilance (QPPV).
- Absence of an SOP detailing the handling of the vendor responsible for literature screening, including periodicity, reconciliation with the MAH, and auditing by the MAH.
- Inconsistency between provided SOPs and actual practices.
- Failure of the inspected MAH to perform literature screening as required in the SOP and safety agreement.
- Absence of periodic reconciliation with the global team regarding literature screening outcome.
- Performance of literature screening by the QPPV without proper review or proofing.

8.3 The pharmacovigilance system master file

In 2024, the pharmacovigilance system master file (PSMF) represented the third-largest category of reported findings. Out of a total of 133 findings, 20 were related to the PSMF, accounting for 15% of all findings. These findings were reported in 16 out of the 18 inspections conducted. For a detailed breakdown of these 20 findings, please refer to Figure 16.

Figure 16 - Breakdown of The Pharmacovigilance system master file findings in 2024

Among the sub-topics of the pharmacovigilance system master file (PSMF), Maintenance and submission had the highest number of findings, totaling 9. It was followed by 6 findings related to the organizational structure and 5 findings concerning the pharmacovigilance system. These sub-topics included critical, major, and minor findings.

Common Non-Compliances in the "Maintenance and Submission" Sub-Topic:

- Incompatibility of the provided PSMF/PSSF with the required template outlined in the Saudi GVP guidelines.
- Absence of standard operating procedures (SOPs) outlining the preparation, maintenance, and updating frequency of the local PSMF/PSSF.
- Limited accessibility of the local QPPV to the MAH PSMF unless requested by the SFDA
- Missing of the PSMF/PSSF document in the inspected MAH.
- Lack of clarity regarding the authorizing party and required signatories in the provided document.
- Use of generalized language in the PSSF, failing to reflect harmonization between the regional team and the local QPPV.
- Availability of outdated PSMF with gaps in critical information.

Common Non-Compliances in the "Organizational Structure" Sub-Topic:

- Inadequate representation of the actual practice and relationship between the local QPPV and the global team.
- The organizational structure was in draft form and had not been authorized by the MAH.

Common Non-Compliances in the "Pharmacovigilance System" Sub-Topic:

- Limited awareness or knowledge of the pharmacovigilance system in the MAH's global office and/or restricted access for the local QPPV.
- Absence of an electronic system for handling pharmacovigilance activities.

9 Engaging the stakeholders in Saudi GVP update

In 2024, the inspection team organized three workshops for all Qualified Persons Responsible for Pharmacovigilance (QPPVs) and their deputies. The primary objective of these workshops was to raise awareness of the updated Saudi Good Pharmacovigilance Practices (GVP), released in January 2023, and to address the challenges faced by professionals in their roles. The sessions provided an overview of the new timeframes for pharmacovigilance activities and the legislative changes introduced in the revised guidelines.

The workshops also served as a forum to identify knowledge gaps and discuss practical challenges encountered by attendees in their daily operations. Representatives from the National Pharmacovigilance Center (NPC) participated to provide clarification on departmental updates and to address any queries or concerns raised during the sessions.

To assess the effectiveness of the workshops, the NPC implemented pre- and post-assessments to evaluate participants' understanding of the topics before and after the sessions. This approach ensured that the workshops successfully contributed to enhancing attendees' knowledge and addressing their professional challenges.

Furthermore, the NPC conducted a satisfaction survey to solicit feedback from participants regarding the workshops. The survey also aimed to capture attendees' expectations for future events of a similar nature, enabling them to share their preferences and provide valuable suggestions for improvement.

10 Summary

In 2024, the Inspection pharmacovigilance Department conducted a total of 18 inspections, including both routine and for-cause inspections. Of these, 10 were routine inspections aimed at assessing compliance with pharmacovigilance requirements, while 8 for-cause inspections were initiated by various NPC departments. Additionally, four cases from Saudi FDA re-inspection visits were referred to the legal department for further action against a Marketing Authorization Holder (MAH) with a history of non-compliance. During this reporting period, a total of 13 critical findings, 76 major findings, and 44 minor findings were identified. The average number of findings per inspection showed significant improvement compared to previous periods, reflecting enhanced compliance with SFDA pharmacovigilance regulations and a strengthened commitment to regulatory standards. The decrease in the average number of major findings indicates a positive trend in the implementation of pharmacovigilance practices. The areas with the highest proportion of findings included the management of adverse drug reactions, the Qualified Person Responsible for Pharmacovigilance (QPPV), and the pharmacovigilance system master file (PSMF). Among major findings, the PSMF accounted for the highest proportion, representing 14.5% of the total major findings. This was followed by signal management (12%), management and reporting of adverse drug reactions (11%), written instructions (SOPs, manuals) (7.9%), and training (7.9%). Other notable findings were related to the PSMF, Periodic Safety Update Reports (PSURs), risk management systems, and contracts/agreements.

The 44 minor findings identified in 2024 showed a particular concentration in non-compliance with the QPPV's responsibilities. Other significant areas included the PSMF, management and reporting of adverse reactions, written instructions (SOPs, manuals), risk management systems, and training. When compared to the previous year, there was a higher proportion of minor findings related to the management and reporting of adverse reactions, written instructions, and risk management, suggesting areas requiring further improvement or non-compliance in these specific domains. Conversely, there was a lower proportion of minor findings related to the interviews of inspected MAH's medical representatives and the computerized systems used for pharmacovigilance activities.

In addition to inspections and findings, the introduction of the Saudi pharmacovigilance guidelines (GVP) in January 2023 had a notable impact on MAHs' compliance throughout this year (2024). To support this transition, workshops were organized in 2024 for QPPVs and their deputies, focusing on identifying gaps and discussing practical challenges in applying the Saudi GVP. These workshops addressed the updated timeframes for pharmacovigilance activities and new legislative changes. Pre- and post-assessments were conducted to gauge attendees' understanding, while a satisfaction survey collected feedback and identified expectations for future events.

Appendix I: Inspection type definitions

**excerpt from page 100-105 of the Guideline on Good Pharmacovigilance Practices (GVP) (Version 2.0, September 2015).*

Routine inspections

Routine pharmacovigilance inspections are inspections scheduled in advance as part of inspection programes. There is no specific trigger to initiate these inspections, although a risk-based approach to optimize supervisory activities should be implemented. These inspections are usually system inspections but one or more specific products may be selected as examples to verify the implementation of the system and to provide practical evidence of its functioning and compliance. Particular concerns, e.g. raised by assessors, may also be included in the scope of a routine inspection, in order to investigate the specific issues.

'For cause' inspections

For-cause pharmacovigilance inspections are undertaken when a trigger is recognized, and an inspection is considered an appropriate way to examine the issues. For-cause inspections are more likely to focus on specific pharmacovigilance processes or to include an examination of identified compliance issues and their impact for a specific product. However, full system inspections may also be performed resulting from a trigger.

Pre-authorisation inspections

Pre-authorisation pharmacovigilance inspections are inspections performed before a marketing authorisation is granted. These inspections are conducted with the intent of examining the existing or proposed pharmacovigilance system as it has been described by the applicant in support of the marketing authorisation application. Pre-authorisation inspections are not mandatory, but may be requested in specific circumstances. Principles and procedures for requesting pre-authorisation inspections should be developed to avoid performing unnecessary inspections which may delay the granting of a marketing authorisation.

Announced and unannounced inspections

It is anticipated that the majority of inspections will be announced i.e. notified in advance to the inspected party, to ensure the availability of relevant individuals for the inspection. However, on occasion, it may be appropriate to conduct unannounced inspections or to announce an inspection at short notice (e.g. when the announcement could compromise the objectives of the inspection or when the inspection is conducted in a short timeframe due to urgent safety reasons).

Remote inspections

These are pharmacovigilance inspections performed by inspectors remote from the premises of the marketing authorisation holder or firms employed by the marketing authorisation holder. Communication mechanisms such as the internet or telephone may be used in the conduct of the inspection. This approach may also be taken where there are logistical challenges to an on-site inspection during exceptional circumstances (e.g. a pandemic outbreak or travel restrictions). Such approaches are taken at the discretion of the inspectors and in agreement with the body commissioning the inspection. The logistical aspects of the remote inspection should be considered following liaison with the marketing authorisation holder.

Re-inspections

A re-inspection may be conducted on a routine basis as part of a routine inspection programme. Risk factors will be assessed in order to prioritise re-inspections. Early re-inspection may take place where significant non-compliance has been identified and where it is necessary to verify actions taken to address findings and to evaluate ongoing compliance with the obligations, including evaluation of changes in the pharmacovigilance system. Early re-inspection may also be appropriate when it is known from a previous inspection that the inspected party had failed to implement appropriately corrective and preventive actions in response to an earlier inspection.

Appendix II: Inspection finding definitions

**excerpt from page 127-128 of the Guideline on Good Pharmacovigilance Practices (GVP) (Version 2.0, September 2015).*

Critical deficiency: Is a fundamental weakness in one or more pharmacovigilance processes or practices that adversely affects the whole pharmacovigilance system and/or the rights, safety or well-being of patients, or that poses a potential risk to public health and/or represents a serious violation of applicable regulatory requirements.

Major deficiency: Is a significant weakness in one or more pharmacovigilance processes or practices, or a fundamental weakness in part of one or more pharmacovigilance processes or practices that is detrimental to the whole process and/or could potentially adversely affect the rights, safety or well-being of patients and/or could potentially pose a risk to public health and/or represents a violation of applicable regulatory requirements which is however not considered serious.

Minor deficiency: Is a weakness in the part of one or more pharmacovigilance processes or practices that is not expected to adversely affect the whole pharmacovigilance system or process and/or the rights, safety or well-being of patients.

Deficiencies are classified by the assessed risk level and may vary depending on the nature of medicine. In some circumstances, an otherwise major deficiency may be categorized as critical. A deficiency reported after a previous inspection and not corrected may be given higher classification.

Appendix III: Categorization of findings

Table 2: Topics and sub-topics of inspection findings

Topic area	Sub-topic of reported findings
Qualified Person Responsible For Pharmacovigilance	Qualifications
	Job description
	System oversight
	Back-up process and delegation
Pharmacovigilance system master file	Organizational structure
	Pharmacovigilance system
	Maintenance and submission
Written instructions (SOPs, manuals, etc.)	Procedures
	Manuals
	Process for SOP training
Contracts, agreements	Contracts
	Agreements
Periodic Safety Update Reports (PSUR)	PSUR scheduling
	Format and content
	Quality control of PSURs
	Timeliness of submission
	Assessment report comments
Risk-management system	Risk-management plan format and content
	Compliance with risk minimization measures which are beyond routine Pharmacovigilance
Management and reporting of adverse reactions	Data collection methods
	Assessments of seriousness, causality and expectedness
	Medical review
	Quality control process
	Submissions and follow up processes
	Literature screening

Computerized systems used for Pharmacovigilance activities	Backup and disaster recovery process
Clinical trials	Adverse event reporting from clinical trials
	Consistency between the Investigator's Brochure and SPC when marketed products are used in CT
Signal management	Dataset used for conducting signal detection (inclusion of information from all relevant sources)
	Periodicity of data review
	Signal validation process
Archiving	Archiving facilities
Quality management system	Quality system and compliance management
	Facilities and equipment for pharmacovigilance
	Audit (internal- and external) and Corrective and Preventive Actions process
Training	Available trainings
	Evaluation of training
	Maintenance of training records
Interview	MAH employees interview

Appendix IV – Abbreviations

ADR	Adverse Drug Reaction
AE	Adverse Event
aRMM	Additional Risk Minimisation Measure
CAPA	Corrective and Preventative Action
GVP	Good Pharmacovigilance Practice
ICSR	Individual Case Safety Report
MAH	Marketing Authorisation Holder
NPC	National Pharmacovigilance Center
PSMF	Pharmacovigilance System Master File
PSSF	Pharmacovigilance Sut-System File
PSUR	Periodic Safety Update Report
PV	Pharmacovigilance
QPPV	Qualified Person responsible for Pharmacovigilance
RMP	Risk Management Plan
SFDA	Saudi Food & Drug Authority
SOP	Standard Operation Procedures