NATIONAL AGENCY FOR FOOD & DRUG ADMINISTRATION AND CONTROL (NAFDAC)

REGULATORY DIRECTIVE ON PERIODIC SAFETY UPDATE REPORT/PERIODIC BENEFIT/RISK EVALUATION REPORT (PSUR/PBRER) SUBMISSION

1.0. PURPOSE

This directive establishes the requirements for the preparation and submission of PSURs/PBRERs by Marketing Authorization Holders (MAHs) to NAFDAC's Pharmacovigilance Directorate to ensure the continuous monitoring of the safety, quality, and efficacy of medicinal products in Nigeria in accordance with the NAFDAC Good Pharmacovigilance Practice (GVP) Regulations and Guidelines.

2.0 SCOPE

This directive applies to all MAHs of human medicinal products registered with or submitted for registration to NAFDAC. It applies to:

- Registration of new active substances.
- Renewal of products containing active pharmaceutical ingredients (APIs) classified as medium or high risk under the NAFDAC Guidance on Risk Categorization of Medicinal Products for PSUR/PBRER Submission (Annex I).
- Agency-requested PSUR/PBRER submissions or modified reporting requirements based on emerging safety information, significant regulatory action, or public health concerns.

Routine PSUR/PBRER submission is not required for:

- Low-risk medicinal products, unless requested by NAFDAC (Annex I).
- Homeopathic and alternative medicines, unless classified as medium/high risk (Annex I).

3.0 DIRECTIVE DETAILS:

3.1 Timelines for Submission

All MAHs shall comply with the following requirements:

- The obligation to submit PSURs/PBRERs begins from the date of first authorization in Nigeria. However, the reporting schedule, (reporting intervals, and Data Lock Points (DLPs)) shall follow the product's established International Birth Date (IBD). The IBD is the date of the first marketing authorization of a product anywhere in the world while DLP is the cut-off date for data included in a PSUR/PBRER.
- Where Nigeria is the country of first global authorization, the IBD shall be the date of first authorization in Nigeria.
- MAHs shall use the same IBD and DLPs applied globally and shall not establish separate reporting schedules based on the Nigerian authorization date.
- Where first authorization in Nigeria falls within an existing IBD reporting interval, the first PSUR/PBRER shall include:

- Global safety data for the entire IBD reporting interval; and
- Nigerian safety data from the date of first authorization in Nigeria to the applicable DLP.

Subsequent PSURs/PBRERs shall follow the established IBD reporting schedule and include both global and Nigerian safety data for the applicable reporting interval (see Annex II for examples).

Reports shall be submitted upon request by NAFDAC or as follows:

- **Medicinal products not yet marketed:** Every 6 months after authorization until launch.
- **New active substances:** Every 6 months for the first 2 years, annually for the next 3 years, and every 5 years thereafter.
- **Medium- and high-risk products (excluding new active substances):** Every 5 years. NAFDAC may require more frequent submissions where additional safety monitoring is warranted.
- **Submission timelines:** Within 70 calendar days after the DLP for reporting intervals of up to 12 months, and within 90 calendar days after the DLP for intervals exceeding 12 months.
- **Products already authorized outside Nigeria:** The most recent PSUR/PBRER shall be submitted at the time of registration application or within 30 calendar days thereafter.

3.2 PSUR/PBRER Requirements

The PSUR/PBRER shall:

- Be prepared in accordance with the NAFDAC Good Pharmacovigilance Practice (GVP) Guidelines, 2021 and ICH E2C(R2).
- Include the International Birth Date (IBD) and the Nigerian authorization date.
- Be based on the applicable Data Lock Point (DLP) and cover the defined reporting interval.
- Summarize adverse drug reactions (ADRs) reported in Nigeria during the reporting interval.
- Include Nigeria-specific safety data as a dedicated appendix, where applicable, for multinational MAHs.
- Present cumulative and interval patient exposure data.
- Include a comprehensive benefit-risk evaluation, including signal detection, signal evaluation, and risk characterization.
- Be evaluated against the current Reference Safety Information (RSI) (e.g., SmPC or Company Core Data Sheet).
- Summarize relevant scientific literature published during the reporting interval.
- Describe locally implemented risk minimization measures, where applicable.
- Conclude whether the benefit-risk balance remains favourable.
- Be submitted electronically in PDF format through the designated NAFDAC submission portal or official Pharmacovigilance email (pharmacovigilance@nafdac.gov.ng)

Failure to comply with this directive may result in regulatory action, including delay or refusal of marketing authorization renewal, or other enforcement measures deemed appropriate by NAFDAC.

Approved By:
Director-General (NAFDAC)
Prof. (Mrs.) Mojisola Christianah Adeyeye

Signature:  **Date:** August 18, 2026

Annex I: NAFDAC Guidance on Risk Categorisation of Medicinal Products for PSUR/PBRER Submission

1. Introduction

This guidance establishes a risk-based framework for categorising medicinal products to support pharmacovigilance oversight and implementation of Periodic Safety Update Reports (PSURs)/Periodic Benefit-Risk Evaluation Reports (PBRERs). The framework promotes proportionate regulatory oversight while supporting the continued protection of public health.

2. Scope

This guidance applies to all Marketing Authorisation Holders (MAHs) of authorised human medicinal products that are subject to PSUR/PBRER requirements under the NAFDAC Good Pharmacovigilance Practice (GVP) Guidelines.

3. Risk Categorisation Framework

Medicinal products shall be assigned to one of three pharmacovigilance risk categories based on the overall assessment of their safety profile, product characteristics, post-marketing experience and potential public health impact.

Risk Category	Key Characteristics	Typical Examples
High	• Limited post-marketing experience • Complex or evolving safety profile • Serious, life-threatening, disabling or irreversible ADRs • Enhanced pharmacovigilance required • Narrow therapeutic index	New Active Substances, biologics, biosimilars, vaccines, blood products, cell/gene therapies, cytotoxic medicines, contrast media/intrathecal fluids, disease modifying drugs, products with an approved RMP requiring additional risk minimization measures or under additional monitoring etc.
Medium	• Established safety profile • Routine benefit-risk evaluation required • Clinically significant but generally well-characterized adverse reactions • Widely used for chronic or acute medical conditions • Does not require enhanced pharmacovigilance measures but requires continued routine safety monitoring. • Drug products with clinically significant drug-drug interaction potential • Potential for medication errors, misuse, drug interactions, or public health impact	Prescription medicines used for chronic or acute conditions (e.g. cardiovascular, endocrine, respiratory, anti-infective, CNS medicines); Systemic, topical/local non-systemic anesthetics; Antibiotics; Systemic NSAIDs; Cough & cold preparations containing ephedrine, pseudoephedrine, phenylephrine, codeine; Ophthalmic products (containing steroids, NSAIDs, antibiotics, beta-blockers, anti-allergy, anti-glaucoma drops); Antimalarials;

		Hormonal/reproductive medicines; Intravenous fluids; Homeopathic and alternative medicines with demonstrated pharmacological activity, safety concerns, clinically significant drug-drug interaction potential etc. Topical steroids, triple action creams, retinoids.
Low	• Extensive post-marketing experience • Stable and well-established benefit-risk profile • Routine pharmacovigilance activities are considered adequate • Associated with predominantly mild, predictable ADRs	Vitamins, mineral supplements, nutraceuticals, oral rehydration salts, simple antacids, paracetamol single ingredient, ophthalmic lubricants (e.g. artificial tears), topical analgesics, topical antibiotics, hematinics etc.

4. Classification Principles

Risk categorisation should be based on the overall assessment of the medicinal product, taking into account:

- Novelty of the product and extent of post-marketing safety experience.
- Nature and complexity of the product, including biological characteristics where applicable.
- Severity, frequency and predictability of known adverse reactions.
- Therapeutic index, public health impact and population exposure.
- Regulatory requirements such as an approved Risk Management Plan (RMP), additional monitoring, teratogenicity etc.

5. PSUR/PBRER Submission Requirements

PSUR/PBRER submission frequency is determined by the product's risk category. High-risk products follow the baseline frequency below, reflecting the intensive monitoring period for new drug molecules under Chapter 6 of the NAFDAC Good Pharmacovigilance Practice (GVP) Guidelines and may be required to report more frequently where risk warrants it. Medium-risk products, having an already established safety profile, report every 5 years, with more frequent reporting possible on a case-by-case basis. Low-risk products are not required to submit routine PSUR/PBRERs, except where emerging safety concerns arise.

Baseline frequency (High/Medium-risk products)

Product Status	**Baseline Frequency**
New drug molecule — Years 1–2 post-authorisation	Every 6 months
New drug molecule — Years 3–5 post-authorisation	Annually
New drug molecule — Year 6 onward, at each subsequent licence renewal	Every 5 years

Established medicinal product	Every 5 years

Risk-based adjustment

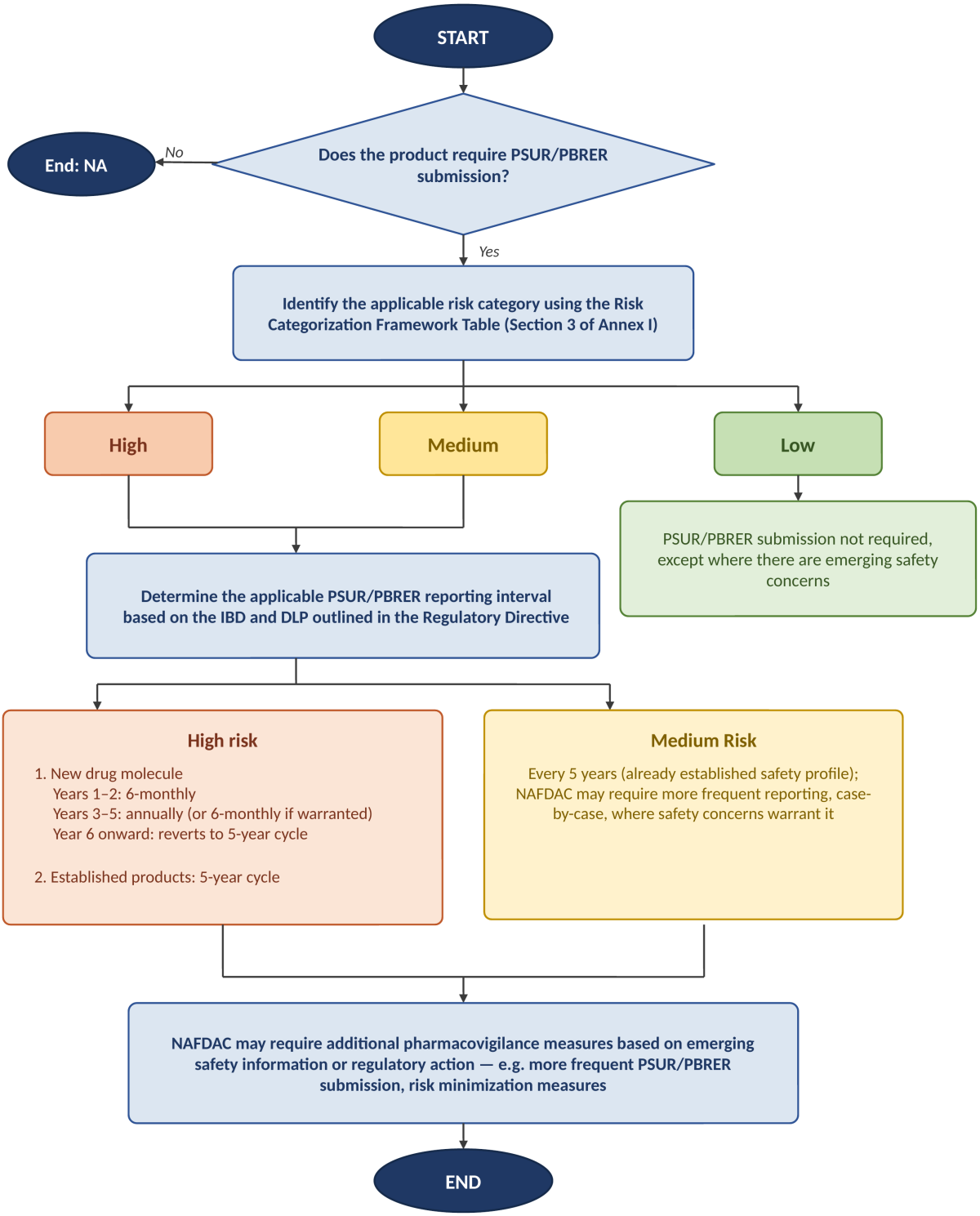
With the introduction of risk categorization, NAFDAC may require more frequent PSUR/PBRER submission than the baseline above, according to the product's risk category:

Risk Category	**Effect on Baseline Frequency**
High	Years 1–2: 6-monthly. Years 3–5: annually, or 6-monthly if warranted (e.g. RMP, additional monitoring, open safety signal). Year 6 onward: reverts to the 5-year cycle.
Medium	Every 5 years; NAFDAC may require more frequent reporting, case-by-case, where safety concerns warrant it.
Low	No routine PSUR/PBRER submission required except when there are emerging safety concerns.

Submission timelines:

- Within 70 calendar days after the Data Lock Point (DLP) for reporting intervals up to 12 months.
- Within 90 calendar days after the DLP for reporting intervals exceeding 12 months.

6. Decision Tree



In cases where a medicinal product meets criteria for more than one risk category, the highest applicable risk category shall apply. Where classification remains uncertain, NAFDAC may determine the appropriate category based on the overall safety profile, public health impact, and pharmacovigilance requirements of the product.

7. General Provisions

- The assigned risk category supports pharmacovigilance oversight and does not imply that a medicinal product is unsafe.
- Where multiple criteria apply, classification should reflect the highest level of pharmacovigilance oversight considered appropriate.
- NAFDAC may revise a product's categorization or reporting requirements based on emerging safety information or regulatory action.

8. References

- NAFDAC Good Pharmacovigilance Practice (GVP) Guidelines.
- ICH E2C(R2): Periodic Benefit-Risk Evaluation Report.
- ICH E2E: Pharmacovigilance Planning.
- Benefit-Risk Balance for Medicinal Products: CIOMS Working Group XII Report

Annex 2: Examples of IBD, Reporting Interval, and DLP Determination

Example 1 (New Active Substance):

A product has an International Birth Date (IBD) of **15 March 2022** and is first authorized in Nigeria on **10 September 2023**. The product follows a six-monthly PSUR/PBRER reporting cycle based on the IBD. The applicable reporting interval is **15 March 2023 to 14 September 2023**, with a Data Lock Point (DLP) of **14 September 2023**.

The date of first authorization in Nigeria does not alter the established IBD-based reporting cycle. Accordingly, the first PSUR/PBRER submitted to NAFDAC shall include global safety data for the entire reporting interval (**15 March 2023 to 14 September 2023**) and Nigerian safety data from **10 September 2023** (the date of first authorization in Nigeria) to **14 September 2023** (the DLP).

The report shall be submitted within **70 calendar days** after the DLP, that is, by **23 November 2023**.

The next reporting interval shall be **15 September 2023 to 14 March 2024**, with a DLP of 14 March 2024. This report shall include a full six months of Nigerian safety data + global data and shall be submitted by 23 May 2024.

Example 2 (Well-Established Generic Product):

A generic product has an International Birth Date (IBD) of 1 March 1985 and is first authorised in Nigeria on 15 June 2024. The product follows a five-year PSUR/PBRER reporting cycle based on its IBD. The applicable reporting interval is **1 March 2020 to 28 February 2025**, with a **Data Lock Point (DLP) of 28 February 2025**.

The date of first authorisation in Nigeria does not alter the established IBD-based reporting cycle. Accordingly, the first PSUR/PBRER submitted to NAFDAC shall include global safety data for the entire reporting interval (**1 March 2020 to 28 February 2025**) and Nigerian safety data from **15 June 2024** (the date of first authorisation in Nigeria) to **28 February 2025** (the DLP).

The report shall be submitted within **90 calendar days** after the DLP, that is, **by 29 May 2025**.