Medicines & Healthcare products Regulatory Agency

[redacted]

MHRA Central Freedom of Information Team
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MHRA Website

Our Ref: **FOI2026/00368**

24 April 2026

Dear [redacted]

Thank you for your Freedom of Information (FoI) request received on 2 April. You wrote:

> *I am currently developing a doctoral research protocol focused on the safety and efficacy of levobupivacaine in adult post-operative epidural infusions within the UK.*
>
> *My initial data collection is being conducted under the guidance of* [redacted] *both of whom are CCed on this correspondence.*
>
> *My research aims to evaluate the clinical rationale behind the current 400mg/24h maximum dosing limit cited in the BNF, specifically looking at safety margins in major surgical cases. As part of a feasibility study to determine the statistical viability of this project, I am inquiring about the volume of spontaneous adverse drug reaction (ADR) reports held within the Yellow Card scheme for this agent.*
>
> *I am specifically interested in:*
>
> * *The total number of reports where the route of administration was epidural.*
>
> * *Whether these reports typically capture the total daily dose (mg) and the duration of the infusion prior to the event.*
>
> * *The prevalence of reports categorised under Local Anaesthetic Systemic Toxicity (LAST), specifically including cardiac arrhythmias or neurological symptoms (seizures/altered consciousness) associated with levobupivacaine.*
>
> *This information will be used to determine if the Yellow Card database provides a sufficient dataset for a deep-dive safety analysis before I formally apply for Category Ib or II data access.*

MHRA Response

We can confirm that the Agency holds this information. However, the information is exempt under Section 21(1) of the Freedom of Information Act because the information is reasonably accessible to you, as it is already in the public domain.

The data published by the MHRA on the suspected side effects being reported for each of these substances can be found in the interactive Drug Analysis Profiles (iDAPs) which can be found on the Yellow Card Website. iDAPs are listed on the website by the name of the substance.

Searching in this way, you can find the iDAP for each substance of interest on the Yellow Card website. This contains a complete listing of all suspected adverse reactions that have been reported to the MHRA via the Yellow Card scheme. On the iDAP you can view the types of reactions that have been reported for each substance within the reports on the Total Reaction Profile tab. These are displayed by primary System Organ Class (SOC) and reported to the level of preferred terms (PTs) as defined by MedDRA. PTs are groups of lowest level terms (LLTs) and related PTs are grouped into high level terms (HLTs)[1].

Under the 'Total Report Profile' tab, by selecting 'Epidural' under the 'Route of Administration' filter, you may view the number of reports held where levobupivacaine was received via the epidural route of administration. Please note that not all reporters indicate the route of administration.

You may also visit the 'Total Reaction Profile' tab to view the number of reports that reported a specific reaction. For example, to view reports where 'Local anaesthetic systemic toxicity (LAST)' was reported, this is a MedDRA LLT which comes under the *LAST* MedDRA PT, which can be found under:

- Injury, poisoning and procedural complications > Procedural related injuries and complications NEC > Anaesthetic and allied procedural complications

You may also view other reactions of interest to you on this page.

Regarding whether dosage information is reported, I can confirm that approximately 8% of reports received include the dosage information (mg). Please note this is not a mandatory field when reporting.

Regarding the number of reports that capture the duration of infusion, based on current data, I can confirm that approximately 12% of reports include this information. Again, please note that this information is not mandatory when reporting.

If you proceed with submission of a type Ib or type II data request, please note that, where reported to us in a Yellow Card report, we hold information on the indication of a medicine, therefore may be able to provide this to identify cases where levobupivacaine has been administered for postoperative indications.

It is important to note that the information presented in the iDAPs does **not** represent an overview of the potential side effects associated with the product. A list of the recognised suspected adverse reactions is provided in the information for healthcare professionals and the patient information leaflets which can be found here.

When considering this spontaneous ADR data, it is important to be aware of the following points:

- A reported reaction, including those with a fatal outcome, does not necessarily mean it has been caused by a medicine, only that the reporter had a suspicion it may have been.

[1] MedDRA Hierarchy | MedDRA

The fact that symptoms occur after use of a medicine, and are reported via the Yellow Card scheme, does not in itself mean that they are proven to have been caused by it. Underlying or concurrent illnesses may be responsible and such events can also be coincidental.

- It is also important to note that the number of reports received via the Yellow Card scheme does not directly equate to the number of people who suffer adverse reactions and therefore cannot be used to determine the incidence of a reaction. ADR reporting rates are influenced by the seriousness of ADRs, their ease of recognition, the extent of use of a particular medicine or vaccine and may be stimulated by promotion and publicity about a medicine or vaccine. For these reasons the enclosed data should not be used as a basis for determining incidence of side effects.

- The MHRA continuously monitors the safety of medicines through a variety of pharmacovigilance processes, including the Yellow Card scheme. As part of our signal detection processes, all adverse reaction reports received by the Yellow Card scheme are assessed, and cumulative information is reviewed at regular intervals. If appropriate, regulatory action would be taken if any serious risks were confirmed.

Type II guidance

You noted in your request that you may consider submitting a Category Ib or II data request. Therefore I have provided an overview below of the types of Yellow Card data that the MHRA holds.

Category Ia data is anonymised aggregated drug reaction (ADR) data in the format of interactive Drug Analysis Profiles (iDAPs). These contain complete listings of all suspected adverse drug reactions or side effects, which have been reported to the MHRA via the Yellow Card Scheme. These data are freely available from the iDAP website as detailed above.

Category Ib data is a list of data fields which exclude any information that can identify the patient and reporter and therefore can be released under the FOI Act without the need for the Pharmacovigilance Expert Advisory Group (PEAG) consideration. These data fields include the following:

- Patient age categories
- Patient sex
- Suspect drug(s)
- Dose of suspect drug(s)
- Route of administration
- Duration of treatment
- Suspected adverse drug reaction(s)
- Adverse drug reaction outcome(s)
- Time to onset
- Past medical history
- Year of receipt

Finally, Category II data is any request for information additional to what is provided in a Ib data request. Applicants can request this information through filling out a type II data request form, which is attached to this response along with relevant guidance. Requests for type II data are considered by PEAG, who provide independent advice on applications for access to data.

I hope the information provided is helpful. If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be

submitted within two months of the date of this response, and can be addressed to this email address.

If you have any queries about this letter, please contact us quoting the reference number above.

Yours sincerely,

MHRA Central Freedom of Information Team
Medicines & Healthcare products Regulatory Agency

Your right to complain under the Freedom of Information Act

If you are not happy with this response you may request an internal review by e-mailing foi.request@mhra.gov.uk or by writing to: MHRA Central Freedom of Information Team, 10 South, Colonnade, Canary Wharf, London, E14 4PU

Any request for an internal review must be received by us within 40 working days of the date of this letter. Please note we are not obliged to provide a review if it is requested after more than 40 working days.

If you are not content with the outcome of the internal review, you may apply directly to the Information Commissioner's Office for a decision. Generally, the Commissioner cannot make a decision unless you have exhausted our own complaints procedure. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.
Website: ICO FOI and EIR complaints or telephone 0303 123 1113

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