



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Overview of key improvements

9th Stakeholder forum on the Pharmacovigilance
legislation, 15 September 2015



Presented by Dr June Raine

Chair, Pharmacovigilance Risk Assessment Committee

An agency of the European Union

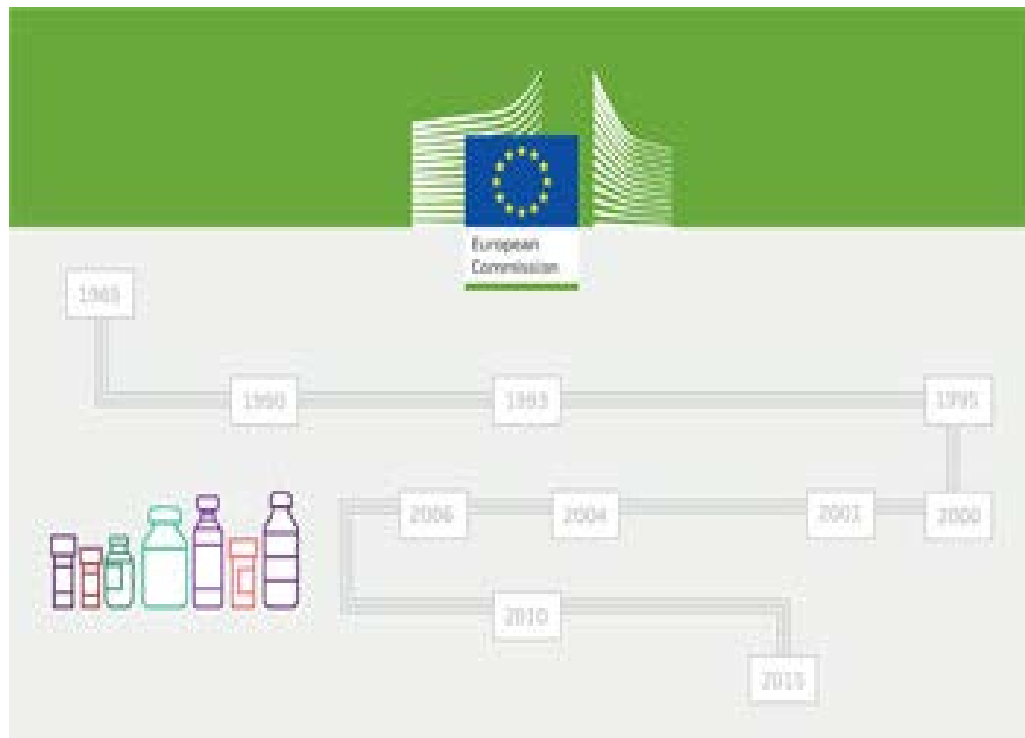




In this presentation:

- Key pharmacovigilance improvement themes
- Highlights of PRAC work plan 2015
- Challenges and some approaches to solutions

European Anniversary year 2015:



50 years of EU regulation

20 years of EMA

5 years since adoption of Phvlg legislation

3 years of PRAC

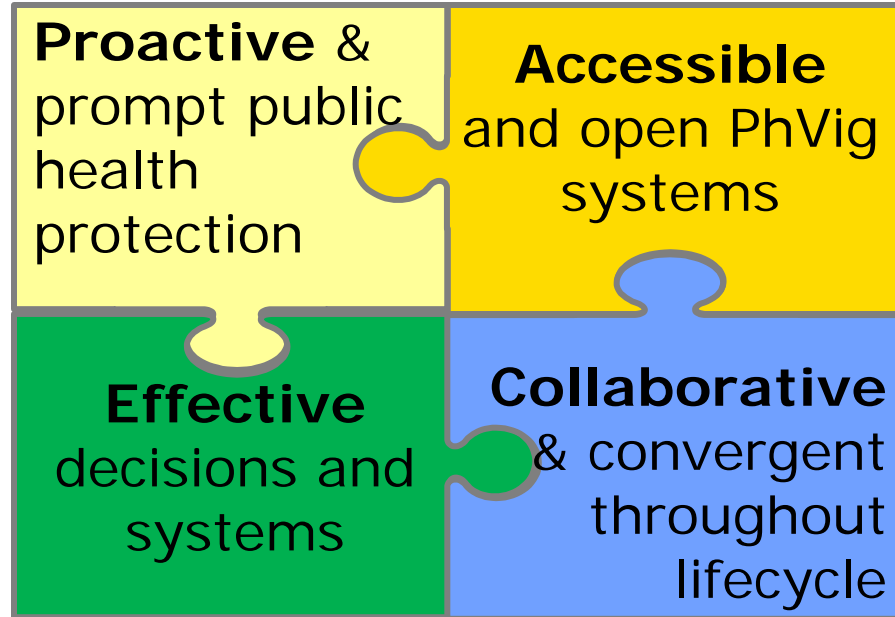
Keeping up the PACE



Making a difference



Keeping up the PACE



Comprehensive activity- focussed plan to utilise potential of all new legislative tools

Priorities include:

- Enhanced quality and consistency of PRAC reviews
- Lifecycle management
- Use of new tools

Focus on developing new guidance where needed

Strengthened collaboration with other EMA committees



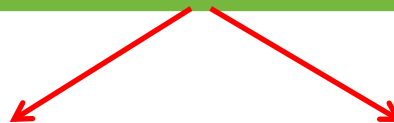
Proactive &
prompt public
health
protection

- Strengthening evidence and science base
- Investigating use of benefit risk decision methodologies
- Focus on Post Authorisation studies – PASS and PAES
- SMART signal detection methodologies
- Best Practice for referrals
- New GVP guidance
 - Special populations
 - Biologics and vaccines
 - Pregnancy
 - Medication errors





**TO STRENGTHEN THE MONITORING OF
BENEFIT-RISK OF MEDICINES IN EUROPE BY
DEVELOPING INNOVATIVE METHODS**



**TO ENHANCE EARLY DETECTION
AND ASSESSMENT OF ADVERSE
DRUG REACTIONS FROM
DIFFERENT DATA SOURCES
(CLINICAL TRIALS, SPONTANEOUS
REPORTING AND OBSERVATIONAL
STUDIES)**



**TO ENABLE THE INTEGRATION AND
PRESENTATION OF DATA ON
BENEFITS AND RISKS**



Using pharmacogenomics to define populations at risk of ADRs



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1 10 January 2014
2 EMA/281371/2013
3 Committee for Medicinal Products for Human Use (CHMP)

4 **Guideline on key aspects for the use of pharmacogenomic**
5 **methodologies in the pharmacovigilance evaluation of**
6 **medicinal products**
7 Draft

| | |
|--|------------------|
| Draft Agreed by Pharmacogenomics Working Party | April 2013 |
| Adoption by CHMP for release for consultation | 20 December 2013 |
| Start of public consultation | 30 January 2014 |
| End of consultation (deadline for comments) | 30 July 2014 |

Early access to medicines in
areas of high unmet need

PRIME medicines procedures
under development

Focus on real-world real-time
evaluation



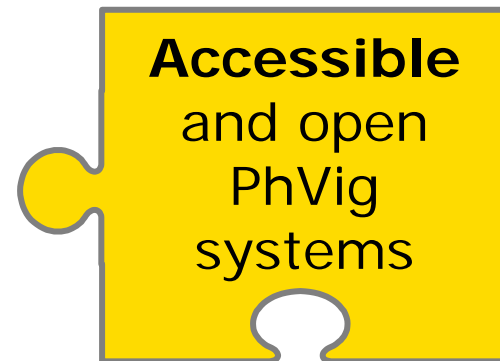
ADA-SCID gene therapy

Optimising safety communications
– update of GVP XV

Criteria for PRAC communication
other than on referrals

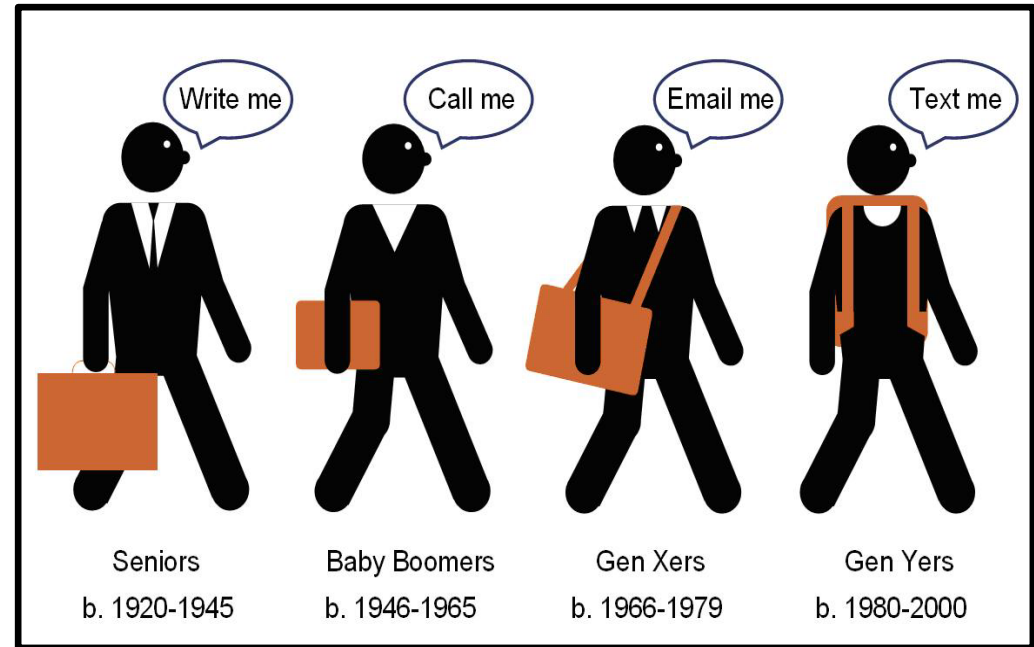
Report on experience with co-
ordination of EU communications

Introducing public hearings



PRAC is supporting work
by EMA, PCWP & HCPWP

Workshop on risk
minimisation 16th Sept





Interaction with patient and healthcare professional organisations so far during formal European reviews

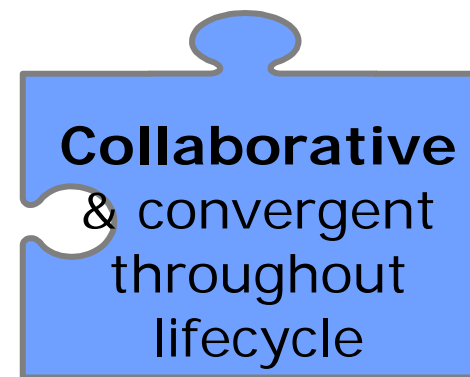
Rules of procedure for conduct of public hearings being finalised

Working with internal and external stakeholders – building effective inter-committee collaboration

Context of EU Network Plan

SCOPE Joint Action project

Innovative Medicines Initiative
WEB-RADR



Informal PRAC and Paediatric Committee meeting 28-9 May



Strengthening pharmacovigilance collaboration:

- ADR reporting
- Signal detection
- Risk communications
- Pharmacovigilance assessment
- Quality management



Project due for completion October 2017

Development of a mobile app for

- ADR reporting
- Provision of information to users


Scientific evaluation of using social media data to identify ADRs, propose policy guidance



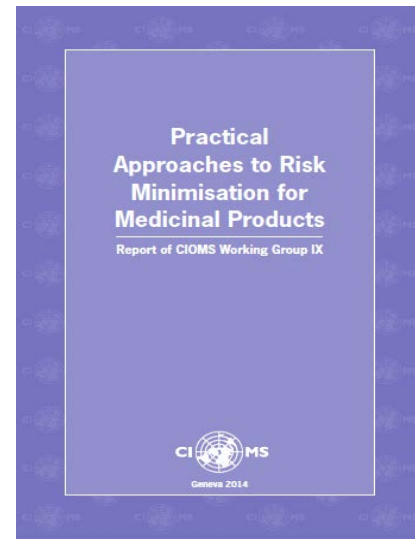
Developing GVP module XII
on regulatory options

Developing strategy to
strengthen evaluation of risk
minimisation proposals

Developing a strategy to
measure impact of
pharmacovigilance



**Effective
decisions
and
systems**



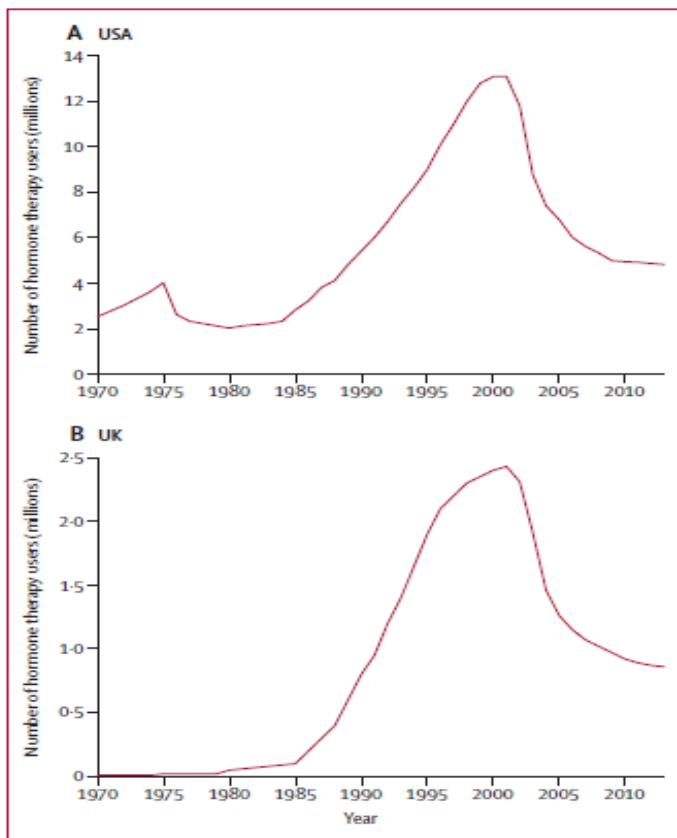


Figure 1: Trends in hormone therapy use in the USA and the UK since 1970
For source of data, see appendix p 4.

Removal of first-line indication in osteoporosis for HRT after WHI study showed harms

Followed by fall in incidence of breast cancer in women over 50 eg 7% in Australia

Trends in use of hormone therapy for the menopause since 1970

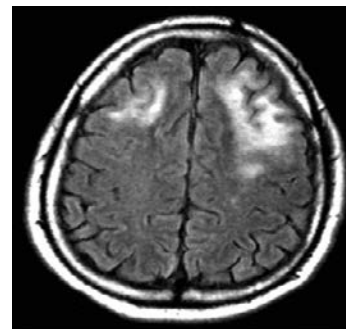
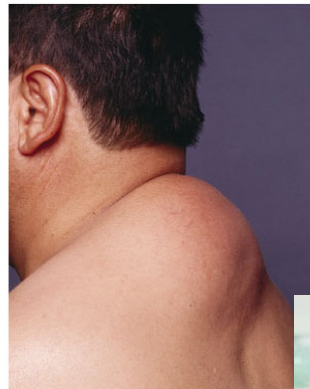
Some key challenges

Workload, resources and
prioritisation

Optimising benefit risk of
“mature” products

Medicines in pregnancy

Long term safety (biologics)



Some approaches and solutions

Maximising use of new methodologies from collaborative projects in particular PROTECT



Building capacity for PASS and PAES studies by maximising use of European Network of Centres for Pharmacovig & Pharmacoepi



Better use of real-world data eg registries

Optimising IT to support and streamline pharmacovigilance systems

Benefits of international collaboration



Last three years have seen **great progress** in realising potential of EU Pharmacovigilance legislation & role of PRAC
Experience has demonstrated areas where a **strengthened, clarified or simplified** approach needed

This will be the basis for developing a **focussed work plan** for 2016

Ongoing **collaboration between all stakeholders** essential to achieve highest standards of public health protection in EU



With thanks to:

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All members and secretariat of PRAC



Thank you

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