



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Overview of the new pharmacovigilance legislation

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Dr Peter Arlett
Head, Pharmacovigilance and Risk Management
EMA

An agency of the European Union





In this talk:

- New legislation
 - Objectives
 - Key measures
 - Impact
 - Implementation and 2012 priorities
- Conclusions



Opportunities for improvement: Need To Strengthen pharmacovigilance

- 5% of all hospital admissions are for Adverse Drug Reactions (ADRs)
- 5% of all hospital patients suffer an ADR
- ADRs are the 5th most common cause of hospital death
- Estimated 197,000 deaths per year in EU from ADRs
- EU societal cost of ADRs amounts to Euro 79 Billion per year



Why? High Level Objectives

Promote and protect public health by reducing burden of ADRs and optimising the use of medicines:

- Clear roles and responsibilities / robust and rapid EU decision-making
- Engage patients and healthcare professionals
- Science based - integrate benefit and risk
- Risk based/proportionate
- Increased proactivity/planning
- Reduced duplication/redundancy
- Increase transparency and provide better information on medicines



What? - Scope of Changes

- Coordination / lists of medicines
- Authorisation requirements
- Risk Management Plans
- Post-Authorisation Studies (Safety and Efficacy)
- Effectiveness of risk minimisation
- Adverse Drug Reactions reporting
- Signal detection
- Periodic Safety Update Reports
- Scientific Committees / PRAC / decision-making
- Transparency and communication
- Coordination of inspections
- Pharmacovigilance Audits
- Fees charged and payments for assessments / services



Understanding the measures

Coordination / lists of medicines (Article 57):

- Create controlled lists of all EU products and substances to:
 - Support databases (EUTCT, EudraVigilance, Siamed etc)
 - Identify products in ADR reports
 - Support coordination of safety monitoring (e.g. referral of all products containing paracetamol)



Understanding the measures

Authorisation requirements:

- The dossiers submitted to EMA and NCAs will change, e.g.
 - Pharmacovigilance system description will be reduced
 - Consequent reduction in variations
 - Pharmacovigilance System Master File (PSMF) maintained by all companies in their offices (can be requested or inspected)



Understanding the measures

Risk Management Plans and Post-authorisation studies:

- All new products will have a risk management plan
 - The studies will be legally binding
 - Studies in plans will cover safety and efficacy
 - Overall more studies (need approval, tracking and assessment)
 - New processes for these studies



Understanding the measures

Effectiveness of risk minimisation:

- Monitoring of effectiveness is a new legal obligation for EMA and NCAs:
 - Will need in-house access to health data (including electronic health records)
 - Will need drug usage studies
 - Will need industry + independent research
 - EMA / NCAs will need to strengthen its research capacity including statistics, epidemiology and programming



Understanding the measures

ADR reporting:

- Major IT investment need in EudraVigilance
- All reports will come centrally to EudraVigilance from (?) 2015
- We all, as patients, will be able to report suspected side effects
- New tender for literature monitoring will be necessary as EMA will monitor and report to Eudravigilance ADRs in the common literature for established substances



Understanding the measures

Detecting new or changing safety issues (“signal detection”)

- New legal obligation for EMA and NCAs – detecting issues is the core of pharmacovigilance
- More formal procedures and greater data extraction and clinical and pharmacy analysis will be required
- Builds on success of existing signal detection team



Understanding the measures

Periodic Safety Update Reports:

- Content changes to Periodic Benefit Risk Evaluation Report - E2C(R2)
- In time EMA will process all reports for the EU (new database and tracking tool required)
- In time all assessments will come through the EMA Committees (including all the nationally authorised products)
- Big increase in responsibility and work load
- Impacts EudraVigilance, Processes, Committees, Communications



Understanding the measures

Scientific Committee / Decision making

- New Committee: Pharmacovigilance Risk Assessment Committee (PRAC)
- All key safety issues to pass through this committee
- Legally binding outputs for nationally authorised products – fast efficient updates to national product information



Understanding the measures

Transparency and communication

- Major increase in documents publically available
- Public hearings for referrals
- EMA communication coordination for issues on nationally authorised products
- EU and National medicines 'web-portals'



Understanding the measures

Inspections and audits:

- Strengthened coordinating role for EMA inspection colleagues
- Lots of new audits: for EMA, for national authorities, for industry



Understanding the measures

Fees charged for pharmacovigilance:

- New fees – likely starting 2014
- Might we have a web-based fee collection system?
- Fee types and rapporteur payments will need to change



Impact

- Biggest change to the legal framework for human medicines since 1995
- Entire product life-cycle

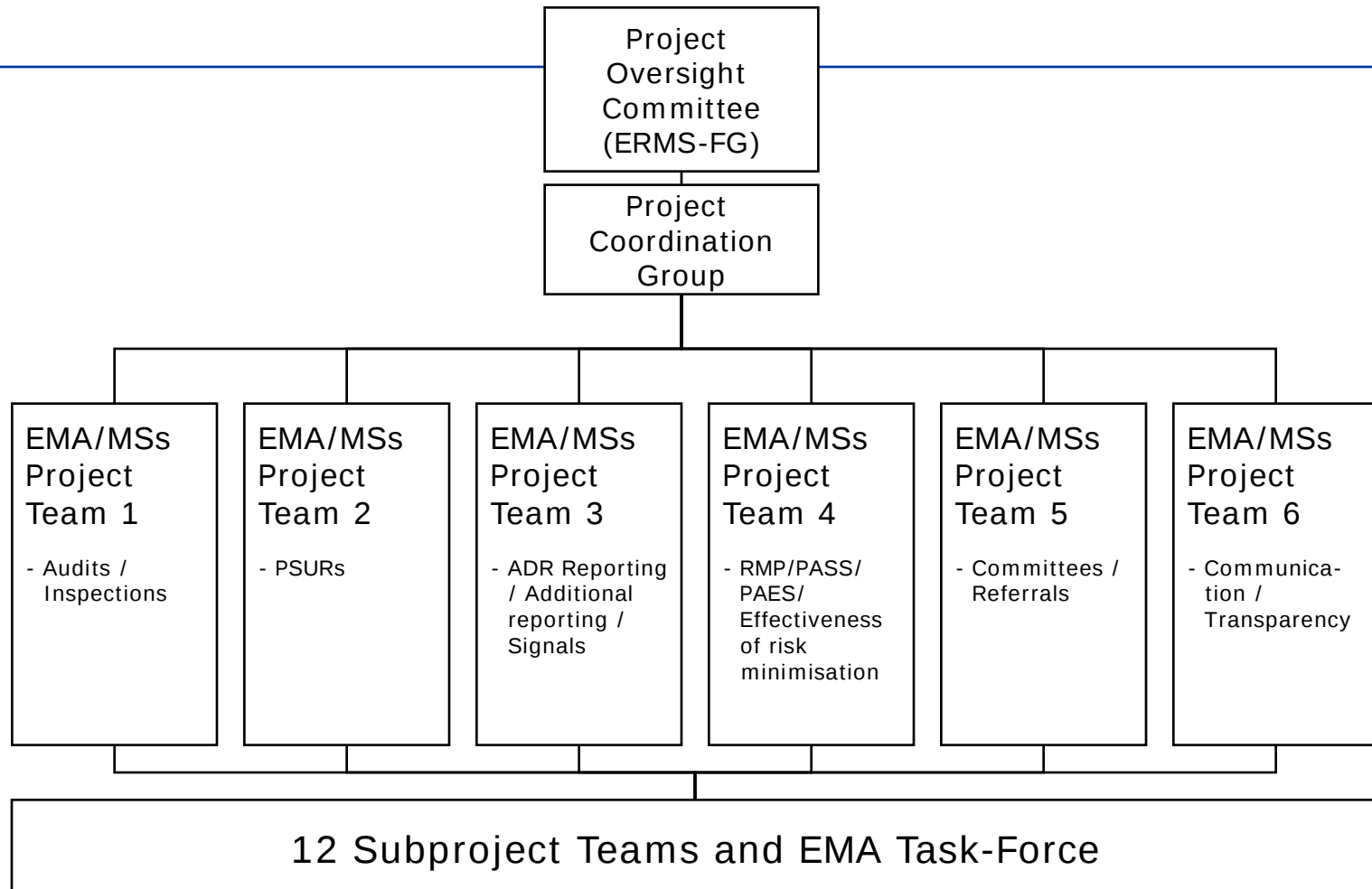


How to implement?

- Dedicated governance structure
- 6 Member States / EMA Project Teams
- 12 EMA Subproject Teams
- Stakeholders meetings involving EMA, Member States, EC, Industry, Patients and Healthcare Professionals representatives:
 - Meetings held on 15th April, 17th June, 20th October 2011 and 27 February 2012 (presentation + videos on website)



How to implement? – Governance structure





Introduction

- Stepwise implementation over the next years
- Criteria for prioritisation:
 - Firstly, public health activities
 - Secondly, transparency and communication activities
 - Thirdly, simplification activities (primarily for pharmaceutical industry)



2012 Implementation Plan (1 / 7)

4 main areas of activity

- Collection of key information on medicines
- Better analysis and understanding of data and information
- Regulatory action to safeguard public health
- Communication with stakeholders



2012 Implementation Plan (2 / 7)

Collection of key information on medicines:

- Risk Management Plans
 - Strengthening of the procedure
 - Operation of the revised procedure
- Periodic Safety Update Reports (PSURs)
 - Implementation of new procedure for CAPs
 - Preparation of a harmonised list for PSURs and publication of harmonised birthdates



2012 Implementation Plan (3 / 7)

Collection of key information on medicines (cont'd):

- Post-Authorisation Safety Studies (PASS)
 - Implementation of the procedure for protocol approval and results management for CAPs
 - Electronic submission of core medicine information by pharmaceutical industry and start validation of received information



2012 Implementation Plan (4 / 7)

Better analysis and understanding of data and information:

- EudraVigilance and signal detection
 - Operation of the revised process for CAPs (lead by EMA)
 - Continuation of maintenance work for the current system and implementation of the EudraVigilance Access Policy



2012 Implementation Plan (5 / 7)

Regulatory action to safeguard public health:

- Scientific Committee and decision-making
 - Establish the new Committee (PRAC)
 - Revise the mandate of the current CMD(h)
- Strengthening referral procedures
 - Operate the urgent Union procedure
- Additional monitoring
 - Develop and publish the list of medicines with special monitoring status



2012 Implementation Plan (6 / 7)

Communication with stakeholders:

- Online publishing of information
 - Publication of CHMP and PRAC agendas, minutes, recommendations, opinions
- Coordination of safety messages
 - Operation of the coordination of Member States' safety announcements for NAPs
- Public hearings
 - Introduction of the novel concept of public hearings in the frame of the urgent Union procedure



2012 Implementation Plan (7 / 7)

In addition:

- EMA has provided technical input into the EC's Implementing Measures
- EMA is developing detailed guidance on all aspects of the new pharmacovigilance legislation through GVP modules



Development of Good Vigilance Practices

- GVP will be developed in a **modular approach** in order to facilitate its maintenance

- Within modules:

A – Introduction

B – Structures and processes

C – Operation of the EU network



Conclusions

- **Excellent pharmacovigilance requires:**
 - Law
 - Science
 - Resources
- **We are building the new EU pharmacovigilance system:**

For better health protection and promotion