Pharmacovigilance

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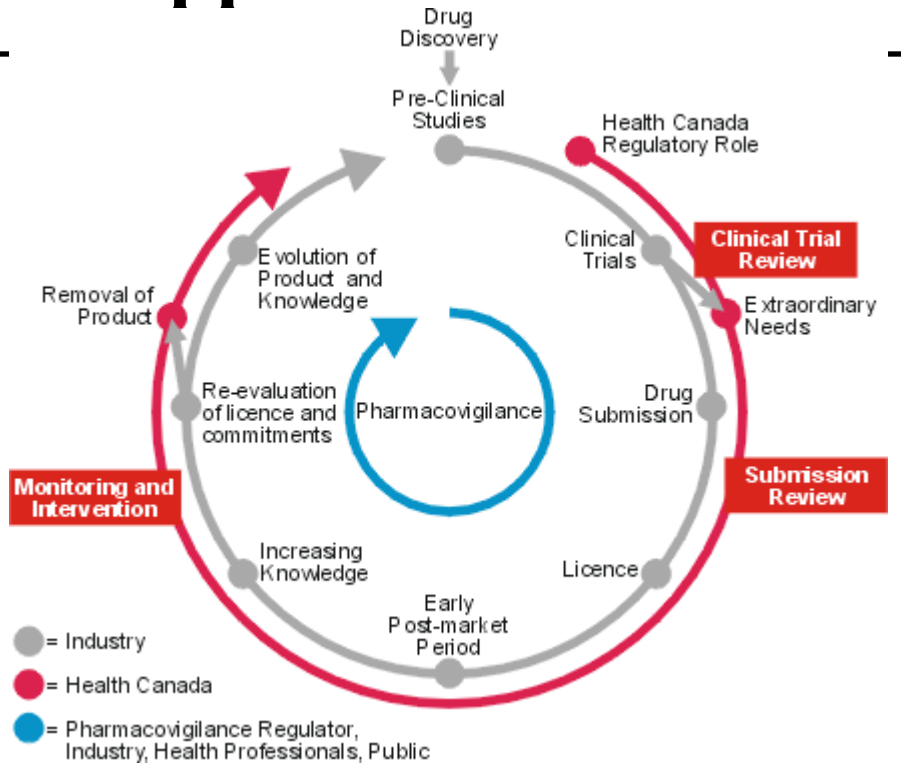
Pharmacovigilance: A life-cycle approach



www.hc-sc.gc.ca

New PhV legislation

L 348/74 EN Official Journal of the European Union 31.12.2010

DIRECTIVES

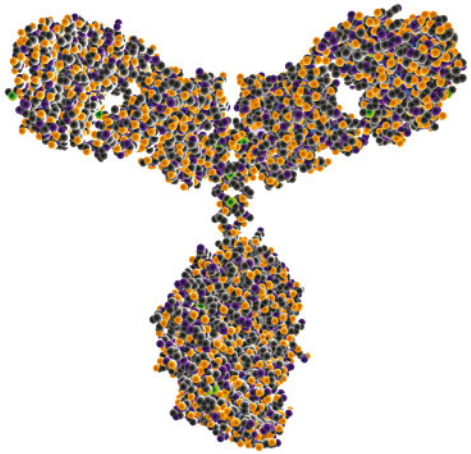
DIRECTIVE 2010/84/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 15 December 2010

amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use

Biologicals and biosimilars are specifically mentioned

Comments received



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

1 18 November 2010
2 EMA/CHMP/BMWP/403543/2010
3 Committee for Medicinal Products for Human Use (CHMP)

4 Guideline on similar biological medicinal products
5 containing monoclonal antibodies
6 Draft

Traceability and naming

- Currently in guideline: "*Recommendations like recording the brand name of the drugs used by physicians, could be taken into account to reinforce traceability*"

- Traceability is important ==> biosimilar mAbs should receive a specific name and batch numbers should be collected

(e) ensure, through the methods for collecting information and where necessary through the follow-up of suspected adverse reaction reports, that all appropriate measures are taken to identify clearly any biological medicinal product prescribed, dispensed, or sold in their territory which is the subject of a suspected adverse reaction report, with due regard to the name of the medicinal product, in accordance with Article 1(20), and the batch number;

Improving traceability

http://meldingen.lareb.nl/meldformulier/zorgverlener/melden.asp

Substitution

- Comments received: *"Substitution should be prohibited"*
- Substitution is dealt with at a national level and is a decision of the treating physician
- A statement should be included in the SPC that it concerns a biosimilar mAb
- No information related to substitution should be included in the SPC

Product information

- Comment received: *"Because biosimilars are not equivalent to the reference product and because unique efficacy and safety data will be available, the PI should include these data. PI should distinguish data sources (reference product, biosimilar, extrapolation, others)"*

- Clinical trial programme based on showing biosimilarity ==> in case PI distinguishes data sources it creates unwanted confusion ==> differences might be mentioned on a case-by-case basis

Off-label use of biosimilar mAb

- Comment received:
  "There is a risk of off-label use of the biosimilar mAb in indications for which the reference product is approved but the biosimilar mAb is not"

- Risk for off-label use should specifically be described in the RMP and additional PhV activities should be performed based on a risk-based approach ==> this should be added to the guideline

Registries

- Comment received: "*The applicant should address risks known from the safety profile of the reference mAb and unknown risks anticipated by the mechanism of action in the PASS and RMP activities. Participation in registries should be a requirement, given the severity of the disease conditions.*"

- Proposal ==> agree, unless…..

Biosimilars = Biologicals

- Comment received: "*The pharmacovigilance plan and post-authorisation measures should be no less stringent than for the reference product.*"

marketing authorisations. However, some medicinal products are authorised subject to additional monitoring. This includes all medicinal products with a new active substance and biological medicinal products, including biosimilars, which are priorities for pharmacovigilance.

What data/studies could be deferred to the post-authorisation phase?

Risk Management Plan (RMP)

- RMP should be submitted for biosimilar mAbs
- Safety data of the reference mAb should be described
- Immunogenicity should always be included in the RMP
- Potential for off-label use is of interest

Collection of safety information

- Routine PhV activities ==> collection of spontaneous AEs, PSURs ==> obligatory
- Additional PhV activities ==> **PHASE IV STUDIES**
- **PHASE IV STUDIES** ==> Cohort studies, Case-control studies, Case series, etc.

Disease and drug registries

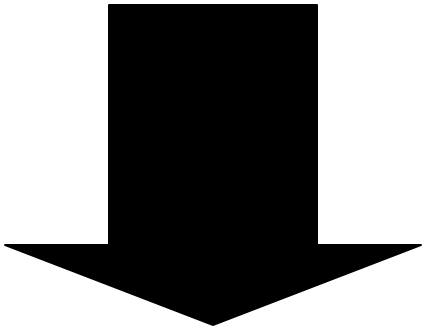
- Important tool for collection of safety data for biologicals
- Biosimilar mAbs should participate in already existing disease and drug specific registries ==> collaboration between MAHs encouraged ==> comparison can be made
- Activities should be explored to improve traceability

Additional immunogenicity data

- Disease or drug registry ==> comparison possible
- Single-arm study ==> additional information in patients treated

Conclusion

Biosimilar mAbs have the same PhV requirements



Challenges exist and should be solved