

# Pilot of MAH signal detection in EudraVigilance

13th Industry Stakeholder Platform – operation of EU pharmacovigilance

Presented by Julie Durand Signal & Incident Management Service - Pharmacovigilance & Epidemiology Department



### Background

- Commission Implementing Regulation (EU) No 520/2012 requires MAHs to continuously monitor EV data and inform regulatory authorities of validated signals.
- Regulatory guidance on EV monitoring by MAHs and reporting processes for detected signals (including standalone notifications) is available in GVP IX rev. 1 on Signal Management.
- To streamline the implementation of these requirements, EMA and the European Commission have agreed on transitional arrangements:
  - ✓ pilot period of one year starting on 22 February 2018,
  - ✓ focussing on limited number of active substances (based on additional monitoring list).



#### Substances and combinations included in the pilot

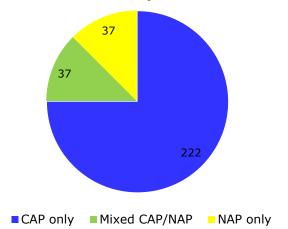
- ✓ The pilot list is available on the EMA Signal Management webpage since October 2017.
- ✓ It contains all substances/combinations that were included in the additional monitoring list in force at the time (rev. 49).
- ✓ All medicinal products containing substances/combinations mentioned in the pilot list are part of the pilot, regardless of whether or not the medicinal products themselves are subject to additional monitoring.
- ✓ The pilot list is the reference for the pilot and is essentially static, i.e. changes in additional monitoring status occurring after October 2017 will not affect the pilot.



## Some features of the pilot list

296 substances (249 single ingredients, 47 FDCs) 398 MAHs (QPPVs)

#### **Authorisation procedure**



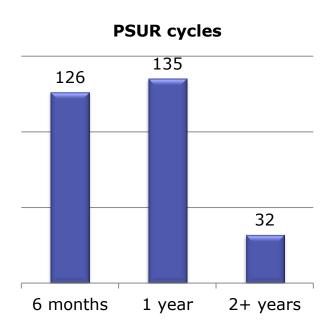
#### Legal basis

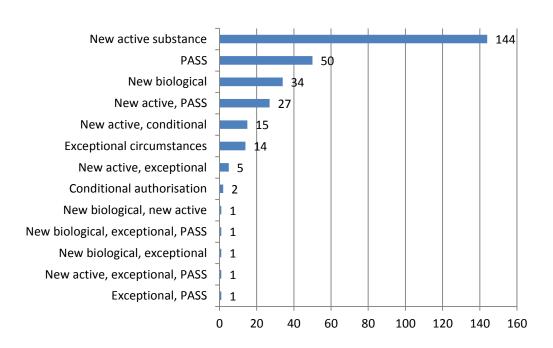
Full application	282
Generic	31
Well-established use	30
Informed consent	23
Hybrid	18
Fixed combination	13
Biosimilar	11
Article 126a	11
Article 58	1

Source: Article 57 database



## Some features of the pilot list (2)





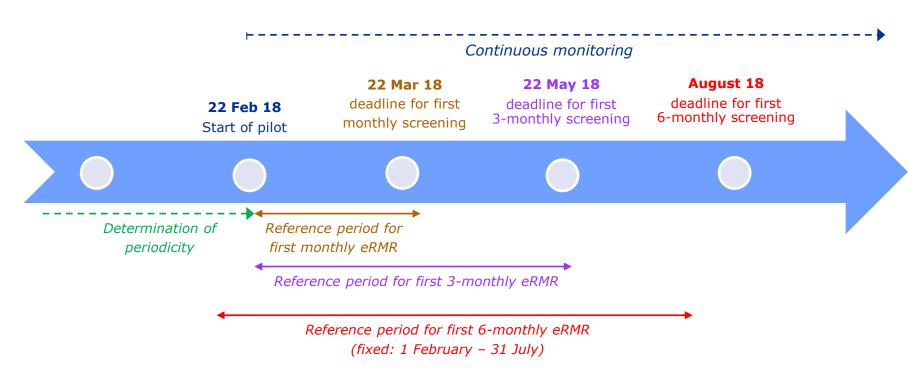
Source: EURD list (Jan 2018)

### **EudraVigilance monitoring**

- 22 February 2018 was the start of the continuous monitoring of EV data for MAHs involved in the pilot.
- By that date, MAHs should have:
  - ✓ identified the 'active substance high level' corresponding to their product using the 'active substance grouping' EVDAS report
  - ✓ determined and documented the periodicity at which they plan to monitor EV data for each of their products in the pilot, using a risk-based approach.
- In line with GVP IX, periodicity may be every 6 months for the 'PASS only' substances of the pilot list, but should in principle be more frequent for others.
- The chosen periodicity determines the date of the first screening, which should cover DECs with new cases reported to EV on or after 22 February 2018.



#### First eRMR screenings for substances in the pilot



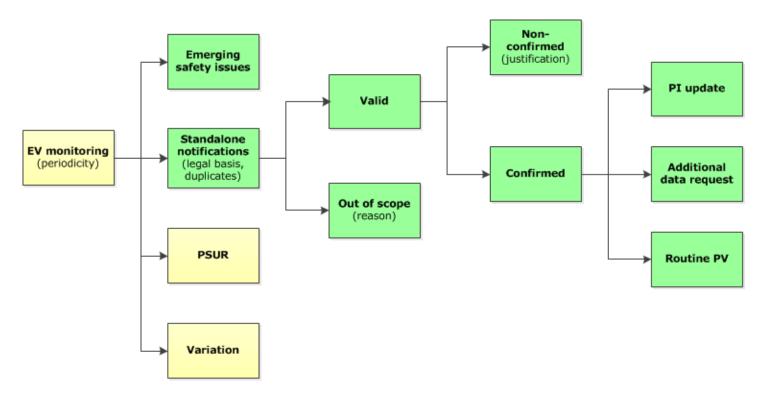
#### Evaluation of the pilot: main objectives

- Informed impact assessment of involvement of MAHs in EV monitoring
- Insight into:
  - √ resource implications
  - √ important safety issues detected
  - ✓ EV tools and areas of guidance / process to be further clarified or streamlined.
  - ✓ duplication of signals for substances with several MAHs

#### Evaluation of the pilot: limitations

- Essentially descriptive
- Limited data on full signal lifecycle, especially for substances monitored on a 6monthly basis
- Limited data on generics, NAPs, products with long PSUR cycles
- Industry input possibly through survey on some areas will be needed, e.g. signals submitted directly in variations or PSURs

## Evaluation of the pilot: main metrics



#### Next steps

- Next phase beyond first pilot year will be subject to early discussions with the European Commission.
- Industry stakeholders to be informed of next phase in Q4 2018.

## Any questions?

#### Further information

[Insert relevant information sources or contact details as applicable.]

#### **European Medicines Agency**

30 Churchill Place • Canary Wharf • London E14 5EU • United Kingdom Telephone +44 (0)20 3660 6000 Facsimile +44 (0)20 3660 5555 Send a question via our website www.ema.europa.eu/contact

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