EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

The role of PRAC in Pharmacovigilance Decisions

June M Raine
Chair, PRAC

Belgrade
23 June 2014

Pharmacovigilance Risk Assessment Committee is a public health focused committee of European Medicines Agency

Undertakes pharmacovigilance decisions using legislative public health protection tools

Role of PRAC in pharmacovigilance decisions

What is PRAC's mandate and constitution?

What types of decision does PRAC undertake?

What are Member State pharmacovigilance requirements?

EU Pharmacovigilance Legislation – PRAC aims

- Public health protection
- Risk based / proportionate
- Based on science
- Simplification and efficiency
- Engagement of patients, Healthcare Professionals
- Greater openness and better information on medicines safety

Mandate of the Pharmacovigilance Risk Assessment Committee

All aspects of the risk management of the use of medicinal products including the detection, assessment, minimisation and communication relating to the risk of adverse reactions, having due regard to the therapeutic effect of the medicinal product, the design and evaluation of post-authorisation safety studies and pharmacovigilance audit

Membership of PRAC

Appointed by each Member State:

1 member + alternate

28 + EEA countries non voting members

Appointed by European Commission:

6 members - relevant expertise including clinical pharmacology and pharmacoepidemiology

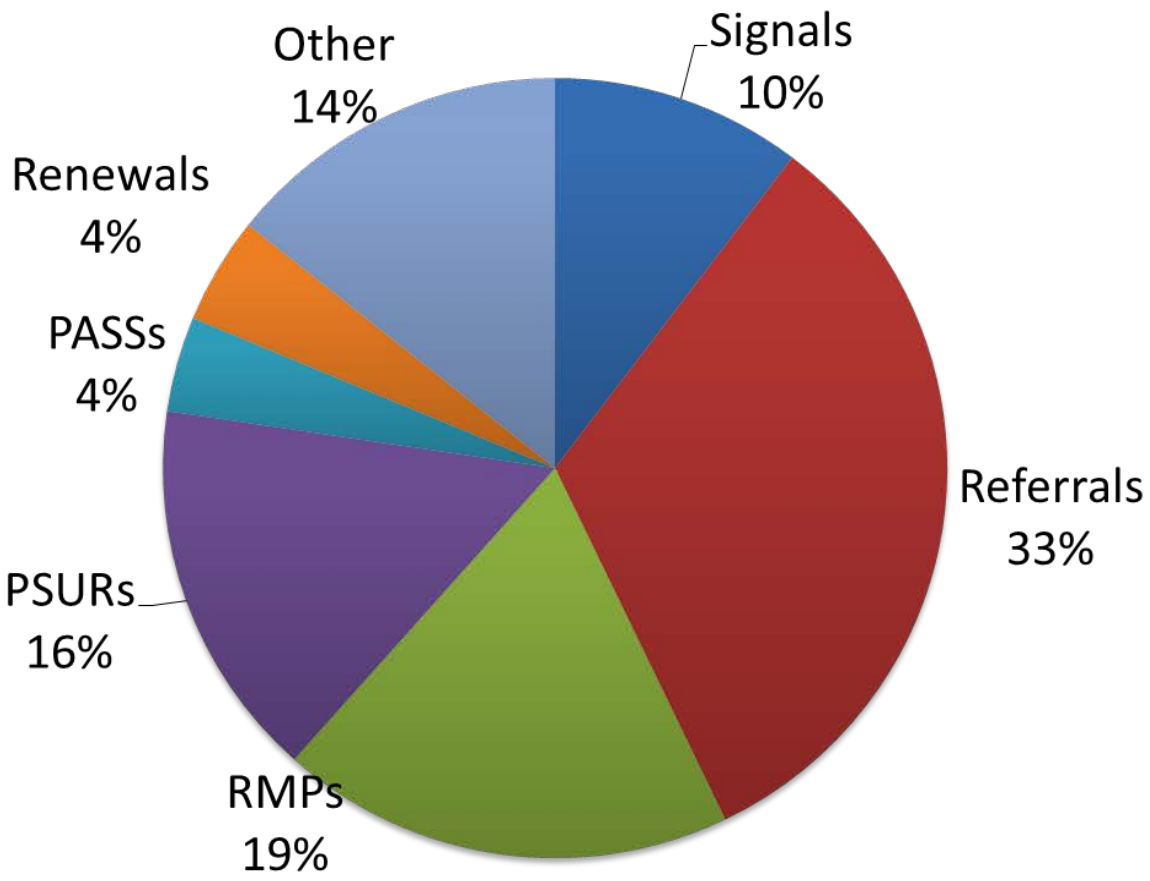
1 member / alternate representing patient organisations

1 member / alternate representing healthcare professionals

What types of decisions does PRAC make?

- **Drug safety signals**
  - evaluating signals and advising on action
- **Regulatory action on benefit risk issues**
  – periodic safety update reports
  - referrals
- **Proactive pharmacovigilance**
  - advising on risk management plans
  - post-authorisation studies
- **Transparency & communication activities**
  agenda, highlights, full committee minutes

% of PRAC plenary discussion time 2013, based on total hours



Evaluation of signals by PRAC

Around 50% signals derive from Eudravigilance ICSRs

Other sources

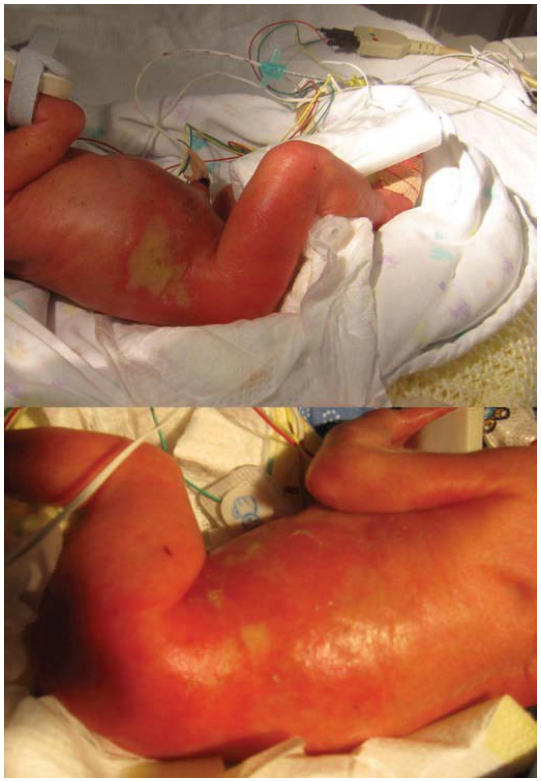
– PSURs

- RMPs

- post-authorisation safety studies

- publications

PRAC signal in paediatric population

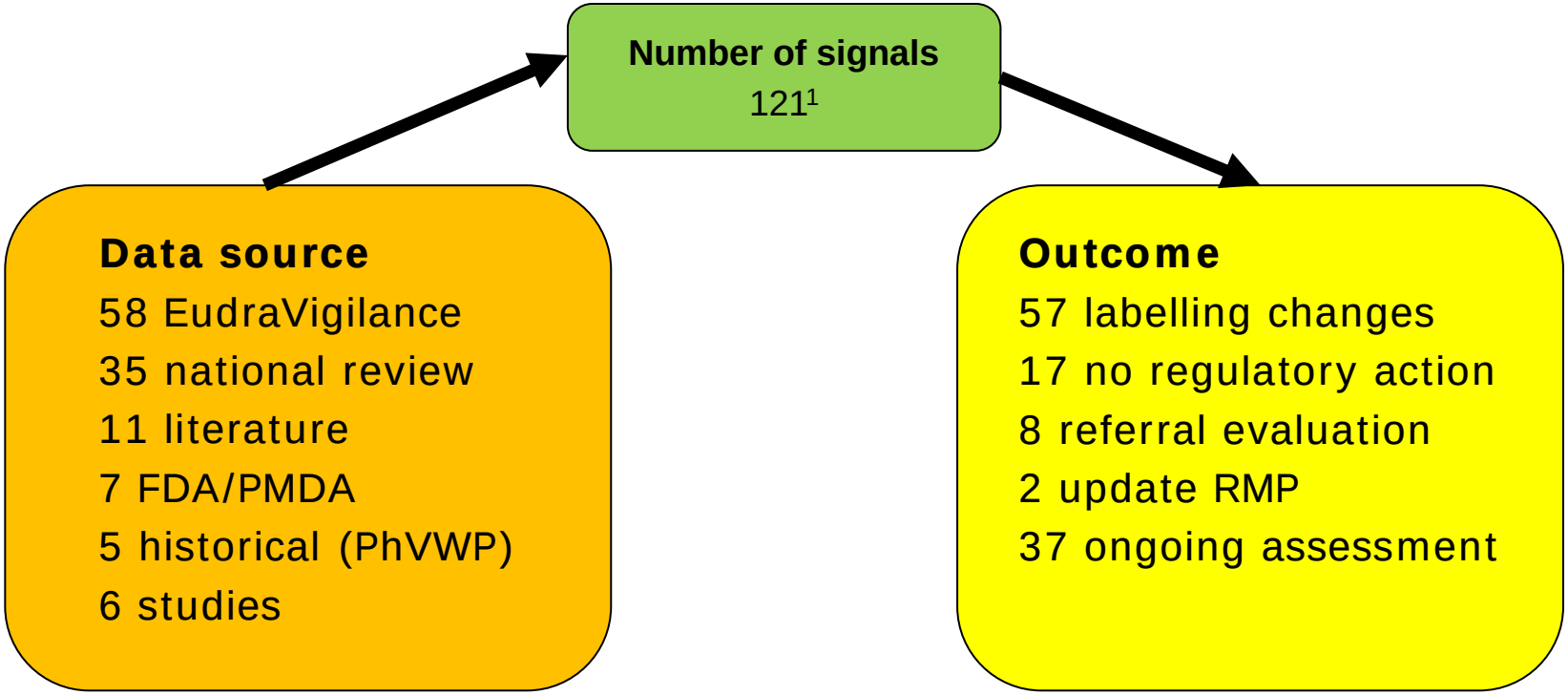


Images in neonatal medicine

Aqueous 2% chlorhexidine-induced chemical burns in an extremely premature infant

PRAC meeting June 2014

PRAC safety signal decisions



- [1] 69 for CAPs, 43 for NAPs, 9 for both

Sept 2012 - Dec 2013

2. Benefit risk decisions by PRAC

Safety Referrals

Formal procedures with a legal framework to resolve concerns on safety or benefit-risk balance of medicine or class of medicines

EMA is requested to conduct a **scientific assessment** of a particular medicine or class of medicines on behalf of European union

Can be started by **EU Commission**, any **Member State** or by the **company**

PRAC aims for a scientific based consensus, if not formal vote taken & decision by majority

European Commission issues a **binding decision** to all Member States

Urgent Union Procedure
Article 107i

A Member State or EU Commission considers urgent action needed because of **safety issue** – they are considering
-suspension or **revocation**,
-**prohibition of supply** of a medicine,
-**deletion of indications**,
-**dose reduction** or
-**new contraindications**

Fastest PRAC decision – 60 days

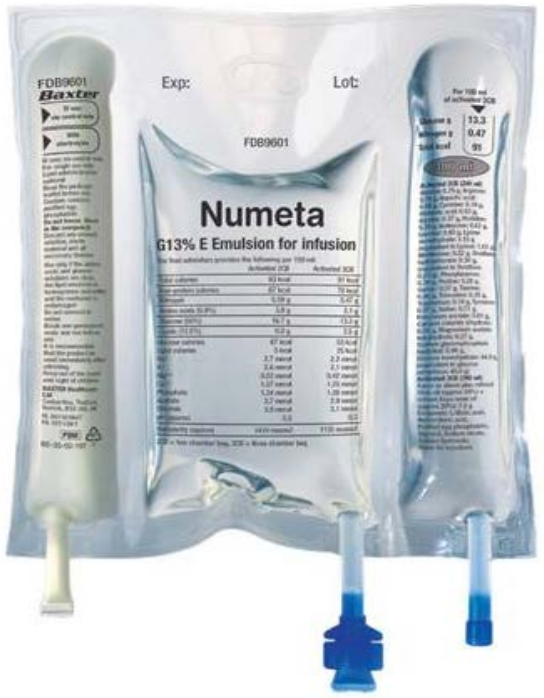
Example 107i procedure – *Numeta 13%*

Numeta 13% parenteral nutrition for preterm babies

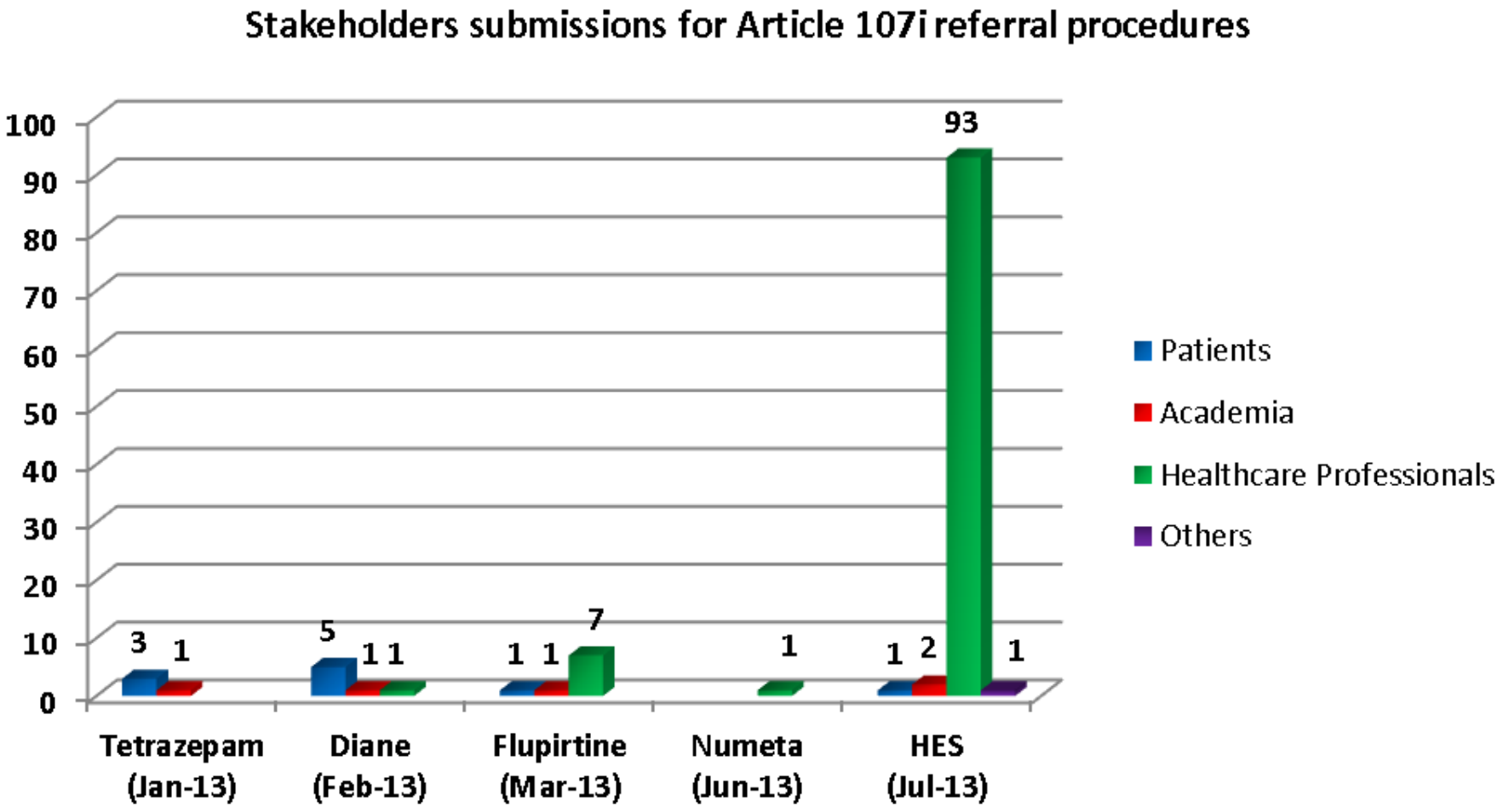
Signal of 14 reports of hypermagnesaemia – July 2013

Voluntary recall of Numeta 13%

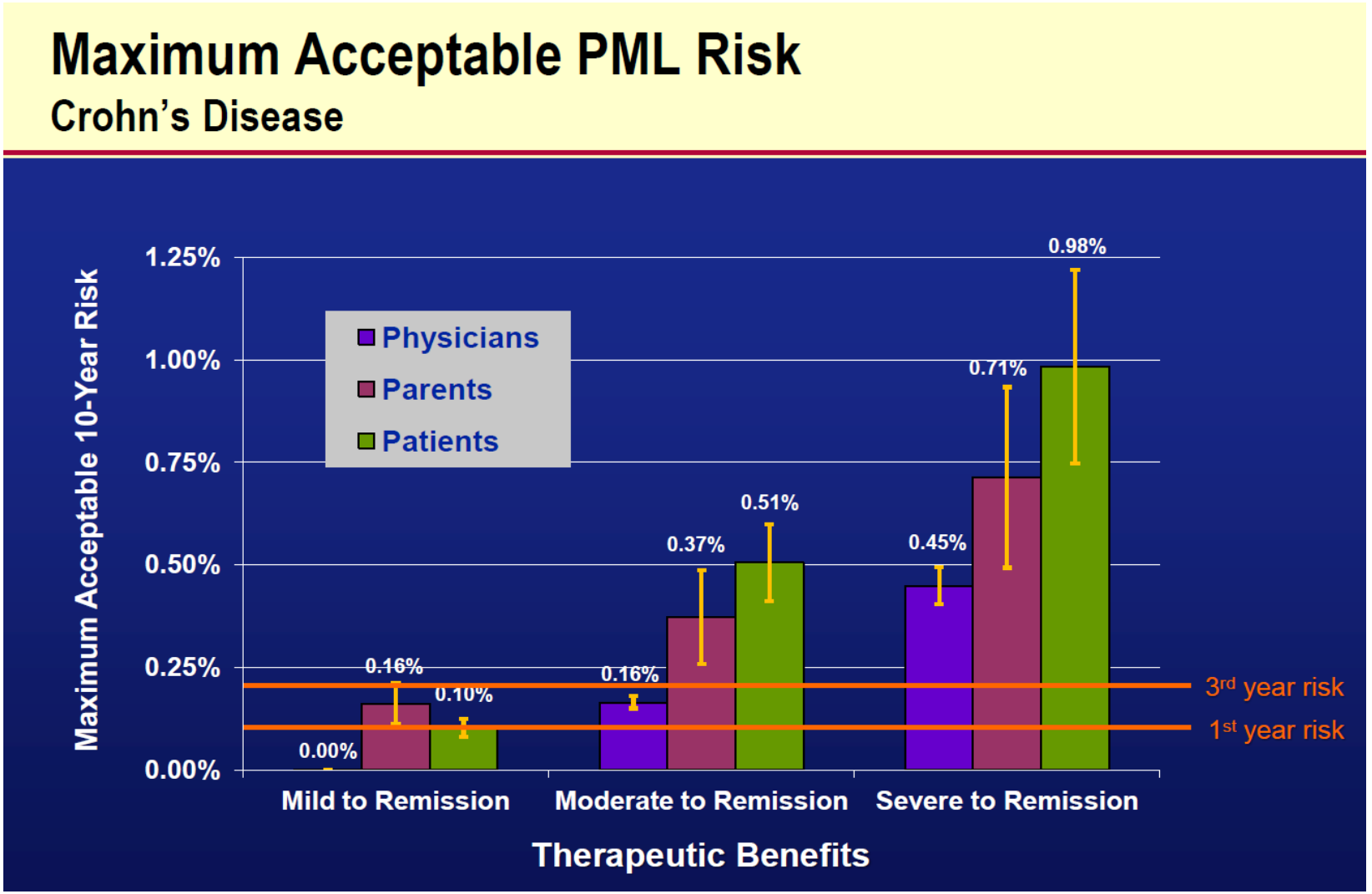
PRAC advised in September 2013 to suspend Numeta 13%, and introduce risk management for Numeta 16%



Stakeholder input to PRAC decisions



Patient engagement in benefit risk



Referral - interest of Community *Article 31*

This type of referral is triggered following concerns relating to the **quality, safety or efficacy** of a medicine or a class of medicines


HEART DANGER IN PAINKILLERS


ACOEPIDEMIOLOGY AND DRUG SAFETY 2013; 22: 559–570
d online 25 April 2013 in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/pds.3437

REVIEW

Myocardial infarction and individual nonsteroidal anti-inflammatory drugs meta-analysis of observational studies

Cristina Varas-Lorenzo[1]*, Nuria Riera-Guardia[1], Brian Calingaert[2], Jordi Castellsague[1], Francesco Salvo[3], Federica Nicotra[4], Miriam Sturkenboom[5] and Susana Perez-Gutthann[1]

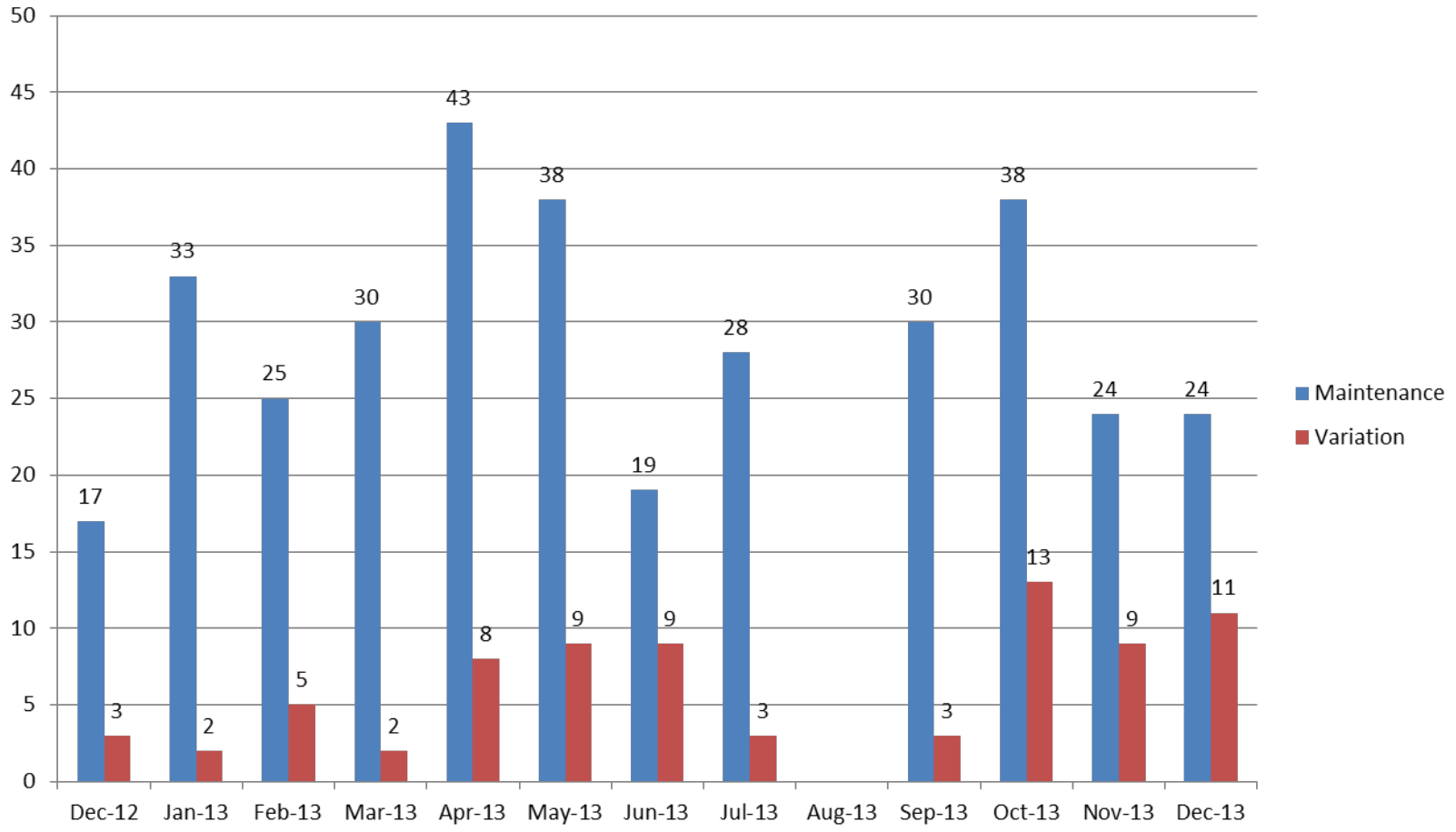
[1] *RTI Health Solutions, Barcelona, Spain*
[2] *RTI Health Solutions, Research Triangle Park, NC, United States*
[3] *Universite Victor Segalen, Bordeaux, France*
[4] *Department of Statistics, Biostatistics and Epidemiology Unit, University of Milano-Bicocca, Milan, Italy*
[5] *Erasmus University Medical Center, Rotterdam, Netherlands*

ABSTRACT

Objective To conduct a systematic review of observational studies on the risk of acute myocardial infarction (AMI) with use of individual nonsteroidal anti-inflammatory drugs (NSAIDs).

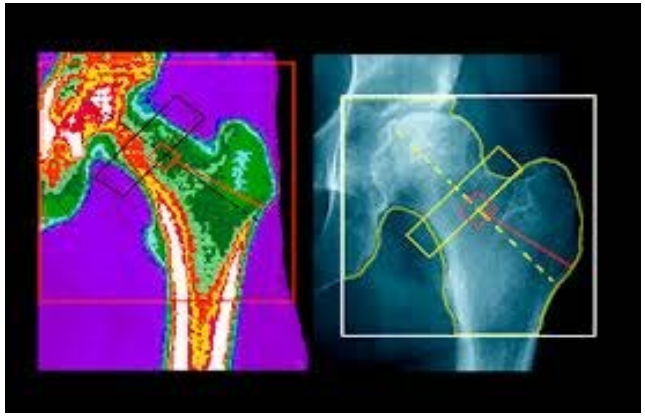
Example – diclofenac and cardiovascular risk

Periodic Safety Update Reports



Example –*Strontium ranelate*

Periodic safety update report identified **increased risk of cardiac disorders** including myocardial infarction



PRAC advised **urgent variation** to restrict MA on safety grounds

heartwire

PREVENTION

CV risks prompt recommendations for EU strontium ranelate restrictions

APRIL 15, 2013 Deborah Flapan

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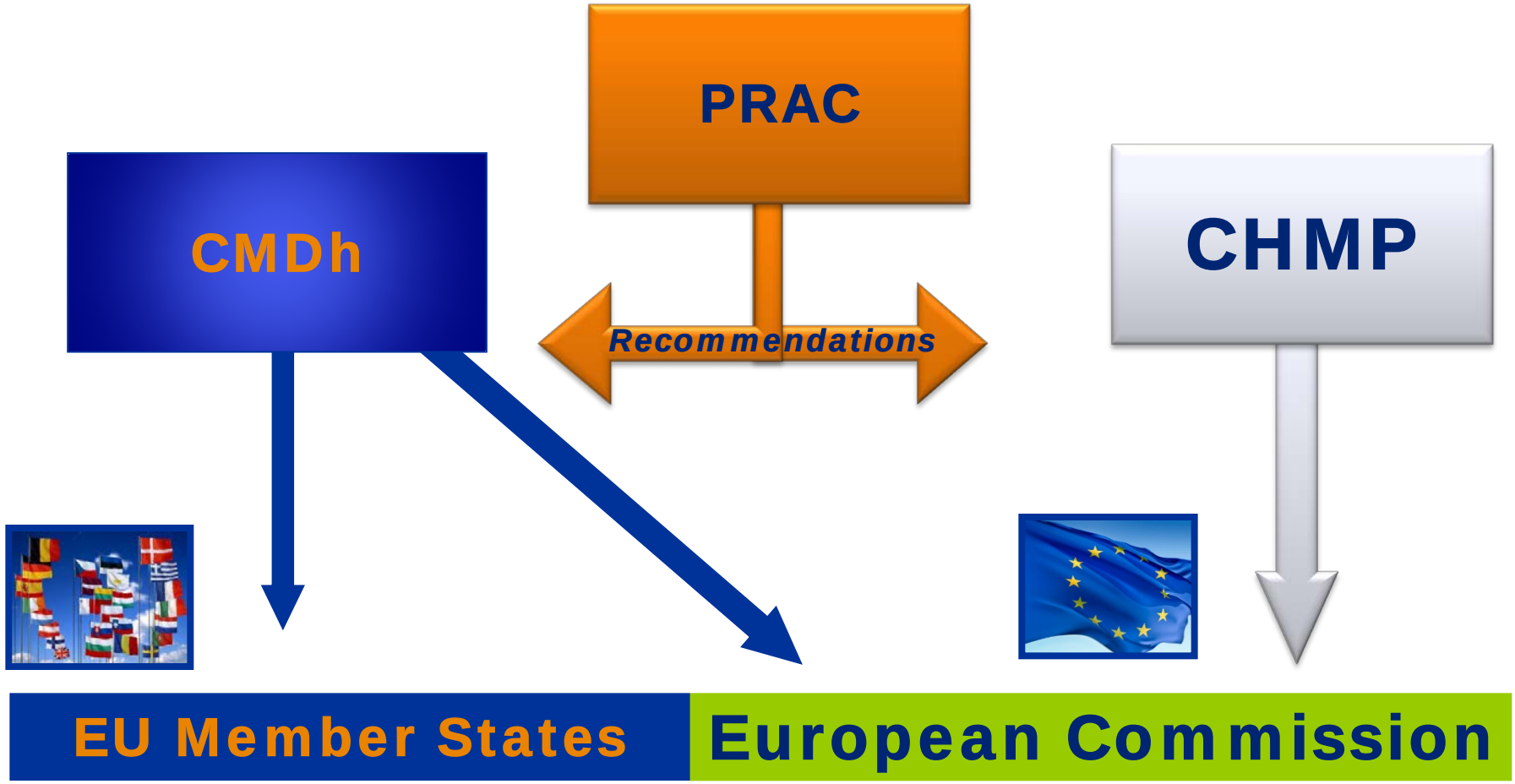
London, UK - The Pharmacovigilance Risk Assessment Committee (PRAC) of the **European Medicines Agency** (EMA) has recommended restrictions in the use of **strontium ranelate** (Protelos/Osseor, Servier) to reduce the risk for adverse cardiovascular events in postmenopausal women [1].

Followed by Article 20 referral as Centrally Authorised Product

Who receives PRAC decisions?



PRAC decisions - summary

Real-time signal detection monthly at PRAC is major step forward for decisions

Via referrals, PRAC takes decisions within **prompt timescales** proportionate to risk

Via PSURs there is significant progress towards **benefit risk evaluation** throughout medicines life cycle

Improved **stakeholder engagement** means PRAC's decisions include perspective of medicines users