

EU Regulatory Network
Challenges and Opportunities for Croatia
5th ALMP Anniversary
13-14 November 2008, Rijeka - Croatia



Risk Management Plans

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Phase I – III development

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The Past ?

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The Reality

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Risk Management!

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The Legislation

Article 8 (3)(ia) of Directive 2001/83/EC requires the MAA to submit:

“a detailed description of the pharmacovigilance and, where appropriate, of the risk management system which the applicant will introduce.”

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The Pharmacovigilance System

This is company specific NOT product specific.
Description of how the company will implement the PhV requirements in Regulation (EC) No 726/2004, and Directive 2001/83/EC as amended

Details found in the Chapter *“Requirements for Pharmacovigilance Systems, Monitoring of Compliance and Pharmacovigilance Inspections”* in Volume 9A of The Rules Governing Medicinal Products in the European Union

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The Pharmacovigilance System

- PhV QP
- PhV Databases
- Systems for collecting adrs
 - SOPs
 - Co-licensing agreements
- Systems for reporting adrs
 - Expedited reports
 - PSURs

A Pharmacovigilance System is different from a Risk Management System!

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The Risk management System

Definition:
a set of pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to medicinal products, including the assessment of the effectiveness of those interventions

Requirement for a RM System can be fulfilled by the submission of an EU RMP

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The EU Risk Management Plan

Part I

- Safety Specification
- Pharmacovigilance Plan

} **ICH E2E**

Part II

- Evaluation of the need for risk minimisation activities,

if a need for additional risk minimisation activities

- Risk minimisation plan

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Safety Specification
(According to ICH Topic E2E)

Non-clinical

- Toxicity
- General pharmacology
- Drug interactions

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Safety Specification

Clinical

- Limitation of human safety database
 - Clinical trial population
 - Post-marketing exposure (if any)
- Populations not studied
- Post-marketing experience (actual use vs SPC)
- Adverse reactions
 - Risks (identified or potential)
- Identified and potential interactions
- Epidemiology
- Pharmacological class effects

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Safety Specification

- EU Specific
 - ♦ Potential for overdose
 - ♦ Potential for transmission of infectious agents
 - ♦ Potential for misuse for illegal purposes
 - ♦ Potential for off-label use
 - ♦ Potential for off-label paediatric use

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Safety Specification

Safety specification conclusions:

Important Safety concerns

- Important identified risks
- Important potential risks
- Important missing information

These form the basis for the PhV Plan and the evaluation of the need for risk minimisation activities

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At time of the Marketing Application

■ Identified risks
 ■ Potential risks
 ■ Missing information

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Mature Product

■ Identified risks
 ■ Potential risks
 ■ Missing information

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Writing the Pharmacovigilance Plan

What's the minimum I can get away with?

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Pharmacovigilance Plan

- Are there unanswered pre-clinical questions?
- Are there unanswered clinical questions?
- Are there safety concerns specific to a particular part of the target population?
- Is the medicine intended for long term use?
- Are there safety concerns specific to the paediatric population?
 - Growth
 - Development
 - Sexual maturity
 - Long term use

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Pharmacovigilance Plan
(According to ICH Topic E2E)

- **Actions proposed**
 - ♦ **Routine pharmacovigilance** (e.g. signal detection, adverse reaction reporting, PSURs)
 - ♦ **Additional pharmacovigilance activities** (e.g. active surveillance, intensive monitoring, PhEpi studies)

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Evaluation of the need for risk minimisation activities

Look at each important safety issue

- **Discuss whether risk minimisation actions needed**
- **Is the product literature sufficient for this purpose?**
- **If not then risk minimisation plan needed**
- **Potential for medication error**

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NEWS

Doctor admits drug blunder killing

A doctor has admitted the manslaughter of a teenage cancer patient who died after a hospital drug blunder.

Wayne Jowett, 18, died after a toxic cancer drug was wrongly injected into his spine rather than a vein.

Wayne Jowett died a month after the mistake



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Risk minimisation Plan

- **Only needed if additional risk minimisation activities needed**
- **Should list safety concerns for which risk minimisation activities needed**
- **Should include both routine and additional risk minimisation activities**

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Additional Risk Minimisation Activities

- Controlled distribution
- Educational information for physicians
 - ♦ Particular serious risks associated with medicine
 - ♦ Existence of surveillance programme
 - ♦ Pregnancy prevention plans
- Patient information
- Patient alert card
- Patient monitoring card
- Training programme

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Summary of activities in EU-RMP

Safety concern	PhV Plan	Risk Min Activities
1. Hepatitis	- Routine PhV. - Study to investigate the incidence and risk factors for hepatitis in Wonderdrug and other immuno-suppressant drugs using GPRD database	- Contraindication for patients with active viral hepatitis in section 4.3 of the SPC - Warning in section 4.4 of the SPC that LFTs should be monitored monthly - Listed as ADR in section 4.8

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Situations when EU-RMP submitted I

- New marketing authorisation**
 - New active substance**
 - A similar biological medicinal product**
 - Generic/hybrid** where safety concern requiring additional risk minimisation activities has been identified with reference medicinal product
 - Informed consent** where safety concern requiring additional risk minimisation activities has been identified with reference medicinal product
- Paediatric use Marketing Authorisation (PUMA)**

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Situations when EU-RMP submitted II

- Situations where EU-RMP **might** be required when new authorisation via centralised procedure
 - "known active substances"**
 - hybrid medicinal product where the changes compared with ref product suggest different risks**
 - bibliographical applications**
 - "fixed combination" applications**

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Situations when EU-RMP submitted III

- Significant changes to MA**
 - New pharmaceutical form**
 - New route of administration**
 - Significant change in an indication/patient population**
- On request from the Competent Authority**
- On company initiative e.g. safety issue with a marketed medicine**
- Update to previous EU-RMP**

Unless agreed not needed

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Update to the EU-RMP

The EU-RMP is a living document

- updated throughout the lifecycle of the product
- safety specification will change over time
 - results from other clinical trials
 - results from studies in PhV Plan
 - spontaneous reports and literature
- PhV Plan and Risk Min Plan will also change over time

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Risk Management Plans
from 01/09/2005 – 31/10/2008

	Positive Opinions	RMP	Additional Risk min activities
New Marketing Authorisations	170	143	20
Post-auth. procedures		68	8

