



Human Medicines Division  
EMA/182390/2024

## Business process description

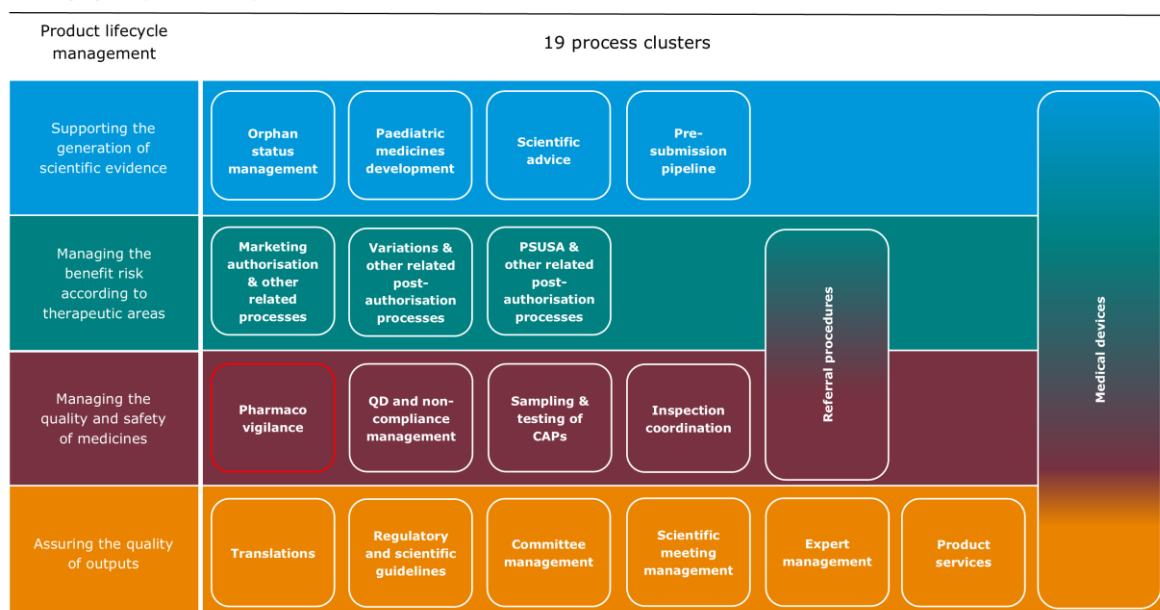
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|--------------------------|--------------------------------|---------------------------|
| Title: Pharmacovigilance |                                |                           |
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### 1. Introduction

The purpose of this document is to describe the high-level & end-to-end process for pharmacovigilance, which ensures that the safety of all medicines is monitored throughout their use. It involves the detection, assessment, understanding and prevention of adverse effects or any other safety-related issue.

This process is part of the Human Medicines Division's process map (image below) which provides a high-level overview of the 19 process clusters within the operating model of the Human Medicines Division.

Human Medicines Division process map  
*Managing the product lifecycle and medical devices*



### Pharmacovigilance process:

It describes how the identification and management of safety signals for active substances contained in centrally authorised medicinal products for human use is conducted periodically based on electronic Reaction Monitoring Reports generated from the EudraVigilance database, as well as other sources of information such as the scientific literature. It also provides guidance on the handling by the Agency of signals validated and confirmed by national competent authorities for nationally authorised products. It also applies to confirmed signals originating from marketing authorisation holders.

## **2. Changes since last revision**

New business process description

## **3. Related documents**

### Guidelines:

- [Guideline on good pharmacovigilance practices \(GVP\) – Module IX – Signal management](#)
- [Guideline on good pharmacovigilance practices \(GVP\) - Module IX Addendum I – Methodological aspects of signal detection from spontaneous reports of suspected adverse reactions](#)

### Relevant information:

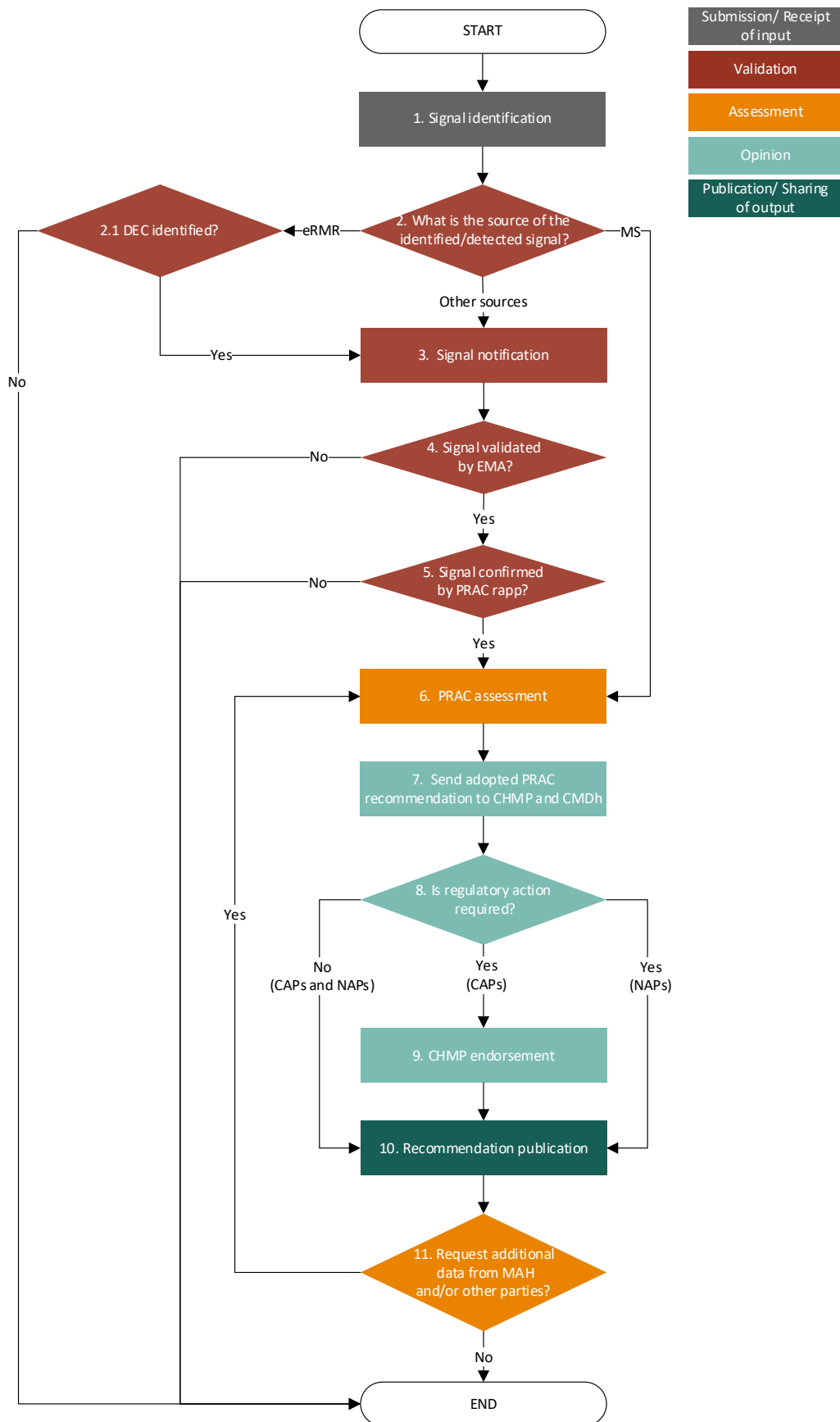
- [Questions & answers on signal management](#)
- [Practical aspects of signal detection in pharmacovigilance - Report of CIOMS Working Group VIII](#)

## **4. Abbreviations/Definitions**

|       |   |
|-------|---|
| AR    | Assessment report   |
| CAP   | Centrally authorised product<br>A medicinal product with a single marketing authorisation issued by the European Commission and valid across the European Union   |
| CHMP  | Committee for Medicinal Products for Human Use  |
| CIOMS | Council for International Organizations of Medical Sciences   |
| CMDh  | Co-ordination group for Mutual recognition and Decentralised procedures – human   |
| DEC   | Drug-event combination  |
| EMA   | European Medicines Agency   |
| eRMR  | Electronic Reaction Monitoring Report<br>Report extracted from EudraVigilance (EV) which provides an overview of the Individual Case Safety Reports transmitted to EV over a defined period of time.<br><br>The eRMR contains information on adverse drug reactions grouped according to the MedDRA hierarchy, per active substance(s)/ medicinal product(s) and allow filters and thresholds to be applied on several fields as appropriate. |

|           |  |
|-----------|--|
| EV        | <p>EudraVigilance</p> <p>The European data processing network and management system, which has been developed according to internationally agreed standards and allows the EMA to manage the electronic data exchange of Individual Case Safety Reports and to support the pharmacovigilance activities at community level.</p>  |
| GVP       | Good Pharmacovigilance Practices   |
| MAH       | Marketing authorisation holder   |
| MS        | Member State   |
| NAP       | Nationally authorised product, including mutual recognition and decentralised procedures   |
| PRAC      | Pharmacovigilance Risk Assessment Committee  |
| PRAC rapp | PRAC rapporteur  |
| PSUSA     | Periodic safety update report single assessment  |
| QD        | Quality defect   |
| Signal    | <p>Information that arises from one or multiple sources (including observation and experiments), which suggests a new potentially causal association or a new aspect of a known association, between an intervention and an event or set of related events, either adverse or beneficial, that is judged to be of sufficient likelihood to justify verificatory action. In the context of signal detection in EV, only signals related to adverse reactions are considered. A potential signal is considered urgent if it may warrant expedited signal validation due to its potential important impact on public health impact and/or on the benefit-risk profile of the medicinal product.</p> |

## 5. Process map(s)



## 6. Procedure

| Step | Description   |
|------|---|
| 1.   | <b>Signal identification</b>  |
| 2.   | <p><b>What is the source of the identified/detected signal?</b></p> <ul style="list-style-type: none"> <li>• If eRMR, go to step 2.1</li> <li>• If other sources (e.g. literature, other regulatory authority, emerging safety issue etc.), go to step 3</li> <li>• If the signal is received by a MS, go to step 6.<br/>The received signal is already validated and confirmed by the MS, and it can involve NAP(s) or CAP(s).</li> </ul> <p><i>Note: EMA is responsible for EudraVigilance data monitoring for CAPs</i></p> |
| 2.1  | <p><b>Is DEC identified?</b></p> <ul style="list-style-type: none"> <li>• If yes, go to step 3</li> <li>• If no, the process ends</li> </ul>  |
| 3.   | <b>Send signal notification</b>   |
| 4.   | <p><b>Is the signal validated by EMA?</b></p> <p>EMA evaluates the data supporting the detected signal in order to verify that the available documentation contains sufficient evidence demonstrating the existence of a new potentially causal association or a new aspect of a known association, and therefore justifies further analysis.</p> <ul style="list-style-type: none"> <li>• If yes, go to step 5</li> <li>• If no, the process ends</li> </ul>   |
| 5.   | <p><b>Is the signal confirmed by the PRAC rapporteur?</b></p> <ul style="list-style-type: none"> <li>• If yes, go to step 6</li> <li>• If no, the process ends</li> </ul>   |
| 6.   | <b>PRAC assessment</b>  |
| 7.   | <b>Send adopted PRAC recommendation to CHMP and CMDh</b>  |
| 8.   | <p><b>Is regulatory action required?</b></p> <ul style="list-style-type: none"> <li>• If yes and it involves CAPs, go to step 9</li> <li>• If yes and it involved NAPs, go to step 10</li> <li>• If no, go to step 10</li> </ul>  |
| 9.   | <p><b>CHMP endorsement</b></p> <p>The CHMP formally endorses the PRAC recommendation via silent adoption</p>  |
| 10.  | <b>Recommendation publication</b>   |

| Step | Description   |
|------|---|
|      | <ul style="list-style-type: none"> <li>Publish PRAC recommendation on EMA website</li> </ul>  |
| 11.  | <p><b>Is there a request for additional data from the MAH and/or other parties (e.g. study investigators, authors of a published study, etc.)?</b></p> <ul style="list-style-type: none"> <li>If yes, upon receipt of additional data, retrieve AR and go to step 6</li> <li>If no, the process ends</li> </ul> |