



Post-Market Drug Safety

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Drug Safety Program: Overview

- CDER's Post-Marketing Drug Safety Risk Assessment Program:
 - tracking adverse events of marketed drugs (note: includes medication errors)
 - monitoring the utilization of marketed drugs
 - soliciting/performing population-based epidemiologic studies



Drug Safety Program: Overview (Cont'd)

- Role expanding/evolving
 - pre-marketing safety assessment
 - pharmacovigilance planning
 - risk minimization action plans (RiskMAPs)
 - risk communication
 - MedWatch
 - patient information
 - medication error prevention (names, packaging)

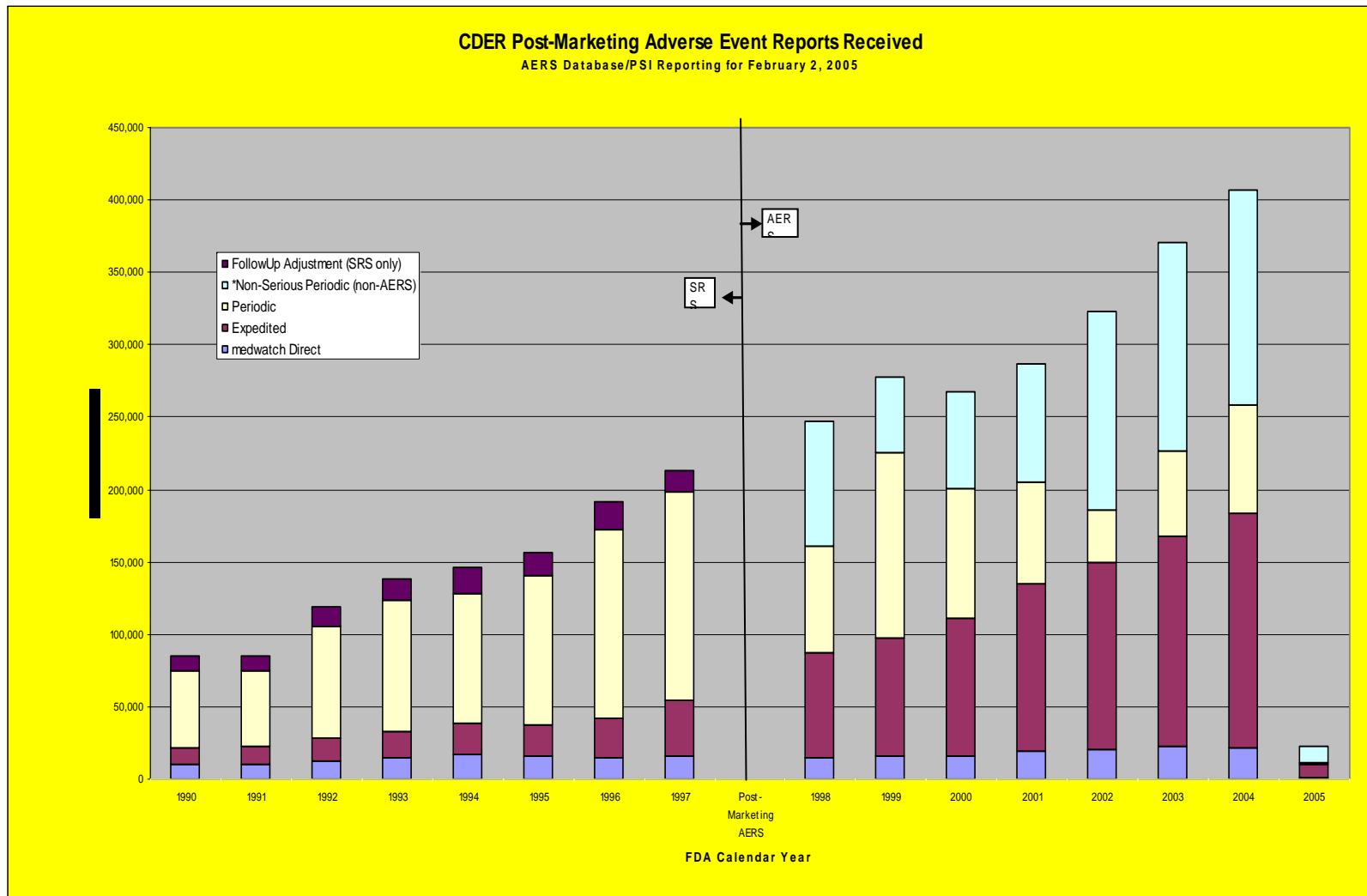


Tracking Adverse Events

- Adverse Event Reporting System (AERS)
 - an Oracle database repository containing more than 3 million AE reports
 - steady increase in numbers of reports submitted each year
 - CY04: 407,234 reports submitted



AERS Reports By Year



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Drug Utilization Data Sources Estimates of Actual Drug Use

- Outpatient
 - dispensed prescriptions
 - sales
 - longitudinal data / concomitant use
 - physician office-based surveys
- Inpatient
 - adult and pediatric - hospital data
 - sales data



Drug Utilization Data: Value

- Denominators for putting AERS reports into context (reporting rates)
- Description of prescribing patterns
 - physicians' specialty
 - patient demographics
 - associated diagnoses/procedures
- Insight into concomitant use of multiple drugs
- Surveillance of risk management practices to restrict drug use

■ ■ ■ Postmarketing Drug Safety Studies

- Sponsors
 - Phase IV
 - Ad hoc postmarketing studies
- FDA
 - Cooperative agreement program
 - National database (GPRD)
 - Other resources
 - Kaiser Permanente, California
 - Veterans' Administration

■ ■ ■ Population-Based Data Resources

- Cooperative Agreement Program
 - HMO network: 1.8M*
 - TN Medicaid: 1.5M
 - UnitedHealth: 2M
- GPRD: 3M
- Kaiser California: 6M
- VA Medical System: 3.4M
 - * “covered lives”

■ ■ ■ Post-marketing Safety Challenges

- Spontaneous Reporting
 - collects only a percentage of cases
 - variable quality (missing data)
 - lack denominator
- Case identification
 - linked databases
 - analytic tools (e.g., data mining)
 - electronic medical record



Challenges (cont'd)

- Make reporting easier for the practitioner
 - interactive
 - “push a button to populate a MedWatch form and submit to the FDA”
- Electronic reporting initiative
 - more timely receipt and and efficient processing of data



Challenges (cont'd)

- Access to databases
 - timely surveillance
 - population-based studies
- Weighing evidence obtained by different methods
 - RCTs, case reports, observational studies
- Benefits and risks

■ ■ ■ Challenges (cont'd)

- Need for metrics to evaluate regulatory actions
 - label changes, messages, RiskMAPs
- Science of safety
 - mechanistic understanding of drug injury processes
 - population variability, who is at risk
 - assessment “circumstantial” until we have markers for drug-induced injury