Post-Authorisation Studies

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Post Authorisation Studies (PAS) are conducted after a medicinal product is placed on the market. They are intended to ensure safety and maximise the benefit-risk balance. An imposed PAS is a requirement of marketing authorisation defined by European Medicines Agency's (EMA) Pharmacovigilance Risk Assessment Committee (PRAC). A voluntary PAS is sponsored or conducted by the Marketing Authorisation Holder (MAH) at its own initiative and recommended to be assessed by PRAC.

Aims

To identify which medicinal products had PAS in 2015 and 2016 and to evaluate the aim of the PAS.

Methods

All data was obtained using the EU Public Assessment Report (EPAR) and/or the Risk Management Plan (RMP) summary. The search was limited to 'Human medicines' authorised in 2015 and 2016 (Figure 1). Data was investigated to identify if there was PAS mentioned within the documents.

The analysed PAS data included the category (as per GVP module 5) of post-authorisation studies and study design, approval type, additional monitoring, indication and whether the pharmaceutical may be a biosimilar, generic or orphan (see Table 1).

Results

In 2015 and 2016 there were 152 drugs authorised; of those 96 had at least one PAS study. Cancer was the most commonly reported indication representing 23% (22/96) of the drugs with PAS. Out of 96 drugs, 22 had orphan drug status, none were generic drugs and only two were biosimilars (Figure 1).

When analysing the PAS information, discrepancies were found. For 8 drugs, the RMP summary had additional studies not present in the EPAR. For another 8 drugs the EPAR had additional studies that were not present in the RMP. This observation is interesting because the two documents should be aligned. Most likely the MAH/ EMA did not update the EPAR when additional studies were included in the RMP.

The other situation – more studies in the EPAR than in the RMP summary - can be explained by the fact the category 1-3 are required and category 4 is voluntary.

Since category 4 is voluntary it could be interpreted as voluntary to place in the RMP or could be listed in a different manner in the RMP.

Figure 2 shows that for almost half of drugs with PAS, only category 3 studies were performed (42 out of 96). However, for many drugs (>50%) combinations of different categories (including category 3) were reported or the category was unknown. With regard to the study design, a large variety was observed, eg. registries, observational studies, surveys, controlled clinical trials. Of the drugs with PAS studies 7 and 4 were approved conditionally or under exceptional circumstances, respectively. Approximately 80% of drugs that required PAS received the additional monitoring classification.

Table 1

Category	Explanation
1	Imposed activities considered key to the benefit risk profile of the product
2	Specific obligations
3	To address specific safety concerns or to measure effectiveness of risk minimisation measures
4	Other studies conducted by the MAH which may provide safety information but not considered to be of significant importance of risk minimization measures

Figure 1: Authorised medicinal products in 2015 and 2016

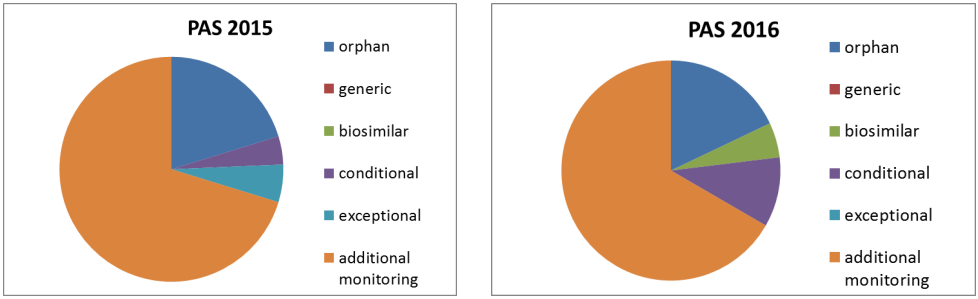
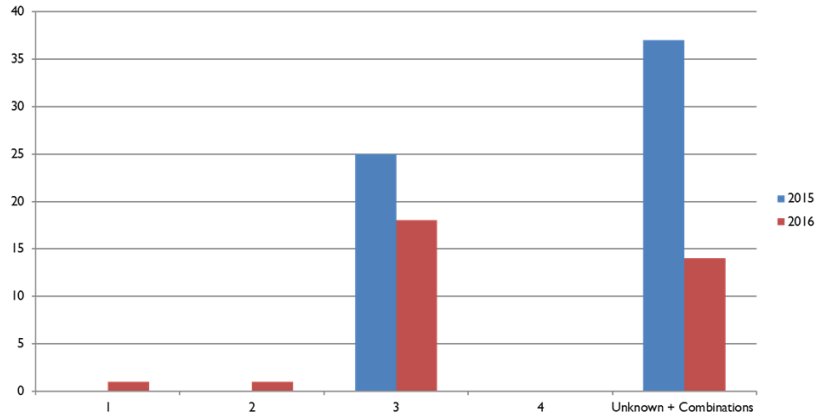


Figure 2: Study categories for authorised products with PAS



Conclusion

The analysis did not show clear results. However, PAS studies are requested for several reasons and quite often. Therefore it is important for applicants to plan a clear strategy for PAS studies in the pre-approval phase.