

Problems with Pharmacovigilance Programs: an Opportunity for Improvement

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Introduction

- Philip Schneider, MS, FASHP, FFIP
- Advisory Board Chair, Alliance for Safe Biologic Medicines
- Past Vice President, International Pharmaceutical Federation (FIP)
- Past-President, American Society of Health-system Pharmacists
- Professor of Pharmacy, Ohio State University

About ASBM

Formed in 2010 with the passage of the Affordable Care Act (ACA) and Biosimilar Price Competition and Innovation Act (BPCIA); with the goal of keeping patient safety at the forefront of biosimilar policy discussions.

ASBM's Steering Committee is composed entirely of patient and physician member organizations.

- PATIENT ADVOCATES
- PHYSICIANS
- PHARMACISTS
- RESEARCHERS
- MANUFACTURERS (INNOVATOR & BIOSIMILAR)





Safe Biologics



More than 130 organizations spread across six continents; the More than 130 organizations spread across six continents; the majority of these are patient groups, including several patient coalitions.

ASBM Physician and Pharmacist Surveys

U.S. Physicians

2012: n=376

2015 n=400

2015: n=400

2019: n=202

2021 n= 400

U.S. Pharmacists

2015 n=401

Latin American Physicians

(Argentina, Brazil, Colombia, Mexico)

2015: n=399

Canadian Physicians

2014: n=427

2017: n=427

2021 (planned)

European Physicians

(France, Italy, Germany, Spain, Switzerland, UK)

2013: n=470 2019: n=579

Australian Physicians

2016: n=160

All surveys available at www.SafeBiologics.org/surveys

Sharing Perspectives With Regulators

WORLD HEALTH ORGANIZATION INN CONSULTATIONS (2013-2022)

AUSTRALIAN DEPARTMENT OF HEALTH,
THERAPEUTIC GOODS ADMINISTRATION (2017)

HEALTH CANADA, CANADIAN HEALTH MINISTRY (2017)

INTERNATIONAL CONFERENCE OF DRUG REGULATORY AUTHORITIES (ICDRA) (2016, 2018)

ASBM INTERNATIONAL REGULATOR FORUMS ON NOMENCLATURE HARMONIZATION(FDA, HEALTH CANADA, WHO) 2018-2019

EU COMMISSION/EMA BIOSIMILARS MEETING (2019)











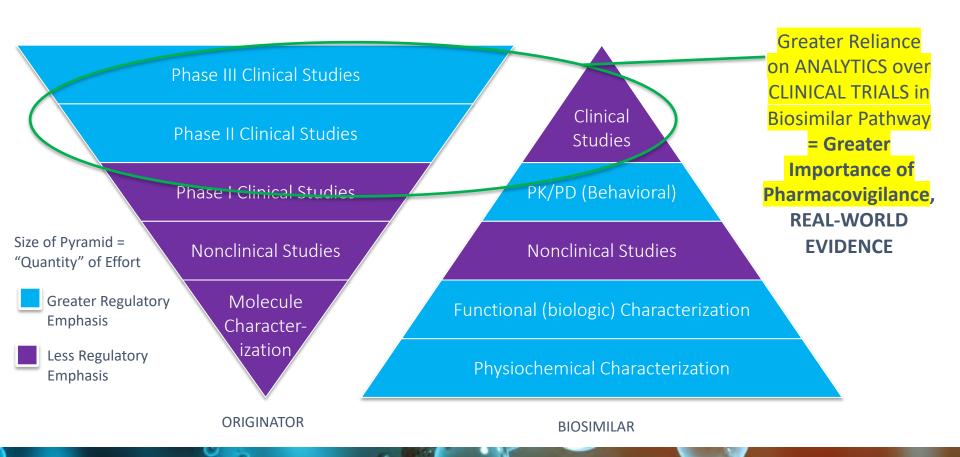






U.S. FDA/FEDERAL TRADE COMMISSION WORKSHOP ON BIOSIMILAR COMPETITION (MARCH 2020)

Approval Pathway: Originator vs. Biosimilar



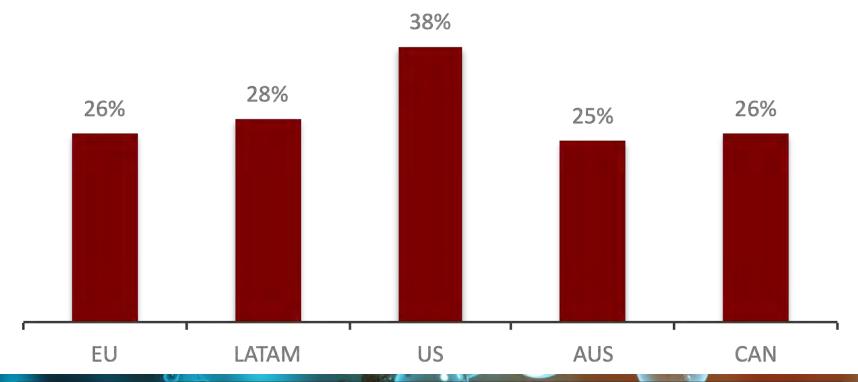
Challenge: Originator Product and Biosimilars <u>share an</u> <u>WHO-assigned International Proprietary Name (INN)</u>

- For example, all the products on the right use the INN "infliximab"
- Trade names differ from country to country.
- This can become confusing and result in:
 - Misattribution of adverse events
 - Inadvertent or inappropriate substitution
 - Inaccurate patient records
 - Inability to do targeted recalls

Manufacturer	Trade Name(s)
Janssen	Remicade
Amgen	Avsola
BCD-055	Biocad
Celltrion/Hospira (Pfizer)	Remsima/Inflectra/Flammegis/If ixi
Epirus	Infimab
MabTech/Sorrento	STI-002
MabTech/Sorrento	CMA-B008
Nichi-Iko	NI-071
Nippon Kayaku Ranbaxy	Infliximab BS BOW015
Nativaxy	BOW013
Samsung Bioepis	Flixabi
Sandoz	Zessly
Shanghai Biomabs	Baimaibo

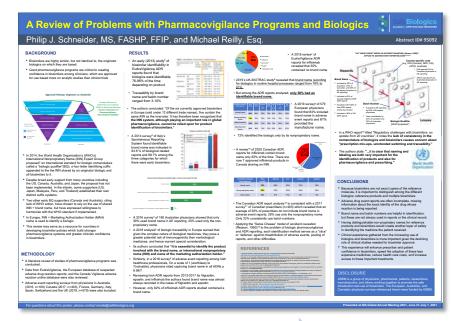
ASBM Surveys (2013-2017): Percent of Physicians Using Only INN when Reporting Adverse Events.

(This could result in improper attribution or pooling of adverse events.)



DIA 2021 Poster: "A Review of Problems with Global Pharmacovigilance" (June 27-July 1)

- Examined published literature on identifiability of biologic products.
- Focused on problems in adverse event reporting
- Found that identifiability to the product level is important to physicians.
- Yet recording of brand names in adverse event reporting varies wildly from country to country, and between practice settings.
- More than a third of AE reports in Canada and Europe do not contain brand name.

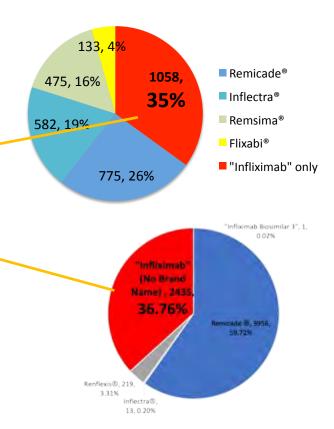


See a video walkthrough of the poster here...



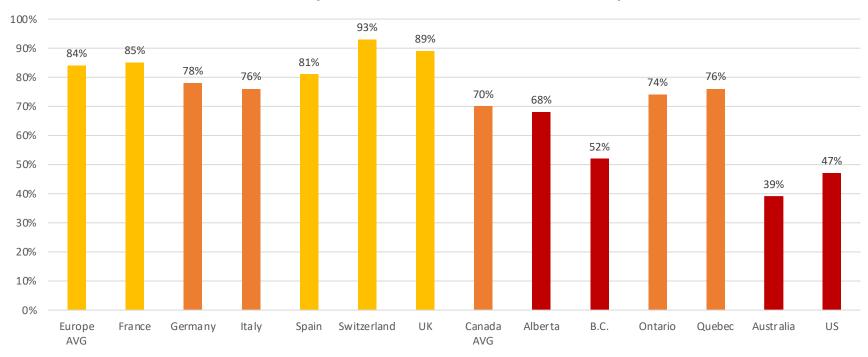
Brand Name Recording in ADR Reports: Wide Variation

- 2018 Irish ADR reports for infliximab:
 18% missing brand name
- A 2018 review of EudraVigilance ADR reports for infliximab revealed that
 35% contained no brand name.
- A review of 2020 Canadian ADR reports for infliximab are missing brand name 37% of the time.
- 2019 UK BIOTRAC study: only 38% of ADR Reports had an identifiable brand name.



Brand Name Recording by Physicians: ASBM Survey Data

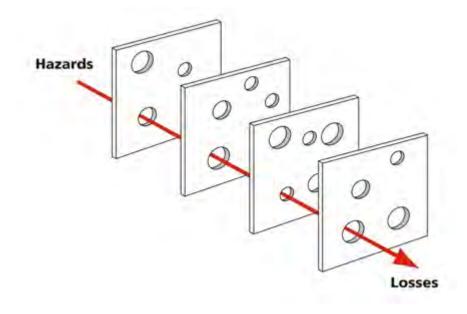
What % of Physicians Include Brand Name in ADR Reports?



Source: Australia, Europe, and US physician surveys (2016-2019) www.safebiologics.org/surveys

Safety Science: High Reliability Systems

- High-reliability systems <u>need</u>
 multiple checks: airlines,
 healthcare, medication systems.
- The "Swiss cheese model" from industrial psychologist James Reasons is used worldwide to design high reliability safety systems.



• Each "slice" ("defense") is a protection against hazardous conditions becoming an accident.

THE "SWISS CHEESE" MODEL OF ACCIDENT CAUSATION, (Reason, 1990)12 APPLIED TO ADVERSE EVENT REPORTING DATA 4,6,8,9,11

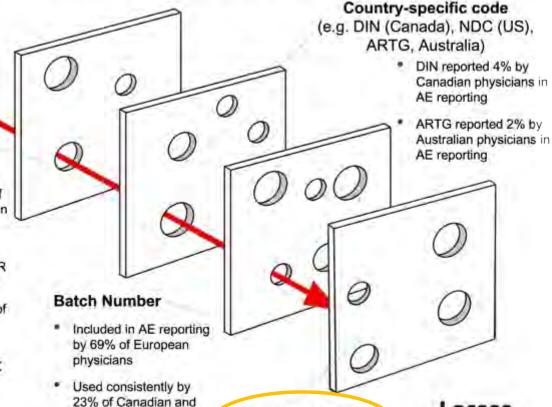


The WHO's INN
Expert Group
recognized these
problems long
ago...and proposed
a solution.

Hazards

Brand Name

- Included by 39% of Australian, 70% of Canadian, and 84% of European physicians in AE reporting
- Included in 63% of Canada Vigilance ADR ADR reports
- Included in 82-100% of Irish ADR reports (varies by product)
- Included in 38% of UK ADR reports



Biologic Qualifier

(WHO proposed1)

29% of Australian

physicians.

Losses