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Censorship masquerading as "transparency": the EMEA assessment report on rimonabant

We often ask the European Medicines Agency (EMEA) for information that is not available on the agency's website. Their response in the case of rimonabant, a drug that has now been withdrawn from the market, is an example of how drug regulatory agencies practice censorship.

The EMEA provided us with several documents, including a report from the Swedish agency (Läkemedelsverket "Acomplia Final Assessment Report"). Yet, only 3 of the 68 pages in this report were legible: the rest of the text has been systematically blacked out, line by line, even including the date of the report.

Prescr Int 2009 ; 18 (103) : 231.

LÄKEMEDELSVERKET
MEDICAL PRODUCTS AGENCY

Date: [redacted]

Acomplia/Zimulti

EU/1/06/344/001-009

Final Assessment Report [redacted]

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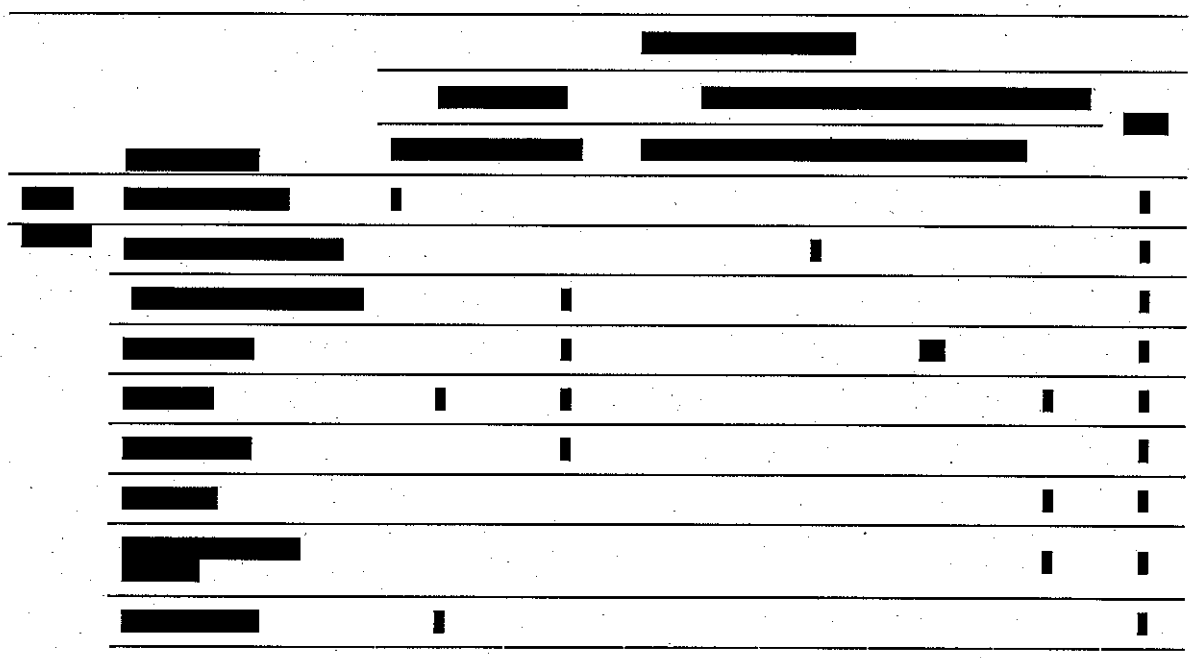

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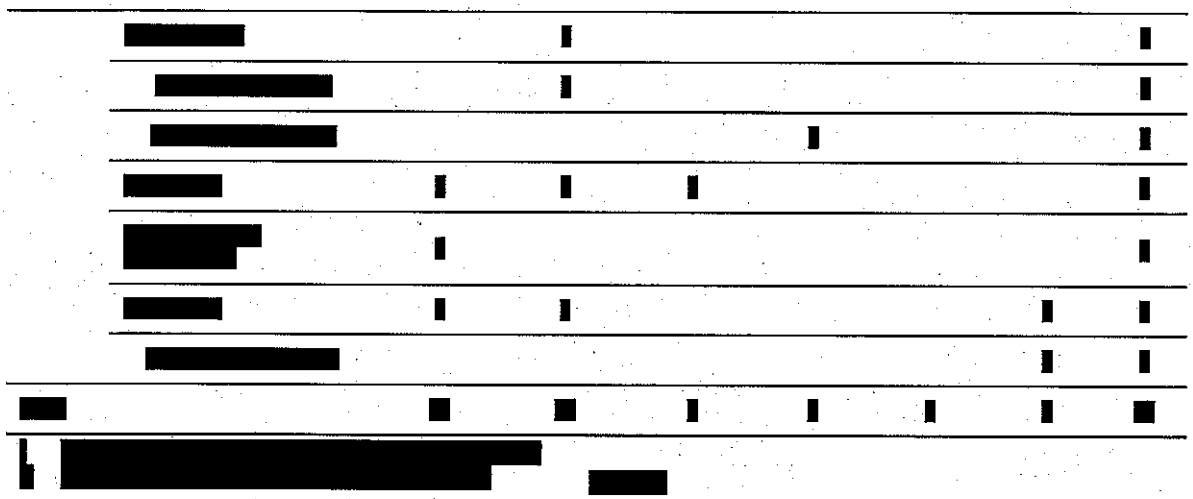

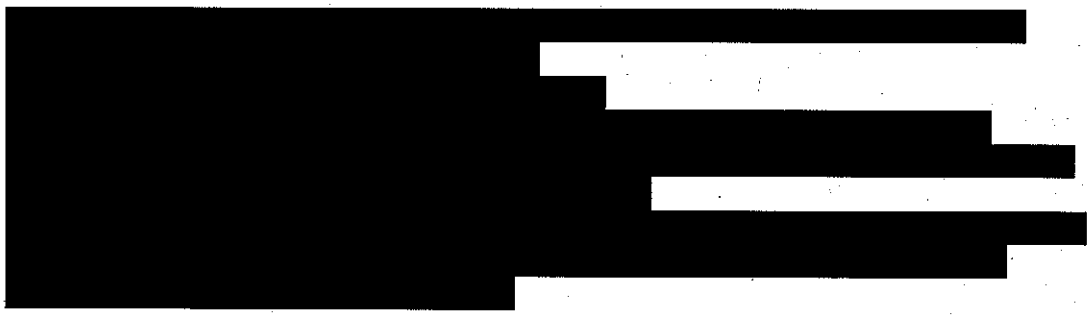

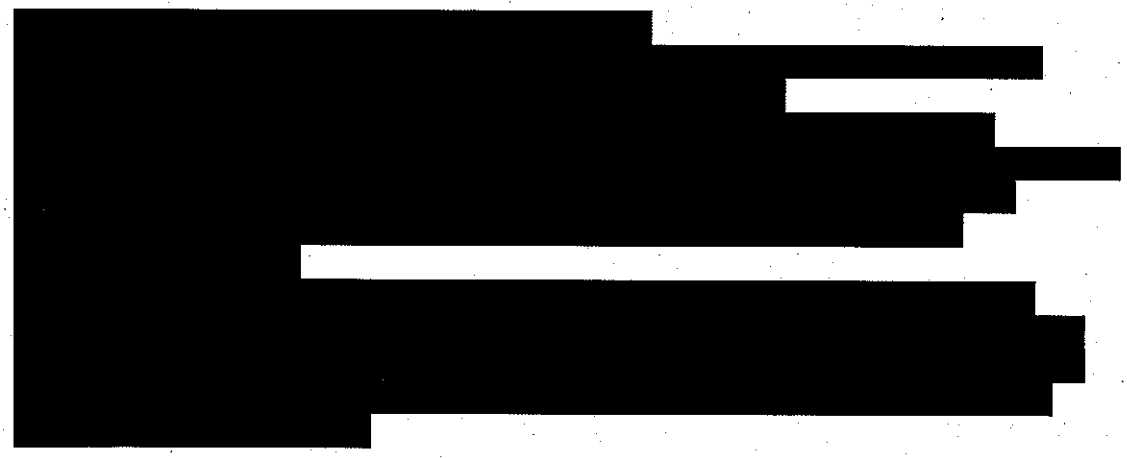

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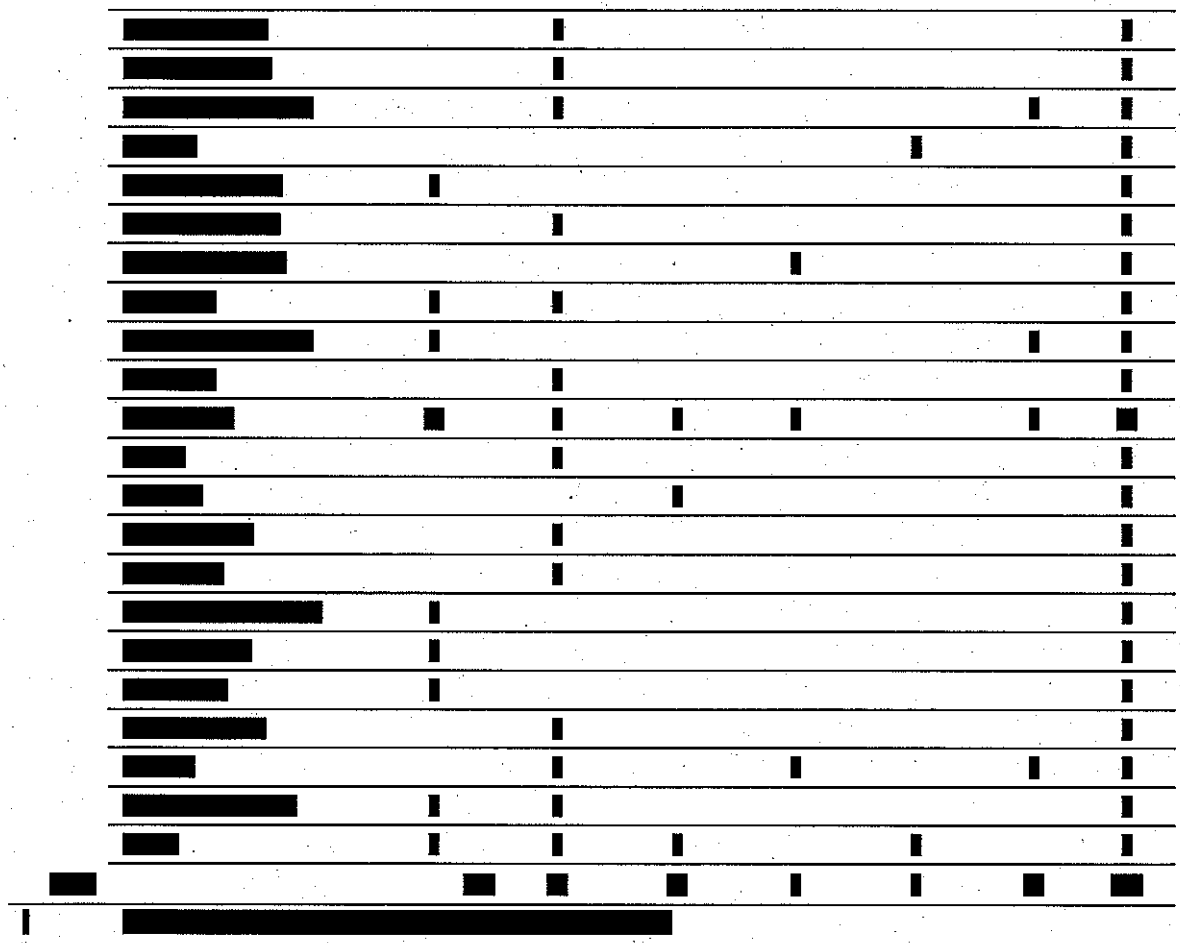

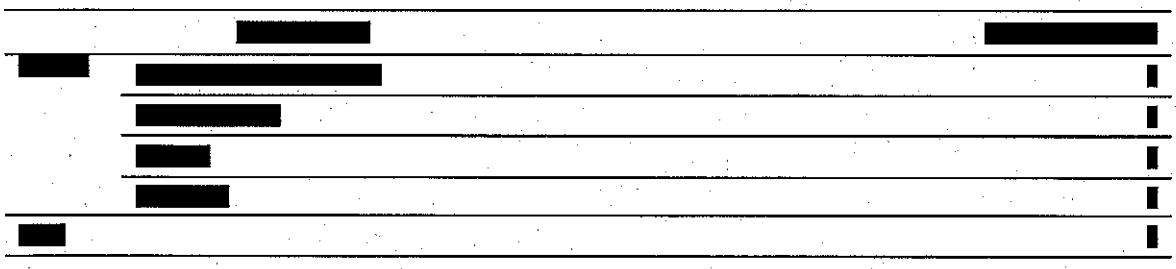

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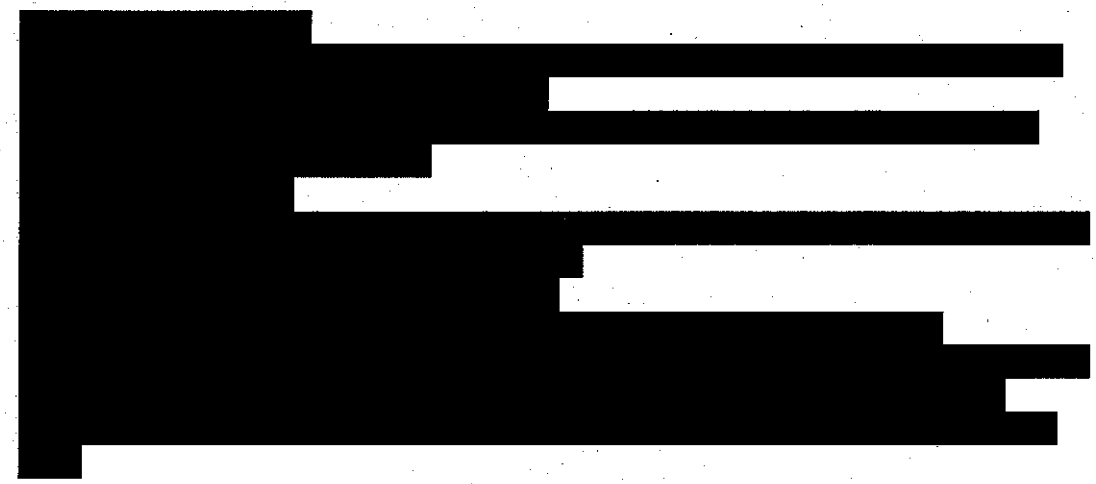

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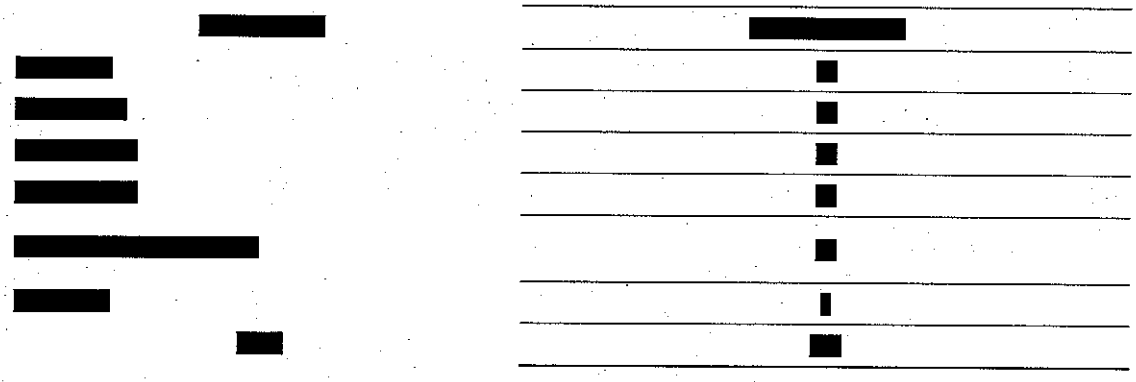

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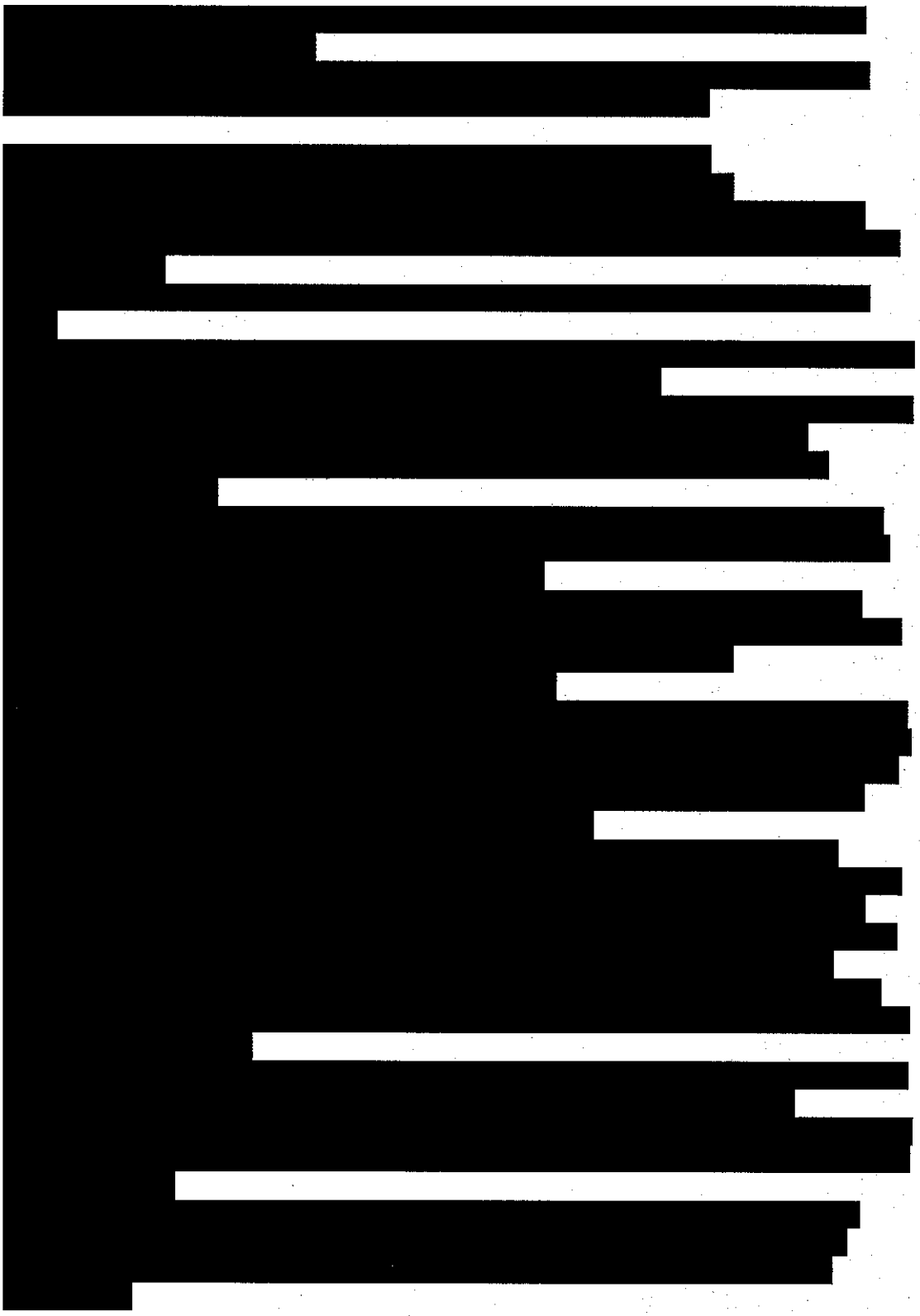

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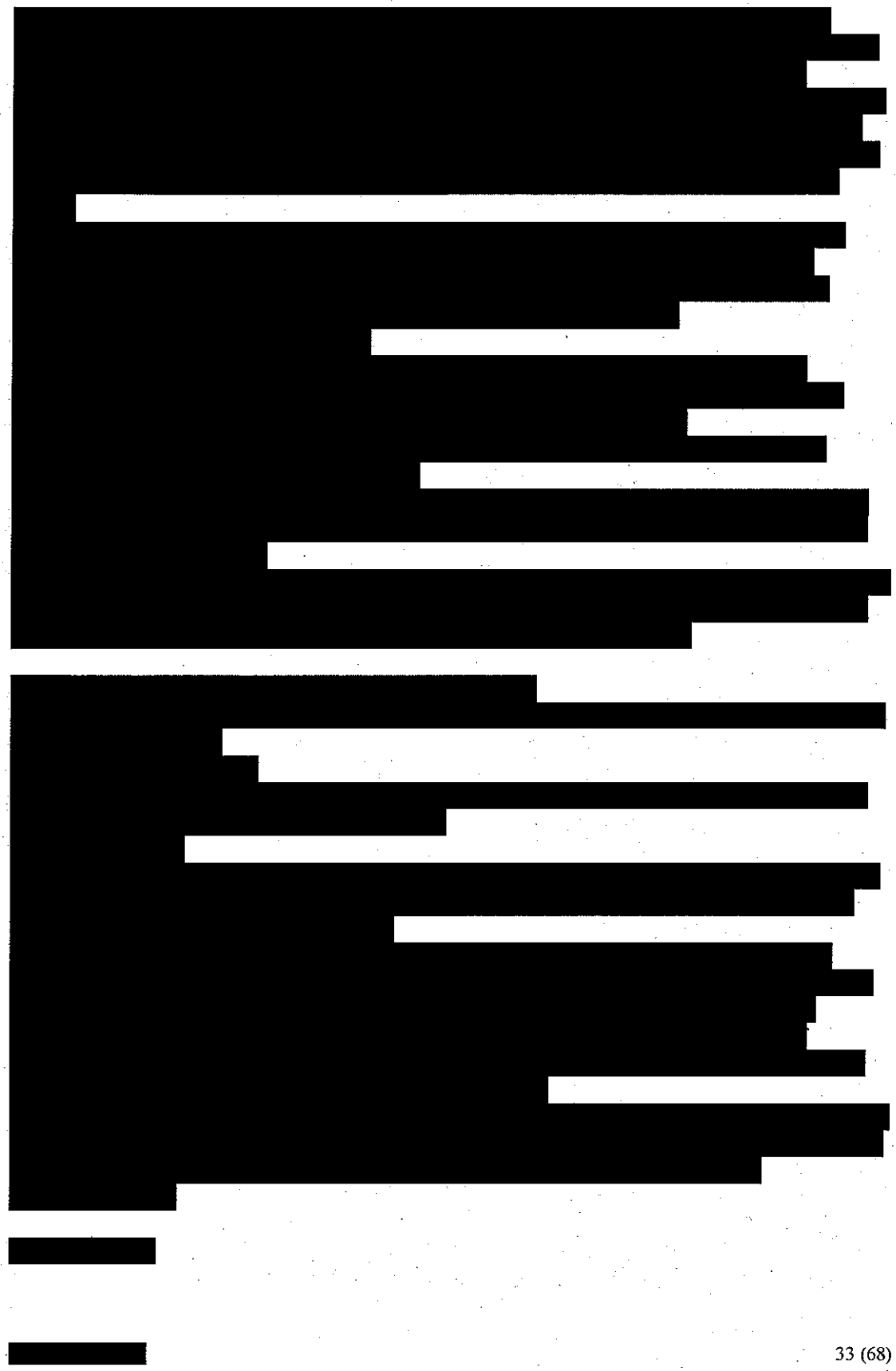

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10 Risk Management Plan

The fourth version of the European RMP of rimonabant, is submitted as initially planned [redacted]

Compared to the previous European RMP (third version), dated 18-Aug-2007, the major changes regarding the content are as follows:

• The list of identified and potential risks has been updated with the addition of the identified risk of psychotic disorders. Otherwise, data about the already listed risks in the safety specifications have been updated with:

– integration of a newly completed study ([redacted]) in the pool of completed phase III clinical studies in the obesity / type 2 diabetes program.

– review of serious adverse events from 4 phase I and 16 phase III and IV studies that are ongoing during the period covered by PSUR 3.

– epidemiology results [redacted] presenting background incidence rates of depression, suicide death and suicide attempts, anxiety, seizures and cardiovascular events in an obese American population. Results from depression among smokers in the [redacted] cohort are also provided, as planned in the initial European RMP, although smoking cessation is not an indication for rimonabant.

– results from new waves of prescription surveys done in 3 European countries ([redacted]) after the changes in the SPC in July 2007 reinforcing the contraindication and cautions in depressed patients, as well as results describing the use of rimonabant in longitudinal medical record databases: [redacted]

• The Pharmacovigilance Plan has been updated as follows:

– update in the program of life cycle management studies,

– submission of the protocol of the study assessing the background rates of suicidal events in the [redacted] database,

– submission of the protocol for [redacted] assessing the association between nonrecurrent suicide attempts and the use of rimonabant [redacted] and

– A new pharmacoepidemiological study [redacted]

• The risk minimization plan has been updated regarding both the description of the educational program and the tools to measure the effectiveness of minimization, as follows:

– the description of the communication process through which the MAH conveys the appropriate labeling information to the prescribers has been specified, focusing on actions that are different from promotional activities.

– re-submission of the prescription survey protocol as originally provided in the first European RMP, updated with a new questionnaire for prescription surveys taking into account the changes in labeling of July 2007.

– submission of an outline for a prescription study [redacted], and a protocol for "rimonabant in Clinical Practice", a drug utilization survey in primary care [redacted]

[redacted].

Assessor's comment: [redacted]

Regarding the synopsis [redacted]. *The synopsis describes the various approaches for a case-control study to assess the risk of suicide attempts (SA) in association with the use of rimonabant by using the* [redacted] *information system, i.e. definition and enrollment of cases and controls, exposure and risk factor ascertainment, data validation and power estimation. Overall, the* [redacted] *system seems to provide valuable resources to perform the study and to generate meaningful results. Also, the case-control methodology, in the briefly described aspects, appears adequate for the purpose of the study, yielding an 80 % power to detect a 2- to 3-fold increase of the risk for SA in users of rimonabant, given two different assumptions on the prevalence of rimonabant use in referents. There are many challenges foreseen in the conduct of the study, important ones being characterization of the psychiatric disorder in SA patients taking rimonabant and possible risk factors that could predispose exposed obese patients for SA. One crucial issue will be to address whether there is an independent effect of rimonabant froms the effect of weight reduction per se in these obese patients. Therefore, detailed information on the the index psychiatric events and on relevant comorbidity will be important.*

In summary, the study as described in the synopsis is broadly endorsed. However, a full and detailed protocol for the study is awaited. [redacted]

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Regarding the RMP

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The results from the Drug Utilization Study [redacted] should be provided as soon as possible.
Timelines for the study Rimonabant In Clinical Practice should be provided by the company.
This study could provide valuable data, provided there will be a sufficient size of study population.
The [redacted] Information System study as described in the synopsis is broadly endorsed. However, a full and detailed protocol for the study is awaited. [redacted]

The protocol-or synopsis for the new pharmacoepidemology study [redacted] should be provided by the company.

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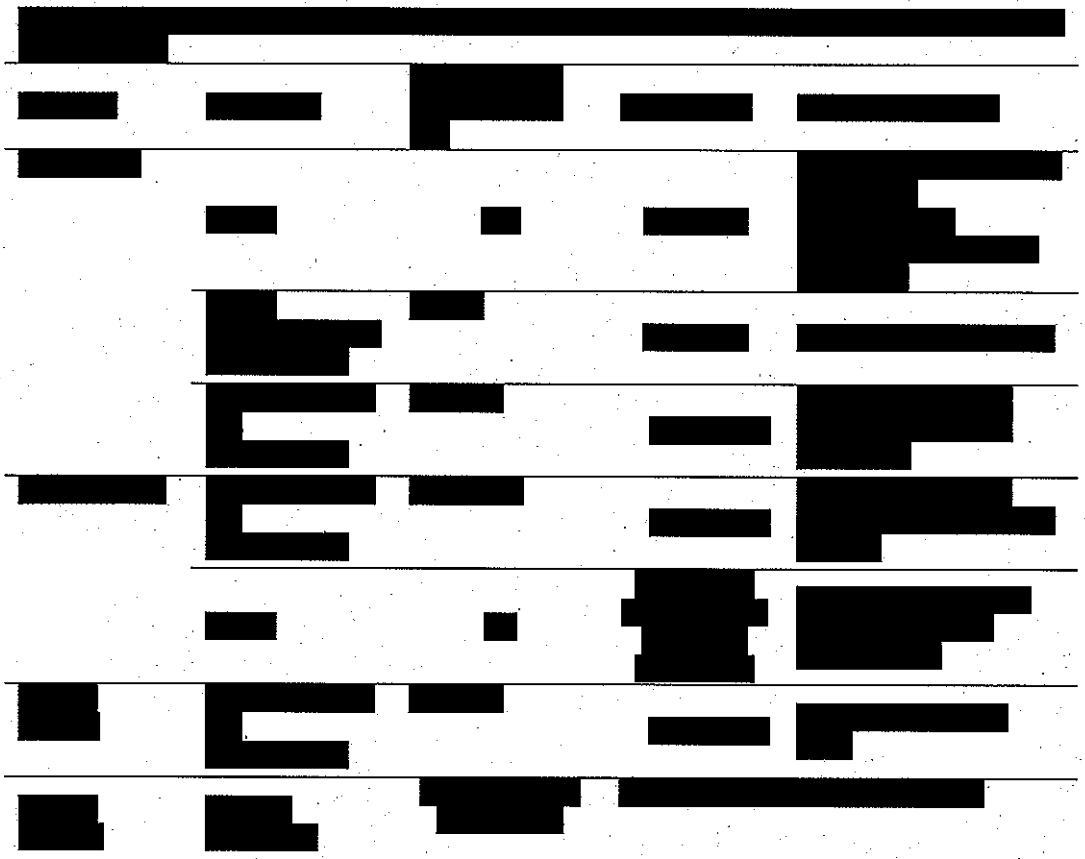

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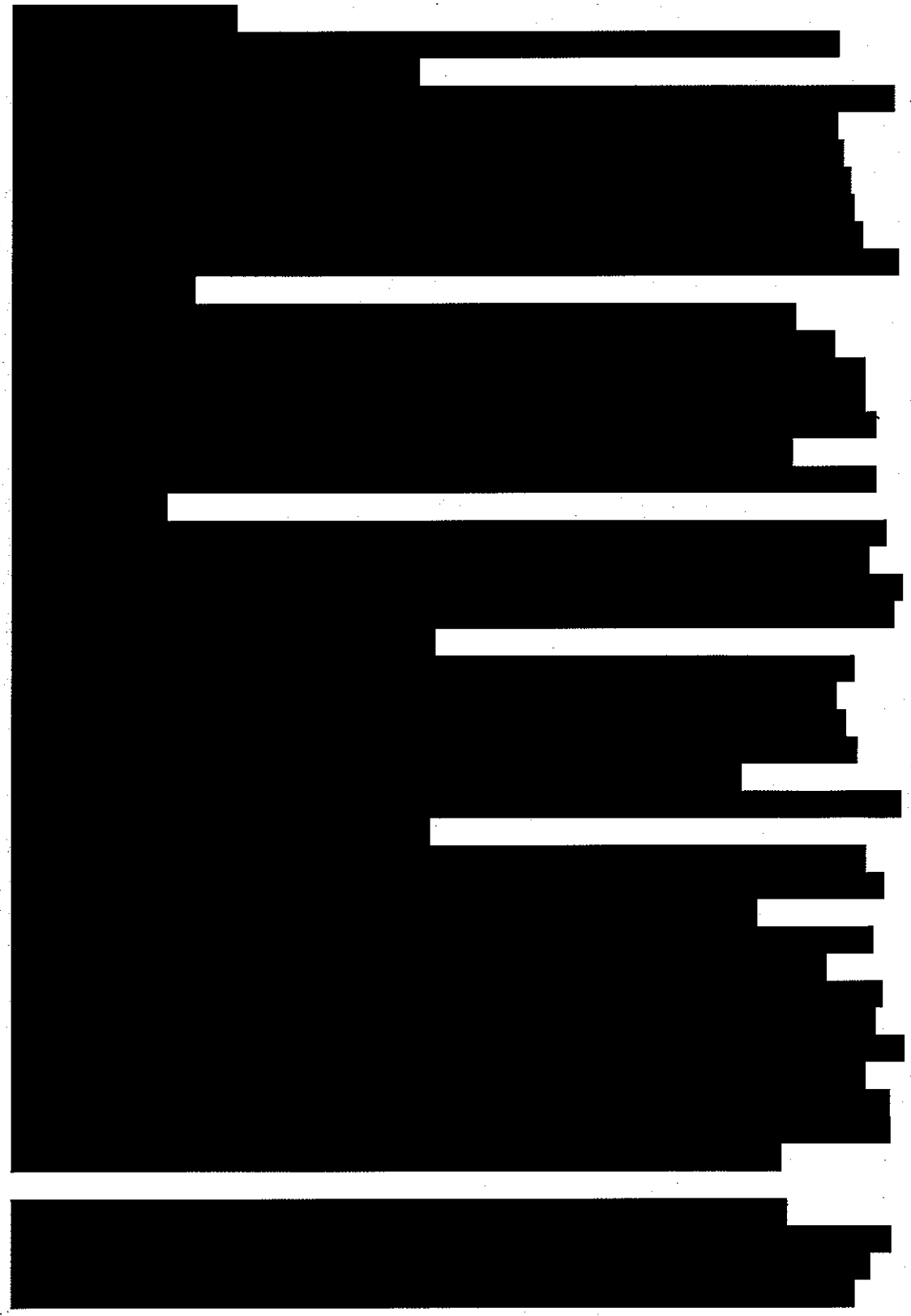

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