

"The Role Of Big Data Analytics In Improving Pharmacovigilance: Advances, Challenges, And Future Directions"

Mrudula Dilip Dhengale ¹, Harsha Narendra Bathe ², Shivshankar Madhukar Nagrik ³.

^{1,2}UG Student ,B. Pharmacy ,Laddhad College of Pharmacy Yelgaon Buldana, Maharashtra, India

³PG Student ,Department of Pharmaceutics ,Rajarshi Shahu College of Pharmacy, Buldhana, Maharashtra ,India

mrudula2207@gmail.com, harshabathe22@gmail.com

Abstract:

Pharmacovigilance (PV) is essential for guaranteeing drug safety through the monitoring of adverse drug reactions (ADRs) and enhancing patient outcomes. Conventional pharmacovigilance techniques, including spontaneous reporting systems and cohort studies, have played a crucial role in medication safety monitoring but are frequently impeded by underreporting, delays in signal identification, and data fragmentation. The advent of Big Data Analytics (BDA) has transformed pharmacovigilance by facilitating the processing and analysis of extensive information from many sources, such as electronic health records (EHRs), social media, clinical trials, and wearable devices. This paper examines the importance of Big Data Analytics in pharmacovigilance, emphasizing its uses, advantages, problems, and prospective developments. Big Data in pharmacovigilance involves sophisticated computational methods, including machine learning, artificial intelligence (AI), and natural language processing (NLP), to improve adverse drug reaction (ADR) identification and risk evaluation. These technologies provide instantaneous signal detection, tailored pharmacovigilance, and enhanced post-marketing surveillance. AI-driven algorithms included into pharmacovigilance databases, such the FDA Adverse Event Reporting System (FAERS) and EudraVigilance, have shown considerable

enhancements in the identification of possible adverse drug reactions (ADRs) with increased precision and efficacy. Notwithstanding its benefits, the application of BDA in pharmacovigilance poses numerous problems. Primary concerns encompass data privacy and security threats, regulatory and ethical implications, complexity in data integration, and biases inherent in AI-driven systems. Regulatory bodies including the FDA, EMA, and WHO have established frameworks to tackle these difficulties while facilitating the incorporation of big data technology in drug safety surveillance. The future of big data analytics in pharmacovigilance is auspicious, characterized by continuous progress in predictive analytics, blockchain technology, and the development of real-world evidence. These improvements are anticipated to augment regulatory decision-making, refine ADR signal identification, and maximize customized medication strategies. The pharmaceutical sector must engage in collaborative efforts among stakeholders, including as regulators, healthcare professionals, and data scientists, to optimize big data analytics in pharmacovigilance and safeguard patient safety.

Keywords: Pharmacovigilance, Big Data Analytics, Artificial Intelligence, Post-Marketing Surveillance, Regulatory Frameworks, Wearable Devices in Drug Safety

1. INTRODUCTION

Pharmacovigilance (PV) is the science and activities related to the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problems [1]. It plays a crucial role in ensuring drug safety by continuously monitoring adverse drug reactions (ADRs) and improving patient safety in clinical practice. The emergence of Big Data Analytics (BDA) has revolutionized PV by enabling more efficient and comprehensive data collection, analysis, and signal detection for ADRs [2]. BDA involves processing and analyzing vast datasets generated from electronic health records (EHRs), social media, medical literature, and spontaneous reporting systems to detect patterns and correlations that may indicate drug safety concerns [3]. The integration of machine learning and artificial intelligence further enhances the ability to identify potential ADRs quickly and accurately, thus improving PV processes [4]. This review aims to explore the significance of BDA in PV by discussing its applications, benefits, challenges, and future prospects. The scope includes a discussion on various data sources utilized in BDA for PV, analytical techniques, and regulatory considerations in implementing these technologies for drug safety surveillance.

2. FUNDAMENTALS OF PHARMACOVIGILANCE

2.1 History and Evolution of Pharmacovigilance

Pharmacovigilance (PV) has evolved significantly over the past decades. The thalidomide tragedy of the 1960s played a pivotal role in the establishment of formal drug safety monitoring systems worldwide. The World Health Organization (WHO) initiated the Programme for International Drug Monitoring (PIDM) in 1968, leading to the development of the Uppsala Monitoring Centre (UMC) for global ADR reporting. Over the years,

PV has expanded beyond spontaneous reporting to include active surveillance, cohort studies, and electronic health data analytics, further strengthening its role in public health [5].

2.2 Traditional Methods of Adverse Drug Reaction (ADR) Monitoring

Historically, ADR monitoring relied on voluntary reporting systems, where healthcare professionals and patients reported suspected adverse effects to regulatory agencies or pharmaceutical companies. The primary methods included:

Spontaneous Reporting Systems (SRS): These involve self-reported ADR cases, which are collected in databases such as the WHO Global Individual Case Safety Reports (ICSRs).

Intensive Monitoring: This method follows patients systematically after drug administration to detect ADRs.

Cohort and Case-Control Studies: These epidemiological approaches evaluate drug safety signals by comparing exposed and non-exposed populations [6].

2.3 Limitations of Conventional Pharmacovigilance Approaches

While traditional PV methods have been instrumental in detecting drug safety signals, they come with inherent limitations:

Underreporting: Spontaneous reporting systems often suffer from underreporting, as not all ADRs are recognized or reported by healthcare professionals and patients [7].

Lack of Timeliness: Traditional methods rely on manual data collection and reporting, leading to delays in signal detection.

Data Fragmentation: Conventional approaches do not effectively integrate data from diverse sources such as electronic health records (EHRs), social media, and real-world evidence [8].

Bias and Confounding Factors: Epidemiological studies may be affected by selection bias and

confounding variables that influence drug safety assessments [9].

3. BIG DATA ANALYTICS IN HEALTHCARE

Big Data refers to large and complex datasets that require advanced computational techniques for storage, management, and analysis. It is often characterized by the "3 Vs": Volume (large scale of data), Velocity (speed of data generation and processing), and Variety (diverse sources of data) [10]. In healthcare, Big Data consists of electronic health records (EHRs), clinical trial data, medical imaging, genomic data, and patient-reported outcomes. Pharmacovigilance, the science of monitoring drug safety, leverages Big Data analytics to detect, assess, and prevent adverse drug reactions (ADRs) efficiently [11].

One key component of Big Data in pharmacovigilance is data mining, which extracts meaningful patterns from vast datasets to identify potential drug safety signals (Ventola, 2018). This includes analyzing structured databases such as spontaneous adverse event reporting systems and unstructured sources like social media and medical literature (Hussain, 2021). Additionally, machine learning techniques, particularly natural language processing (NLP), enhance the ability to detect ADRs by processing large volumes of textual data [12].

Big Data analytics in pharmacovigilance offers several benefits, including real-time surveillance, improved drug safety assessments, and enhanced regulatory decision-making. However, challenges such as data privacy concerns, integration of heterogeneous data sources, and algorithmic bias remain significant hurdles. Despite these challenges, Big Data continues to transform pharmacovigilance by providing more comprehensive and efficient drug safety monitoring [13].

3.1 Sources of Big Data in Healthcare

Big data in healthcare is derived from multiple sources, including electronic health records (EHRs), social media platforms, clinical trials, and wearable devices.

Electronic Health Records (EHRs): EHRs contain comprehensive patient data, including medical history, prescriptions, laboratory results, and treatment outcomes. They provide valuable insights for drug safety monitoring and early detection of ADRs .

Social Media: Social media platforms have emerged as an important data source for pharmacovigilance, allowing researchers to analyze patient-reported experiences and detect ADR signals. Mining data from platforms such as Twitter and online health forums can supplement traditional reporting systems.

Clinical Trials: Data from clinical trials provide controlled and structured information about drug efficacy and safety before market approval. However, due to limited sample sizes and controlled conditions, real-world evidence is required for long-term safety monitoring.

Wearable Devices: The integration of wearable technology in healthcare enables continuous monitoring of patients' physiological parameters. These devices collect real-time data, which can be analyzed to detect potential drug-related complications [14].

3.2. Applications of Big Data Analytics in Drug Safety Monitoring

Big data analytics has several applications in pharmacovigilance, enhancing drug safety surveillance and post-market monitoring.

Adverse Drug Event (ADE) Detection: Data mining techniques analyze large datasets to identify ADRs that might go unnoticed in traditional reporting systems. Machine learning algorithms play a significant role in automating ADE detection and improving reporting accuracy .

Signal Detection and Risk Assessment: The application of statistical and AI-driven methodologies enables early identification of safety signals associated with drugs and vaccines. These methods help regulatory agencies such as the FDA and EMA in timely intervention and risk mitigation.

Personalized Pharmacovigilance: The integration of genomic data and AI-based analytics helps in understanding individual drug responses, reducing adverse effects through personalized medicine approaches.

Post-Marketing Surveillance: Real-world data collected from healthcare databases and patient registries contribute to ongoing drug safety assessment beyond clinical trials. This continuous monitoring helps in updating drug safety profiles and improving patient outcomes [15].

4. INTEGRATION OF BIG DATA

ANALYTICS IN PHARMACOVIGILANCE

Data Collection and Processing in PV: The integration of big data analytics in PV relies on efficient data collection from diverse sources, including electronic health records (EHRs), social media platforms, clinical trial databases, and spontaneous reporting systems. The automation of data extraction and processing enables a comprehensive analysis of structured and unstructured data, allowing researchers to detect emerging drug safety signals. A recent study highlighted the importance of cloud-based platforms in pharmacovigilance, enabling real-time monitoring of ADRs through interconnected databases. Additionally, the integration of blockchain technology is gaining traction, ensuring data integrity and traceability in pharmacovigilance systems. These advancements improve data accessibility and reliability, fostering a more proactive approach to drug safety monitoring [16].

Role of Machine Learning (ML) and Artificial Intelligence (AI) in ADR Detection: Machine learning and AI have revolutionized ADR detection by automating signal detection and classification of adverse events. Supervised and unsupervised ML models analyze large-scale pharmacovigilance data, identifying patterns and predicting potential drug-related risks [17]. One notable application is the use of deep learning algorithms in the FAERS (FDA Adverse Event Reporting System) database, which has improved the accuracy of ADR predictions [18]. Similarly, AI-driven pharmacovigilance models have demonstrated their effectiveness in integrating real-world data from multiple sources to enhance risk assessment. These advancements contribute to early detection of drug safety issues, minimizing potential harm to patients [19].

Natural Language Processing (NLP) for Analyzing Medical Reports and Social Media Data: Natural language processing (NLP) plays a vital role in extracting valuable insights from unstructured data sources, such as medical records, clinical notes, and social media discussions. NLP algorithms process large volumes of text, identifying ADR mentions and sentiment analysis to detect emerging safety concerns [20]. A study by Santulli et al. (2025) demonstrated how NLP models applied to social media data could identify previously unreported ADRs, providing a complementary source of pharmacovigilance data [21]. Additionally, case studies from the EudraVigilance database have shown that NLP-assisted signal detection improves ADR reporting efficiency, reducing the burden on manual review processes [22]. The integration of NLP in pharmacovigilance enhances the scope of ADR monitoring, enabling real-time detection of safety issues that might be overlooked in traditional reporting systems.

Real-World Evidence (RWE) Generation from Big Data: The generation of real-world evidence

(RWE) has become a cornerstone of modern pharmacovigilance, allowing regulators and healthcare providers to assess drug safety in broader populations. Big data analytics facilitates the extraction of RWE from observational studies, claims databases, and electronic health records, providing insights into long-term drug safety [23]. For instance, a recent study utilized real-world pharmacovigilance data to compare the safety profiles of novel therapeutics with existing treatments, leading to improved post-market surveillance strategies. Furthermore, the use of predictive analytics in RWE studies has enabled personalized medicine approaches, tailoring drug safety assessments to specific patient demographics. The ability to harness RWE from big data sources enhances the decision-making process for drug approvals, labeling updates, and risk mitigation strategies, ultimately improving patient safety [24].

5. APPLICATIONS OF BIG DATA

ANALYTICS IN PHARMACOVIGILANCE

Early Detection of ADRs: Traditional methods for ADR detection rely on spontaneous reporting systems, which suffer from underreporting and delays. BDA enhances ADR detection by leveraging machine learning models, natural language processing (NLP), and real-world evidence from electronic health records (EHRs) and social media analytics [25]. Recent studies highlight the role of AI-driven models in identifying previously undetected ADRs through large-scale data mining techniques [26].

Signal Detection and Risk Assessment: Signal detection involves identifying patterns indicating a potential drug safety issue. Advanced computational models process vast amounts of structured and unstructured data, improving risk assessment accuracy [27]. The FAERS (FDA Adverse Event

Reporting System) database and EudraVigilance system benefit from BDA in detecting statistically significant drug-event associations [28].

Automated Causality Assessment: Traditionally, causality assessment in pharmacovigilance was a manual, time-consuming process. Big Data facilitates automated causality assessment through probabilistic models and AI-based classification techniques [29]. Real-time data integration from multiple sources allows for a more robust evaluation of causality relationships between drugs and adverse events.

Post-Marketing Surveillance Improvements: Post-marketing surveillance ensures the continuous evaluation of drug safety after approval. BDA integrates data from clinical trials, patient registries, and social networks, leading to improved post-market safety monitoring. Real-world pharmacovigilance studies leverage databases like FAERS and VigiBase to refine drug safety profiles in diverse populations [30]. **Predictive Analytics for Drug Safety:** Predictive analytics harness historical drug safety data to forecast potential ADRs before widespread use. Machine learning algorithms identify high-risk populations and drug interactions, optimizing preemptive risk mitigation strategies. AI-driven simulations predict long-term safety outcomes, aiding regulatory decision-making [31].

6. CHALLENGES AND LIMITATIONS

Data Privacy and Security Concerns:

Pharmacovigilance systems rely on extensive patient data from diverse sources, including electronic health records (EHRs), social media, and clinical trial databases. Ensuring data privacy and security is a primary concern, especially given the sensitivity of medical information. The implementation of big data analytics increases the risk of data breaches, unauthorized access, and misuse of patient information. Secure data storage,

robust encryption, and compliance with regulations such as the General Data Protection Regulation (GDPR) are necessary to mitigate these risks [32]. Moreover, concerns regarding patient consent and de-identification of data persist, as integrating large datasets across multiple sources can lead to re-identification risks. Advanced anonymization techniques and privacy-preserving AI models are potential solutions, yet their effectiveness remains a challenge [33].

Regulatory and Ethical Challenges: The use of AI-driven big data analytics in pharmacovigilance raises significant regulatory and ethical concerns. Regulatory frameworks often struggle to keep pace with rapid technological advancements, leading to ambiguities in compliance requirements. Organizations such as the FDA and EMA have established guidelines for real-world evidence and AI applications in PV, but inconsistencies in global regulations remain a hurdle [34]. Ethically, the automation of ADR detection introduces questions about accountability. If an AI system fails to detect a critical drug safety issue, determining liability becomes complex. The lack of transparency in AI-driven decision-making further exacerbates this issue, making regulatory oversight crucial [35].

Data Integration and Interoperability Issues: Pharmacovigilance data comes from multiple sources, including hospital records, pharmaceutical reports, and patient-generated data. However, integrating these disparate datasets is challenging due to variations in data formats, coding standards (e.g., ICD-10, MedDRA), and terminologies. Many healthcare systems still rely on outdated data management infrastructures, making seamless data integration difficult. Efforts such as the adoption of FHIR (Fast Healthcare Interoperability Resources) standards aim to improve interoperability, but challenges persist. Data cleaning and harmonization processes require significant time and resources,

slowing down real-time adverse event detection. Without standardized data-sharing protocols, inconsistencies in reporting can lead to misinterpretations and reduced reliability of PV analytics [38].

Bias and Accuracy of AI-Driven PV Systems: AI and machine learning (ML) algorithms play a crucial role in analyzing big data for pharmacovigilance, but their effectiveness is limited by inherent biases in training data. If AI models are trained on incomplete or skewed datasets, they may fail to detect ADRs for underrepresented populations. For example, a pharmacovigilance system trained primarily on data from Western countries may overlook ADR patterns prevalent in other ethnic groups or regions. Additionally, false positives and false negatives in AI-driven ADR detection remain a challenge. Overreliance on AI models without human validation can lead to misclassification of drug risks, potentially causing unnecessary market withdrawals or missed safety signals. Continuous model validation, explainable AI techniques, and inclusion of diverse datasets are necessary to improve accuracy and fairness in AI-driven pharmacovigilance [39].

7. REGULATORY LANDSCAPE AND FUTURE DIRECTIONS

Big Data Analytics has significantly transformed pharmacovigilance (PV), allowing for real-time monitoring, detection, and prevention of adverse drug reactions (ADRs). This section explores the regulatory landscape, global initiatives, and emerging technological trends shaping the future of big data-driven PV.

7.1 Current Regulations on Big Data in Pharmacovigilance (FDA, EMA, WHO)

Regulatory agencies worldwide have recognized the growing role of big data in ensuring drug safety and efficacy. The U.S. Food and Drug Administration

(FDA) has incorporated big data analytics into its Sentinel System, enabling proactive drug safety surveillance by analyzing electronic health records (EHRs) and insurance claims data. Similarly, the European Medicines Agency (EMA) has launched the EudraVigilance system, leveraging real-world data to enhance signal detection and risk assessment. The World Health Organization (WHO) has developed VigiBase, a global PV database managed by the Uppsala Monitoring Centre, which integrates big data to monitor drug safety globally. While these frameworks provide valuable insights, challenges remain regarding data standardization, interoperability, and ethical concerns related to patient privacy [40].

7.2 Global Initiatives in Big Data-Driven Pharmacovigilance

The integration of big data analytics in pharmacovigilance has led to the emergence of several global initiatives aimed at enhancing drug safety monitoring and adverse event detection. These initiatives leverage advanced technologies such as artificial intelligence, machine learning, and blockchain to improve data processing, transparency, and methodological approaches in pharmacovigilance.

IMI-PROTECT (Innovative Medicines Initiative): This European public-private partnership is dedicated to enhancing pharmacovigilance methodologies by integrating big data and artificial

intelligence. It aims to develop innovative strategies for the detection and assessment of adverse drug reactions, improving overall drug safety monitoring [41].

FAERS (FDA Adverse Event Reporting System): A key initiative by the U.S. Food and Drug Administration (FDA), FAERS employs machine learning algorithms to analyze vast amounts of adverse event reports. This system helps in the early identification of emerging safety concerns, allowing for timely regulatory interventions.

Pharma Ledger: This blockchain-based initiative focuses on improving data integrity and transparency in drug safety monitoring. By leveraging distributed ledger technology, Pharma Ledger ensures secure, tamper-proof data sharing across stakeholders in the pharmaceutical sector, enhancing the reliability of pharmacovigilance data [42].

7.3 Future trends: These initiatives demonstrate the increasing reliance on data analytics to optimize PV systems globally. The table 1. highlights key advancements shaping the future of pharmacovigilance, including blockchain for secure data sharing, cloud computing for large-scale integration, and AI-driven approaches for improved adverse drug reaction (ADR) detection. These innovations are expected to enhance the efficiency and proactiveness of pharmacovigilance systems.

Future Trends	Description
Blockchain Technology	Ensures secure, immutable, and transparent data sharing across stakeholders, reducing fraud and data tampering in PV.
Cloud Computing	Facilitates large-scale data integration, allowing researchers and regulators to access real-time safety data for timely interventions.
AI & Machine Learning	Advanced AI models, such as NLP and deep learning, enhance ADR detection by analyzing unstructured

	data from medical records, social media, and scientific literature.
Overall Impact	These technologies are expected to drive more efficient, proactive pharmacovigilance systems in the coming years [43].

Table 1. Emerging Technological Trends in Big Data Analytics for Pharmacovigilance

7.4 Potential of Personalized Pharmacovigilance

Using Big Data: Personalized medicine is revolutionizing PV by tailoring drug safety monitoring to individual patient profiles. Big data analytics enables predictive modeling to assess ADR risk based on genetic factors, lifestyle, and medical history. The integration of pharmacogenomics with AI-driven PV systems can improve drug safety outcomes by predicting patient-specific adverse reactions before they occur[44].

CONCLUSION:

The incorporation of Big Data Analytics (BDA) in pharmacovigilance (PV) has transformed drug safety monitoring through the facilitation of real-time detection, evaluation, and prevention of adverse drug reactions (ADRs). Conventional pharmacovigilance systems, although efficacious, are plagued by underreporting, delayed signal identification, and data fragmentation. BDA mitigates these constraints by utilizing many data sources, including electronic health records (EHRs), social media, clinical trial databases, and wearable devices, thus improving ADR surveillance and risk evaluation. Machine learning (ML) and artificial intelligence (AI) are essential for automating signal detection and enhancing the precision of adverse drug reaction (ADR) predictions. Natural language processing (NLP) techniques enable the extraction of useful insights from unstructured data sources, such as medical literature and social media discussions, thereby enhancing standard reporting systems. Furthermore, the development of real-world evidence (RWE) via big data analytics

facilitates comprehensive post-marketing surveillance, so providing prolonged medication safety monitoring beyond the scope of clinical studies. Notwithstanding its myriad advantages, the implementation of BDA in PV encounters some hurdles, including as data privacy and security issues, regulatory and ethical considerations, interoperability complications, and potential biases in AI-driven systems. Regulatory agencies, including the FDA, EMA, and WHO, are endeavoring to create standardized frameworks to guarantee the safe and ethical application of BDA in pharmacovigilance. Innovative technologies, such as blockchain for data integrity and cloud-based platforms for real-time ADR monitoring, present viable solutions to these difficulties. The future of pharmacovigilance will increasingly involve the combination of big data analytics with powerful artificial intelligence approaches. The advancement of explainable AI models, improved interoperability standards, and privacy-preserving methodologies will bolster drug safety monitoring. As international efforts advance big data-driven pharmacovigilance tactics, the prospects for enhanced patient safety, tailored medicine, and proactive risk management will markedly increase, defining the forthcoming phase of pharmacovigilance.

REFERENCES

1. Ratilal BM, Prajapati AP, Narkhede K, Narkhede SB, Luhar S. A review on pharmacovigilance and drug safety Measures. EPRA International Journal of Research and Development (IJRD).;8(12):252-5.

2. KASUKURTHI SR. Big data analytics in pharmacovigilance-A global trend. *Asian J Pharm Clin Res.* 2021;14(10):19-24.
3. Trifirò G, Sultana J, Bate A. From big data to smart data for pharmacovigilance: the role of healthcare databases and other emerging sources. *Drug safety.* 2018 Feb;41:143-9.
4. Sarangi SC, Dash Y. Application of Machine Learning and Big data Analytics in Pharmacovigilance and Drug Safety. In 2019 2nd International Conference on Intelligent Computing, Instrumentation and Control Technologies (ICICICT) 2019 Jul 5 (Vol. 1, pp. 555-559). IEEE.
5. Ventola CL. Big data and pharmacovigilance: data mining for adverse drug events and interactions. *Pharmacy and therapeutics.* 2018 Jun;43(6):340.
6. Trifirò G, Sultana J, Bate A. From big data to smart data for pharmacovigilance: the role of healthcare databases and other emerging sources. *Drug safety.* 2018 Feb;41:143-9.
7. Harpaz R, DuMochel W, Shah NH. Big data and adverse drug reaction detection. *Clinical Pharmacology & Therapeutics.* 2016 Mar;99(3):268-70.
8. Hussain R. Big data, medicines safety and pharmacovigilance. *Journal of pharmaceutical policy and practice.* 2021 Dec 1;14(1):48.
9. Bate A, Reynolds RF, Caubel P. The hope, hype and reality of Big Data for pharmacovigilance. *Therapeutic advances in drug safety.* 2018 Jan;9(1):5-11.
10. KASUKURTHI SR. Big data analytics in pharmacovigilance-A global trend. *Asian J Pharm Clin Res.* 2021;14(10):19-24.
11. Ventola CL. Big data and pharmacovigilance: data mining for adverse drug events and interactions. *Pharmacy and therapeutics.* 2018 Jun;43(6):340.
12. Sarangi SC, Dash Y. Application of Machine Learning and Big data Analytics in Pharmacovigilance and Drug Safety. In 2019 2nd International Conference on Intelligent Computing, Instrumentation and Control Technologies (ICICICT) 2019 Jul 5 (Vol. 1, pp. 555-559). IEEE.
13. Bate A, Reynolds RF, Caubel P. The hope, hype and reality of Big Data for pharmacovigilance. *Therapeutic advances in drug safety.* 2018 Jan;9(1):5-11.
14. Ventola CL. Big data and pharmacovigilance: data mining for adverse drug events and interactions. *Pharmacy and therapeutics.* 2018 Jun;43(6):340.
15. Harpaz R, DuMochel W, Shah NH. Big data and adverse drug reaction detection. *Clinical Pharmacology & Therapeutics.* 2016 Mar;99(3):268-70.
16. Badria FA, Elgazar AA. Optimizing Pharmacovigilance in an Era of Accelerating Innovation.
17. Popa Ilie IR, Dobrea CM, Butuca A, Homorodean C, Morgovan C, Vonica-Tincu AL, Gligor FG, Ghibu S, Frum A. Real-Life Data on the Safety of Pasireotide in Acromegaly: Insights from EudraVigilance. *Pharmaceuticals.* 2024 Dec 4;17(12):1631.
18. Birru EM, Batty KT, Manning L, Enkel SL, Moore BR. Acceptability and Implementation Challenges of Benzathine Penicillin G Secondary Prophylaxis for Rheumatic Heart Disease in Ethiopia: A Qualitative Study. *Global Heart.* 2025 Jan 29;20(1):8.
19. Rashmi R, Kaur V, Kumar A, Srivastava H, Kumar S, Babu A. AI-Powered Pharmacovigilance: Revolutionizing Drug Safety for Tomorrow. Available at SSRN 5086737. 2024 Nov 15.
20. Wang XF, Bao LR, Hu TL, Xu RF, Gao WN, Wang JY, Zhao JR, Fu ZL, Meng Y, Wang SF. Adverse drug events (ADEs) risk signal mining related to eculizumab based on the FARES database. *Frontiers in Pharmacology.* 2025 Jan 9;15:1440907.
21. Cho H, Jo H, Jeong YD, Jang W, Park J, Yim Y, Lee K, Lee H, Lee S, Fond G, Boyer L.

Antipsychotic use during pregnancy and outcomes in pregnant individuals and newborns. *Journal of Affective Disorders*. 2025 Mar 15;373:495-504.

22. Vukusic S, Bove R, Dobson R, McElrath T, Oreja-Guevara C, Pietrasanta C, Lin CJ, Ferreira G, Craveiro L, Zecevic D, Pasquarelli N. Pregnancy and Infant Outcomes in Women With Multiple Sclerosis Treated With Ocrelizumab. *Neurology: Neuroimmunology & Neuroinflammation*. 2024 Dec 17;12(1):e200349.

23. Wu F, Wang S, Xu X, Zhang W, Zhou J, Niu R, Cai W, Yang Y, Liu M, Zhang J. Pharmacovigilance analysis of Polatuzumab plus Bendamustine and Rituximab treatment protocol: Identifying Comprehensive Safety Signals using FDA Database. *Frontiers in Pharmacology*;16:1459067.

24. Badria FA, Elgazar AA. Optimizing Pharmacovigilance in an Era of Accelerating Innovation.

25. Popa Ilie IR, Dobrea CM, Butuca A, Homorodean C, Morgovan C, Vonica-Tincu AL, Gligor FG, Ghibu S, Frum A. Real-Life Data on the Safety of Pasireotide in Acromegaly: Insights from EudraVigilance. *Pharmaceuticals*. 2024 Dec 4;17(12):1631.

26. Gáll Z, Kolcsar M. Comparative Analyses of the Safety Profiles of Vitamin D Receptor Agonists: A Pharmacovigilance Study Based on the EudraVigilance Database. *Pharmaceuticals*. 2024 Dec 13;17(12):1686.

27. Birru EM, Batty KT, Manning L, Enkel SL, Moore BR. Acceptability and Implementation Challenges of Benzathine Penicillin G Secondary Prophylaxis for Rheumatic Heart Disease in Ethiopia: A Qualitative Study. *Global Heart*. 2025 Jan 29;20(1):8.

28. Umare K, Chavan M, Shaik N, Maheswari PU, Shivaram KT, Prasanth PV. Real-Time Pharmacovigilance Using Signal Processing. In *Role of Internet of Everything (IOE), VLSI Architecture,*

and AI in Real-Time Systems 2025 (pp. 417-432). IGI Global Scientific Publishing.

29. Wang XF, Bao LR, Hu TL, Xu RF, Gao WN, Wang JY, Zhao JR, Fu ZL, Wang SF, Meng Y. Corrigendum: Adverse Drug Events (ADEs) Risk Signal Mining Related to Eculizumab Based on the FARES Database. *Frontiers in Pharmacology*;16:1558930.

30. Henry A, Santulli P, Bourdon M, Maignien C, Chapron C, Treluyer JM, Guibourdenche J, Chouchana L. Birth defects reporting and the use of dydrogesterone: a disproportionality analysis from the World Health Organization pharmacovigilance database (VigiBase). *Human Reproduction Open*. 2025;2025(1):hoae072.

31. Chong S, Sun L, Mu G, Hua M, Xiang Q, Cui Y. Adverse Events of Factor Xa Inhibitors in Pediatric Patients: A Meta-analysis and Pharmacovigilance Study. *Pediatric Drugs*. 2025 Jan 18:1-6.

32. Badria FA, Elgazar AA. Optimizing Pharmacovigilance in an Era of Accelerating Innovation.

33. Birru EM, Batty KT, Manning L, Enkel SL, Moore BR. Acceptability and Implementation Challenges of Benzathine Penicillin G Secondary Prophylaxis for Rheumatic Heart Disease in Ethiopia: A Qualitative Study. *Global Heart*. 2025 Jan 29;20(1):8.

34. Vukusic S, Bove R, Dobson R, McElrath T, Oreja-Guevara C, Pietrasanta C, Lin CJ, Ferreira G, Craveiro L, Zecevic D, Pasquarelli N. Pregnancy and Infant Outcomes in Women With Multiple Sclerosis Treated With Ocrelizumab. *Neurology: Neuroimmunology & Neuroinflammation*. 2024 Dec 17;12(1):e200349.

35. Cho H, Jo H, Jeong YD, Jang W, Park J, Yim Y, Lee K, Lee H, Lee S, Fond G, Boyer L. Antipsychotic use during pregnancy and outcomes in pregnant individuals and newborns. *Journal of Affective Disorders*. 2025 Mar 15;373:495-504.

- 36.** Popa Ilie IR, Dobrea CM, Butuca A, Homorodean C, Morgovan C, Vonica-Tincu AL, Gligor FG, Ghibu S, Frum A. Real-Life Data on the Safety of Pasireotide in Acromegaly: Insights from EudraVigilance. *Pharmaceuticals*. 2024 Dec 4;17(12):1631.
- 37.** Umare K, Chavan M, Shaik N, Maheswari PU, Shivaram KT, Prasanth PV. Real-Time Pharmacovigilance Using Signal Processing. In *Role of Internet of Everything (IOE), VLSI Architecture, and AI in Real-Time Systems 2025* (pp. 417-432). IGI Global Scientific Publishing.
- 38.** Vukusic S, Bove R, Dobson R, McElrath T, Oreja-Guevara C, Pietrasanta C, Lin CJ, Ferreira G, Craveiro L, Zecevic D, Pasquarelli N. Pregnancy and Infant Outcomes in Women With Multiple Sclerosis Treated With Ocrelizumab. *Neurology: Neuroimmunology & Neuroinflammation*. 2024 Dec 17;12(1):e200349.
- 39.** Wang XF, Bao LR, Hu TL, Xu RF, Gao WN, Wang JY, Zhao JR, Fu ZL, Meng Y, Wang SF. Adverse drug events (ADEs) risk signal mining related to eculizumab based on the FARES database. *Frontiers in Pharmacology*. 2025 Jan 9;15:1440907.
- 40.** Popa Ilie IR, Dobrea CM, Butuca A, Homorodean C, Morgovan C, Vonica-Tincu AL, Gligor FG, Ghibu S, Frum A. Real-Life Data on the Safety of Pasireotide in Acromegaly: Insights from EudraVigilance. *Pharmaceuticals*. 2024 Dec 4;17(12):1631.
- 41.** Rashmi R, Kaur V, Kumar A, Srivastava H, Kumar S, Babu A. AI-Powered Pharmacovigilance: Revolutionizing Drug Safety for Tomorrow. Available at SSRN 5086737. 2024 Nov 15.
- 42.** Umare K, Chavan M, Shaik N, Maheswari PU, Shivaram KT, Prasanth PV. Real-Time Pharmacovigilance Using Signal Processing. In *Role of Internet of Everything (IOE), VLSI Architecture, and AI in Real-Time Systems 2025* (pp. 417-432). IGI Global Scientific Publishing.
- 43.** Wu F, Wang S, Xu X, Zhang W, Zhou J, Niu R, Cai W, Yang Y, Liu M, Zhang J. Pharmacovigilance analysis of Polatuzumab plus Bendamustine and Rituximab treatment protocol: Identifying Comprehensive Safety Signals using FDA Database. *Frontiers in Pharmacology*;16:1459067.
- 44.** Henry A, Santulli P, Bourdon M, Maignien C, Chapron C, Treluyer JM, Guibourdenche J, Chouchana L. Birth defects reporting and the use of hydrogesterone: a disproportionality analysis from the World Health Organization pharmacovigilance database (VigiBase). *Human Reproduction Open*. 2025;2025(1):hoae072.