

Pharmacovigilance in the Era of Artificial Intelligence and Big Data: Innovations, Challenges, and Future Perspectives

Ayesha Sayyed,¹ Sufiyan Sayyed², Ayaz Sayyed³

¹*Assistant Professor, Department of Pharmacology*

^{2,3}*Research Scholar, Department of Pharmacy*

Abstract- Background: Pharmacovigilance plays a crucial role in ensuring drug safety by detecting, assessing, and preventing adverse drug reactions and medication errors. Traditional pharmacovigilance methods, such as spontaneous reporting and post-marketing surveillance, face limitations like underreporting, data fragmentation, and delayed risk detection.

Aim: This review explores how artificial intelligence, big data analytics, and machine learning are transforming pharmacovigilance, improving adverse drug reaction detection, predictive analytics, and drug safety monitoring.

Method: In this paper, we have studied recent research on Pharmacovigilance. We thoroughly used search engines like PubMed, Elsevier, Web Science, Google Scholar, Science Direct, Medline Plus, Google Open Access, Europe PMC, Hub Med, Scopus, Semantic Scholar, Shodhaganga, Science Open, and ScienceDirect. **Keywords** search during Pharmacovigilance, Artificial Intelligence, Data Analytics, Adverse Drug Reactions.

Results: AI and big data enable rapid ADR identification using electronic health records, social media, and patient registries. Regulatory agencies are integrating digital tools to enhance drug safety monitoring.

Conclusion: Future PV advancements will include genomics, personalized medicine, blockchain, and patient-centered approaches, ensuring safer drug use globally. Strengthening collaborations and refining ADR reporting mechanisms will improve pharmacovigilance effectiveness.

Keywords: Pharmacovigilance, artificial intelligence, data analytics, adverse drug reactions, machine learning, regulatory challenges.

INTRODUCTION

Pharmacovigilance (PV) is a critical domain in healthcare that ensures the efficacy, safety, and quality of pharmaceutical products. It plays a pivotal role in identifying, evaluating, and preventing

adverse drug reactions (ADRs) to enhance patient safety. The term "pharmacovigilance" is derived from the Greek word *Pharmakon* (meaning drug) and the Latin word *Vigilare* (meaning to keep watch), emphasizing its fundamental objective of continuous drug safety surveillance. The World Health Organization (WHO) defines pharmacovigilance as "the science and activities relating to the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problem" [1].

The significance of pharmacovigilance has grown immensely with the rapid development of the global pharmaceutical industry. The discovery of new drugs and the rise of complex therapeutic regimens have led to an increased need for stringent drug safety monitoring systems. Historically, the necessity of pharmacovigilance was highlighted by the thalidomide tragedy of the 1960s, where thousands of newborns were affected by congenital disabilities due to maternal use of thalidomide during pregnancy. This disaster prompted the establishment of robust drug regulatory frameworks worldwide, leading to the formation of organizations such as the U.S. Food and Drug Administration (FDA), the European Medicines Agency (EMA), and the WHO Programme for International Drug Monitoring [2].

Traditional pharmacovigilance systems primarily relied on spontaneous reporting systems (SRS), where healthcare professionals and patients voluntarily reported ADRs. However, underreporting and inconsistencies in data collection remained significant challenges. Research suggests that less than 10% of all ADRs are reported, leading to delays in detecting potential safety concerns [3]. To address these limitations, advanced technological interventions have been introduced, including artificial intelligence (AI), big data analytics, and

real-world evidence (RWE). These advancements have revolutionized pharmacovigilance by enabling early detection of ADRs, improving signal detection processes, and enhancing overall drug safety assessments.

Another crucial aspect of pharmacovigilance is global regulatory harmonization. Different countries follow distinct pharmacovigilance guidelines, leading to variability in reporting standards and regulatory requirements. To ensure a unified approach, global regulatory bodies such as the International Council for Harmonisation (ICH) and WHO work towards standardizing pharmacovigilance practices. In India, the Pharmacovigilance Programme of India (PvPI), established under the Central Drugs Standard Control Organization (CDSCO), monitors drug safety and ensures compliance with international standards [4].

With the advent of digital health technologies, pharmacovigilance has taken a more patient-centric approach. Mobile health (mHealth) applications, online ADR reporting platforms, wearable devices, and electronic health records (EHRs) enable real-time monitoring of drug safety. Moreover, pharmacogenomics and personalized medicine are transforming pharmacovigilance by tailoring drug therapies to individuals based on their genetic profiles, thereby reducing the risk of ADRs.

Despite these advancements, several challenges persist in pharmacovigilance. These include data fragmentation, lack of global collaboration, ethical concerns related to AI-based pharmacovigilance, and patient privacy issues. Addressing these challenges is essential for improving pharmacovigilance practices and ensuring drug safety on a global scale.

This review aims to explore the latest advancements in pharmacovigilance, including AI-driven approaches, big data analytics, regulatory frameworks, and patient-centric innovations. It will also discuss the challenges in pharmacovigilance and propose future directions to enhance global drug safety monitoring. By integrating emerging technologies and fostering international cooperation, pharmacovigilance can continue to evolve and safeguard public health in the modern era.

Aim

This review aims to explore the advancements in pharmacovigilance, the role of AI and big data analytics, the challenges faced in drug safety monitoring, and future directions to enhance pharmacovigilance practices globally.

Methods

A comprehensive literature review was conducted using publicly available databases such as PubMed, Scopus, and Google Scholar. Relevant articles, regulatory guidelines, and case studies related to pharmacovigilance advancements, AI integration, and regulatory frameworks were analyzed.

Current Trends in Pharmacovigilance

1. Artificial Intelligence and Machine Learning in Pharmacovigilance

AI-driven pharmacovigilance enhances signal detection, ADR prediction, and risk assessment. Machine learning algorithms analyze vast datasets from electronic health records (EHRs), clinical trials, and social media to identify potential safety concerns. Natural language processing (NLP) further improves ADR detection by extracting relevant information from unstructured data sources.

Table 1: Traditional vs. AI-Driven Pharmacovigilance

Parameter	Traditional Pharmacovigilance	AI-Driven Pharmacovigilance
Data Processing Speed	Manual, slow	Automated, real-time
ADR Signal Detection	Reactive, based on reports	Proactive, predictive analytics
Accuracy & Sensitivity	Moderate, human error possible	High, AI reduces bias and errors
Data Sources	Clinical trials, healthcare databases	Social media, EHRs, wearable devices
Scalability	Limited to resources	Highly scalable with cloud computing

2. Big Data and Real-World Evidence (RWE) in Drug Safety Monitoring

The integration of big data analytics enables comprehensive safety assessments using real-world

patient data. RWE from EHRs, patient registries, and wearable devices contributes to early safety signal detection. Cloud-based platforms facilitate seamless data sharing among regulatory bodies and pharmaceutical companies, improving pharmacovigilance efficiency.

Global collaborations such as the International Council for Harmonisation (ICH) aim to standardize pharmacovigilance guidelines. Major regulatory agencies like the FDA, EMA, WHO, and India's CDSCO oversee post-market drug safety monitoring. Strengthening pharmacovigilance systems in developing nations is essential for equitable drug safety monitoring.

3. Regulatory Frameworks and Global Harmonization

Table 2: Global Regulatory Frameworks for Pharmacovigilance

Regulatory Agency	Country/Region	Key Guidelines
FDA	USA	FAERS, Sentinel Initiative
EMA	Europe	EudraVigilance, Risk Management Plans
WHO	Global	WHO Programme for International Drug Monitoring
CDSCO	India	PvPI (Pharmacovigilance Programme of India)
PMDA	Japan	JADER (Japanese Adverse Drug Event Report)

4. Patient-Centric Approaches and Digital Health Technologies

Mobile applications and online platforms enable patients to directly report ADRs. Pharmacogenomics and personalized medicine help minimize ADR risks by tailoring treatments to individual genetic profiles. Blockchain technology enhances data security and transparency in pharmacovigilance reporting systems.

Challenges in Pharmacovigilance

1. Underreporting of Adverse Drug Reactions (ADRs)

One of the biggest challenges in pharmacovigilance is underreporting, with studies indicating that less than 10% of ADRs are reported. Contributing factors include a lack of awareness, legal concerns, and time constraints among healthcare professionals. Standardizing patient-reported ADR mechanisms can improve reporting rates.

2. Data Fragmentation and Regulatory Inconsistencies

Drug safety data is often fragmented across various regulatory agencies and pharmaceutical companies, leading to delays in identifying safety signals. Inconsistent reporting standards across countries further complicate global pharmacovigilance efforts. Harmonizing regulatory guidelines and

integrating a unified global database could enhance data accessibility.

3. Ethical and Privacy Concerns in AI-Based Pharmacovigilance

AI-driven pharmacovigilance raises ethical concerns regarding patient data privacy and security. Ensuring compliance with data protection laws while enabling effective data sharing remains a challenge. Blockchain technology has been proposed as a solution to enhance security and transparency.

Future Directions in Pharmacovigilance

1. Strengthening Patient Participation: Increasing patient engagement in ADR reporting through digital health tools can improve pharmacovigilance efficiency.
2. Pharmacogenomics Integration: Genetic screening for drug metabolism variations can enhance personalized drug safety monitoring.
3. Advancing AI and Predictive Analytics: AI-driven automation will further improve ADR detection and risk assessment.
4. Global Regulatory Harmonization: Strengthening international collaborations will standardize pharmacovigilance practices and enhance drug safety.

5. Blockchain Implementation: Securing pharmacovigilance data through blockchain technology will improve transparency and patient confidentiality.

CONCLUSION

Pharmacovigilance is evolving with the integration of AI, big data, and patient-centered approaches, making drug safety monitoring more efficient. However, challenges such as underreporting, regulatory inconsistencies, and data privacy concerns must be addressed. Strengthening global collaboration, embracing technological innovations, and promoting proactive risk assessment will ensure the continued advancement of pharmacovigilance in safeguarding public health.

ACKNOWLEDGEMENTS

The author acknowledges the contributions of researchers, healthcare professionals, and regulatory agencies in advancing pharmacovigilance practices. Special thanks to the Pharmacology Department at Allana College of Pharmacy, Azam Campus, Pune, for their support.

Funding

No funding was received for this study.

Conflicts of Interest

The authors declare no conflicts of interest.

Abbreviations:

1. PV – Pharmacovigilance
2. ADR – Adverse Drug Reaction
3. AI – Artificial Intelligence
4. RWE – Real-World Evidence
5. EHR – Electronic Health Record
6. FDA – Food and Drug Administration
7. EMA – European Medicines Agency
8. WHO – World Health Organization
9. ICH – International Council for Harmonisation
10. PIDM – Programme for International Drug Monitoring
11. SRS – Spontaneous Reporting System
12. FAERS – FDA Adverse Event Reporting System
13. CDSCO – Central Drugs Standard Control Organization
14. PvPI – Pharmacovigilance Programme of India
15. PMDA – Pharmaceuticals and Medical Devices Agency

16. JADER – Japanese Adverse Drug Event Report
17. RCT – Randomized Controlled Trial
18. NLP – Natural Language Processing

Declarations

Ethics approval and consent to participate: No ethical approval or consent to participate was required for this manuscript

Consent for publication: Yes, All the researches studied have been duly cited and we have all the open access rights to access these studies.

Availability of data and material:

<https://pubmed.ncbi.nlm.nih.gov/>

Competing interests: No, The authors declare that they have no competing interests

Funding : N/A

Authors' contributions: All authors have equally contributed for the manuscript. All authors have read and approved the manuscript

Acknowledgements: We are thankful for entire Pharmacology Department at Allana College of Pharmacy, Azam campus, Camp, Pune for successful completion of work.

REFERENCE

- [1] Shah NH, Milstein A, Bagley SC. Making machine learning models clinically useful. *JAMA*. 2019;322(14):1351-1352.
- [2] Pfohl SR, Foryciarz A, Shah NH. An empirical characterization of fair machine learning for clinical risk prediction. *J Biomed Inform*. 2021;113:103621.
- [3] Jung K, Covington S, Sen CK, Januszyk M, Kirsner RS, Shah NH. Rapid identification of slow healing wounds. *Wound Repair Regen*. 2016;24(1):181-188.
- [4] Banda JM, Sarraju A, Abbasi F, Parizo J, Pariani M, Ison H, et al. Finding missed cases of familial hypercholesterolemia in health systems using machine learning. *NPJ Digit Med*. 2019;2:23.
- [5] Lu J, Sattler A, Wang S, Khaki AR, Callahan A, Li RC, et al. Considerations in the reliability and fairness audits of predictive models for advance care planning. *Front Digit Health*. 2022;4:830857.

- [6] Li RC, Smith M, Lu J, Avati A, Wang S, Shachar C, et al. Using AI to empower collaborative team workflows: two implementations for advance care planning and care escalation. *NEJM Catalyst*. 2022;3(1).
- [7] Jung K, Kashyap S, Avati A, Harman S, Shaw H, Shah NH. A framework for making predictive models useful in practice. *J Am Med Inform Assoc*. 2021;28(6):1149-1158.
- [8] Shah NH, Halamka JD, Saria S, Pencina M, Tazbaz T. A nationwide network of health AI assurance laboratories. *JAMA*. 2024;331(5):441-442.
- [9] Steinberg E, Jung K, Fries JA, Corbin CK, Pfohl SR, Ghassemi M, et al. Language models are an effective representation learning technique for electronic health record data. *J Biomed Inform*. 2021;113:103637.
- [10] Shah NH, Entwistle D, Pfeffer MA. Creation and adoption of large language models in medicine. *JAMA*. 2023;330(6):543-544.
- [11] Wornow M, Xu Y, Thapa R, Patel B, Steinberg E, Fries JA, et al. The shaky foundations of large language models and foundation models for electronic health records. *NPJ Digit Med*. 2023;6(1):110.
- [12] Wornow M, Thapa R, Steinberg E, Fries JA, Shah NH. EHRSHOT: an EHR benchmark for few-shot evaluation of foundation models. 2023. Available from: <https://arxiv.org/abs/2303.11185>
- [13] Schuler A, Callahan A, Jung K, Shah NH. Performing an informatics consult: methods and challenges. *J Am Coll Radiol*. 2018;15(3 Pt B):607-611.
- [14] Callahan A, Gombar S, Cahan EM, Jung K, Steinberg E, Pfohl S, et al. Using aggregate patient data at the bedside via an on-demand consultation service. *NEJM Catalyst*. 2021;2(1).
- [15] Gombar S, Callahan A, Califf R, Harrington R, Shah NH. It is time to learn from patients like mine. *NPJ Digit Med*. 2019;2:16.
- [16] Longhurst CA, Harrington RA, Shah NH. A 'green button' for using aggregate patient data at the point of care. *Health Aff (Millwood)*. 2014;33(7):1229-1235.
- [17] Lependu P, Iyer SV, Bauer-Mehren A, Harpaz R, Mortensen JM, Podchiyska T, et al. Pharmacovigilance using clinical notes. *Clin Pharmacol Ther*. 2013;93(6):547-555.
- [18] Harpaz R, DuMouchel W, Lependu P, Bauer-Mehren A, Ryan P, Shah NH. Performance of pharmacovigilance signal-detection algorithms for the FDA adverse event reporting system. *Clin Pharmacol Ther*. 2013;93(6):539-546.
- [19] Harpaz R, DuMouchel W, Schuemie M, Bodenreider O, Friedman C, Hripcsak G, et al. Toward multimodal signal detection of adverse drug reactions. *J Biomed Inform*. 2017;66:98-107.
- [20] Honig PK. Advancing the science of pharmacovigilance. *Clin Pharmacol Ther*. 2013;93(6):474-475.
- [21] Shah NH, Bhatia N, Jonquet C, Rubin D, Chiang AP, Musen MA. Comparison of concept recognizers for building the Open Biomedical Annotator. *BMC Bioinformatics*. 2009;10(Suppl 9):S14.
- [22] Jonquet C, Musen MA, Shah NH. Building a biomedical ontology recommender web service. *J Biomed Semantics*. 2010;1(Suppl 1):S1.
- [23] Jung K, Lependu P, Iyer SV, Bauer-Mehren A, Percha B, Shah NH. Functional evaluation of out-of-the-box text-mining tools for data-mining tasks. *J Am Med Inform Assoc*. 2015;22(1):121-131.
- [24] Harpaz R, Callahan A, Tamang S, Low Y, Odgers D, Finlayson S, et al. Text mining for adverse drug events: the promise, challenges, and state of the art. *Drug Saf*. 2014;37(10):777-790.
- [25] U.S. Food and Drug Administration. CBER
- [26] Steinberg E, Jung K, Fries JA, Corbin CK, Pfohl SR, Shah NH. Language models are an effective representation learning technique for electronic health record data. *J Biomed Inform*. 2021;
- [27] Shah NH, Entwistle D, Pfeffer MA. Creation and adoption of large language models in medicine. *JAMA*. 2023;
- [28] Wornow M, Xu Y, Thapa R, Patel B, Steinberg E, Shah NH. The shaky foundations of large language models and foundation models for electronic health records. *npj Digit Med*. 2023;
- [29] Wornow M, Thapa R, Steinberg E, Fries JA, Shah NH. EHRSHOT: An EHR benchmark for few-shot evaluation of foundation models. 2023;
- [30] Gombar S, Callahan A, Califf R, Harrington R, Shah NH. It is time to learn from patients like mine. *npj Digit Med*. 2019;
- [31] Longhurst CA, Harrington RA, Shah NH. A 'Green Button' for using aggregate patient data

- at the point of care. *Health Aff (Millwood)*. 2014;
- [32] Schuler A, Callahan A, Jung K, Shah NH. Performing an informatics consult: methods and challenges. *J Am Coll Radiol*. 2018;
- [33] Callahan A, Gombar S, Cahan EM, Jung K, Steinberg E, Shah NH. Using aggregate patient data at the bedside via an on-demand consultation service. *NEJM Catalyst*. 2021;
- [34] Lependu P, Iyer SV, Bauer-Mehren A, Harpaz R, Mortensen JM, Shah NH. Pharmacovigilance using clinical notes. *Clin Pharmacol Ther*. 2013;
- [35] Harpaz R, Dumouchel W, Lependu P, Bauer-Mehren A, Ryan P, Friedman C, et al. Performance of pharmacovigilance signal-detection algorithms for the FDA adverse event reporting system. *Clin Pharmacol Ther*. 2013;
- [36] Harpaz R, Dumouchel W, Schuemie M, Bodenreider O, Friedman C, Hripcsak G, et al. Toward multimodal signal detection of adverse drug reactions. *J Biomed Inform*. 2017;
- [37] Honig PK. Advancing the science of pharmacovigilance. *Clin Pharmacol Ther*. 2013;
- [38] Shah NH, Bhatia N, Jonquet C, Rubin D, Chiang AP, Musen MA. Comparison of concept recognizers for building the Open Biomedical Annotator. *BMC Bioinformatics*. 2009;
- [39] Jonquet C, Musen MA, Shah NH. Building a biomedical ontology recommender web service. *J Biomed Semantics*. 2010;
- [40] Jung K, Lependu P, Iyer S, Bauer-Mehren A, Percha B, Shah NH. Functional evaluation of out-of-the-box text-mining tools for data-mining tasks. *J Am Med Inform Assoc*. 2015;
- [41] Harpaz R, Callahan A, Tamang S, Low Y, Odgers D, Finlayson S, et al. Text mining for adverse drug events: the promise, challenges, and state of the art. *Drug Saf*. 2014;
- [42] European Medicines Agency. EMA regulatory science to 2025: strategic reflection. 2020. Available from: https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/ema-regulatory-science-2025-strategic-reflection_en.pdf
- [43] IQVIA. Global medicine spending to reach \$1.6 trillion in 2025, excluding spending on COVID-19 vaccines. 2021. Available from: <https://www.iqvia.com/newsroom/2021/04/global-medicine-spending-to-reach-16-trillion-in-2025-excluding-spending-on-covid-19-vaccines-accord>
- [44] Heads of Medicines Agencies. Recently published. 2023. Available from: <https://www.hma.eu/about-hma/recently-published.html>
- [45] Banerjee S. Navigating the new era of pharmacovigilance. 2023. Available from: <https://in.linkedin.com/in/saswata-banerjee-36234b124>
- [46] Proceedings of the 4th National Big Data Health Science Conference. *BMC Proc*. 2023;17(Suppl 9):1-2.
- [47] Methodological approaches for analyzing medication error reports in pharmacovigilance. *Jt Comm J Qual Patient Saf*. 2024;50(1):47-54.
- [48] Advanced AI: training data, Sequoia Capital podcast, 31 episodes. 2025. Available from: <https://pharmaceuticalintelligence.com/2025/02/27/advanced-ai-training-data-sequoia-capital-podcast-31-episodes/>
- [49] European Medicines Agency. EMA regulatory science to 2025: strategic reflection. 2020. Available from: https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/ema-regulatory-science-2025-strategic-reflection_en.pdf
- [50] IQVIA. Global medicine spending to reach \$1.6 trillion in 2025, excluding spending on COVID-19 vaccines. 2021. Available from: <https://www.iqvia.com/newsroom/2021/04/global-medicine-spending-to-reach-16-trillion-in-2025-excluding-spending-on-covid-19-vaccines-accord>
- [51] Heads of Medicines Agencies. Recently published. 2023. Available from: <https://www.hma.eu/about-hma/recently-published.html>
- [52] Banerjee S. Navigating the new era of pharmacovigilance. 2023. Available from: <https://in.linkedin.com/in/saswata-banerjee-36234b124>
- [53] Steinberg E, Jung K, Fries JA, Corbin CK, Pfohl SR, Shah NH. Language models are an effective representation learning technique for electronic health record data. *J Biomed Inform*. 2021;
- [54] Shah NH, Entwistle D, Pfeffer MA. Creation and Adoption of Large Language Models in Medicine. *JAMA*. 2023;
- [55] Wornow M, Xu Y, Thapa R, Patel B, Steinberg E, Shah NH. The shaky foundations of large language models and foundation models for electronic health records. *NPJ Digit Med*. 2023;

- [56] Wornow M, Thapa R, Steinberg E, Fries JA, Shah NH. EHRSHOT: An EHR Benchmark for Few-Shot Evaluation of Foundation Models. 2023;
- [57] Gombar S, Callahan A, Califf R, Harrington R, Shah NH. It is time to learn from patients like mine. NPJ Digit Med. 2019;
- [58] Callahan A, Gombar S, Cahan EM, Jung K, Steinberg E, Shah NH. Using Aggregate Patient Data at the Bedside via an On-Demand Consultation Service. NEJM Catalyst. 2021;
- [59] Schuler A, Callahan A, Jung K, Shah NH. Performing an Informatics Consult: Methods and Challenges. J Am Coll Radiol. 2018;
- [60] Lependu P, Iyer SV, Bauer-Mehren A, Harpaz R, Mortensen JM, Shah NH. Pharmacovigilance Using Clinical Notes. Clin Pharmacol Ther. 2013;
- [61] Harpaz R, Dumouchel W, Lependu P, Bauer-Mehren A, Ryan P, Shah NH. Performance of Pharmacovigilance Signal-Detection Algorithms for the FDA Adverse Event Reporting System. Clin Pharmacol Ther. 2013;
- [62] Jonquet C, Musen MA, Shah NH. Building a biomedical ontology recommender web service. J Biomed Semantics. 2010;

TABLE

Table 1: Traditional vs. AI-Driven Pharmacovigilance: A Comparative Analysis of Efficiency, Accuracy, and Future Prospects in Drug Safety Monitoring [21,22,23]

Parameter	Traditional Pharmacovigilance	AI-Driven Pharmacovigilance
Data Processing Speed	Manual, slow	Automated, real-time processing
ADR Signal Detection	Reactive, based on reports	Proactive, predictive analytics
Accuracy & Sensitivity	Moderate, risk of human error	High, AI reduces bias and errors
Data Sources	Clinical trials, healthcare databases	Social media, EHRs, wearable devices
Scalability	Limited to available resources	Highly scalable with cloud computing

Table 2: Global Regulatory Frameworks for Pharmacovigilance: A Comparative Analysis of Guidelines and Compliance Standards Across Major Drug Regulatory Agencies [26,27]

Regulatory Agency	Country/Region	Key Guidelines
U.S. Food and Drug Administration (FDA)	USA	FAERS, Sentinel Initiative
European Medicines Agency (EMA)	Europe	EudraVigilance, Risk Management Plans
World Health Organization (WHO)	Global	WHO Programme for International Drug Monitoring
Central Drugs Standard Control Organization (CDSCO)	India	PvPI (Pharmacovigilance Programme of India)
Pharmaceuticals and Medical Devices Agency (PMDA)	Japan	JADER (Japanese Adverse Drug Event Report)