REPUBLIC OF SLOVENIA MINISTRY OF HEALTH AGENCY FOR MEDICINAL PRODUCTS AND MEDICAL DEVICES

EU APPROVAL OF CANCER MEDICINES

"United against Cancer"

ECPC

CEE Cancer Patient Summit

Ljubljana, SLOVENIA

November 2006

REPUBLIC OF SLOVENIA MINISTRY OF HEALTH AGENCY FOR MEDICINAL PRODUCTS AND MEDICAL DEVICES

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With tributes to:

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Head, Regulatory Sector – Medicinal Products and Medical devices for Human Use

Four steps

of entry of a medicinal product to a national market



Systemic players:



Transnational



National

EU/EC-DGs/EUDRA/G10

EMEA

WYTC

WHO

Professional Organizations
Pharmaceutical Companies

Gatekeepers

Ministries

HMARegulatory Agencies

Local Rep's Ibid.

AIMS of EU DRA



- HIGH LEVEL OF PUBLIC HEALTH
- HIGH LEVEL OF COMPETITIVENESS OF PHARMACEUTICAL INDUSTRY
- · ENLARGEMENTS
 REQUIREMENTS

DRUG REGULATORY AUTHORITIES IN THE EU

CORE STRUCTURES:

- CENTRAL AGENCY:
 - EMEA: European Medicines Agency
 - MB, CXMP, PhVWP, SAG
- NATIONAL DRAs
 - MHRA (UK), AFSSAPS (F), BfArM (D), ARSZMP (SLO), ...
- Functional connections:
 - HMA, CMD(h), CMD(v), TIGs...

SUPPORTIVE STRUCTURES

- EDQM / European Pharmacopoeia
- OMCL Network
- PIC

NETWORKINGWhy work-share is the future?

- Regulation of medicines in Europe is a shared task between EU bodies and NCAs
- NCAs knowledge and resources are pivotal in this process
- Resources are limited co-operation is key to progress
- "Best excellence" NCAs and EMEA in united front
- Benchmarking

COMPOSITION OF SAGs

	Academic Hospital	National Institute	Regulatory
Antiinfectives	5	3	_
		•	
CNS	7	-	-
Diabetes/Endo	7	2	1
Diagnostics	7	-	-
HIV/Antivirals	5	2	1
Oncology	6	3	-
Cardiovascular	6	3	-
	43	13	2

HMA Strategy Paper

(http://heads.medagencies.org/heads/hoa_docs.html)

Areas of activity:

- Communication and Information
- Scientific Assessment Process
- Inspection, Laboratory Control and Enforcement
- Scientific Resources
- Pharmacovigilance
- IT Information Systems

EU and NATIONAL LEGISLATION

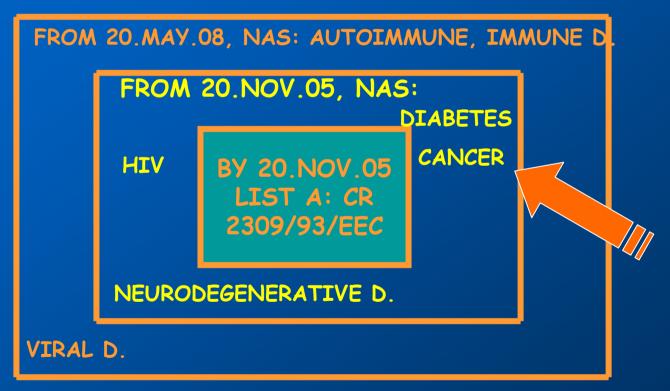
ZZdr-1 (SI) Specific modifications linked to **EU** requirements:

- Introducing of new and updated definitions (generic medicines, biological medicines...)
- Consolidation of procedures (quick, transparent...)
- Improvement of legal basis for co-operation between EU Member States
- Strengthening of pharmacovigilance
- Introducing specific incentives for industry (new data exclusivity period - 8+2+1

NATIONAL LEGISLATION: ZZdr-1 (SI) Specific modifications linked to national requirements:

- Better inclusion of provisions on drug pricing, that include the concept of interchangeability of medicinal product
- Retail sale of medicinal products through internet
- Retail sale of OTC medicinal products in pharmacies and specialized shops

OBLIGATORY CENTRALISED PROCEDURE



EMEA CP: Mandatory Scope

Art. 3(1) of Regulation (EC) No 726/2004 & its Annex				
Indent 1	Indent 3	Indent 4		
"Biotech" MPs -Recombinant DNA technology Controlled gene expression Monoclonal AB	Mandatory therapeutic Classes" •AIDs •Cancer •Neurodeg. disorders •Diabetes	Orphan MPs		

Source: EMEA

EMEA ACCELERATED ASSESSMENT PROCEDURE

- Purpose: to meet the legitimate expectations of patients and to take into account increasingly rapid progress of science and therapies
- Article 14(9) of Regulation (EC) 726/2004
 - ➤ Major interest from the point of view of public health and in particular from the viewpoint of therapeutic innovation
 - > Scientific opinion in 150 days (instead of 210)

Source: EMEA 14

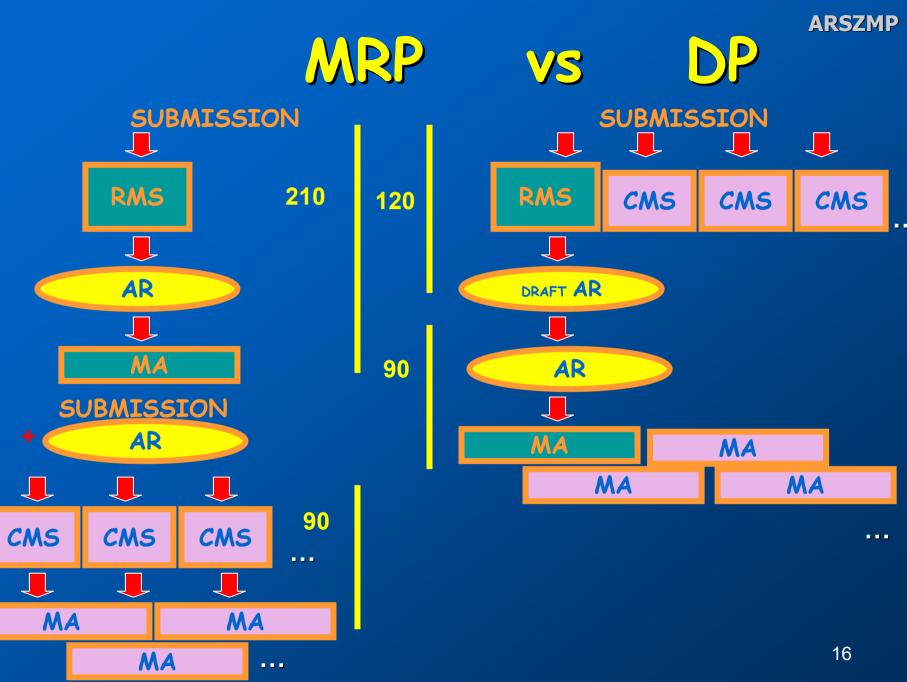
OPTIONAL CENTRALISED PROCEDURE

FROM 20.NOV.05, NAS:

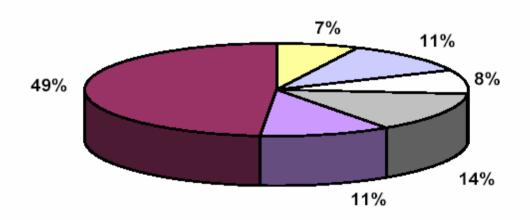
- NOT AUTHORISED IN THE EU
- COMMUNITY INTEREST

BY 20.NOV.05 LIST B: CR 2309/93/EEC

-GENERICS OF CENTRALLY
-AUTHORISED PRODUCTS



Positive COMP opinions in 2004



- Metabolism
- ■Muscoloskeletal and nervous system
- Haematology

- Cardiovascular and respiratory system
- Other
- Oncology and immunology

Source: EMEA

LABELLING AND PIL

- SECTIONS DEFINED BY DIRECTIVE 2001/83/EC:
- PIL AND OUTER PACKAGING SHALL
 REFLECT THE RESULTS OF
 CONSULTATIONS WITH TARGET
 PATIENT GROUPS THAT IT IS LEGIBLE,
 CLEAR AND EASY TO USE
- · BRAILLE



PharmacoVigilance







POSITIVE ASSESSMENT OF THE RISK/BENEFIT RATIO



· RISK MANAGEMENT SYSTEM



PSUR

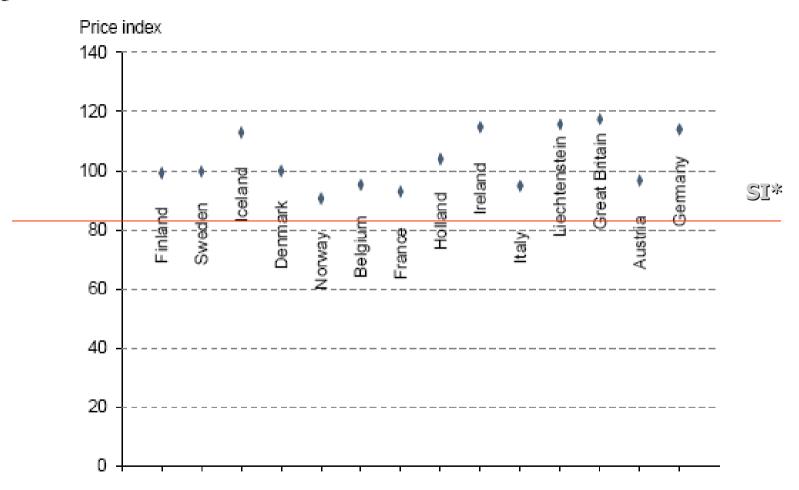
- · 2X/Yr AFTER GRANTING THE MA AND UNTIL THE PLACING ON THE MARKET
- · 2X/Yr, FIRST 2Yrs AFTER GRANTING MA
- · 1X/Yr, NEXT 2Yrs
- · 1X/3 Yrs, WITHIN THE PERIOD OF VALIDITY OF MA
- · UPON ON REQUEST OF CA

TRANSPARENCY



- PUBLICLY ACCESSIBLE INFORMATION
 - (NO COMMERCIALLY SENSITIVE INFORMATION SHOULD BE INCLUDED):
 - DECLARATION ON NO CONFLICT OF INTEREST FOR CA STAFF AND EXPERTS
 - AR
 - RULES OF PROCEDURES, AGENDAS OF MEETINGS, RECORDS, DECISION TAKEN
 - JUSTIFICATIONS FOR REFUSAL OF MA
 - Phy data that concern public Health
 - EUROPHARM DATABASE PARTIALLY AVAILABLE TO THE PUBLIC

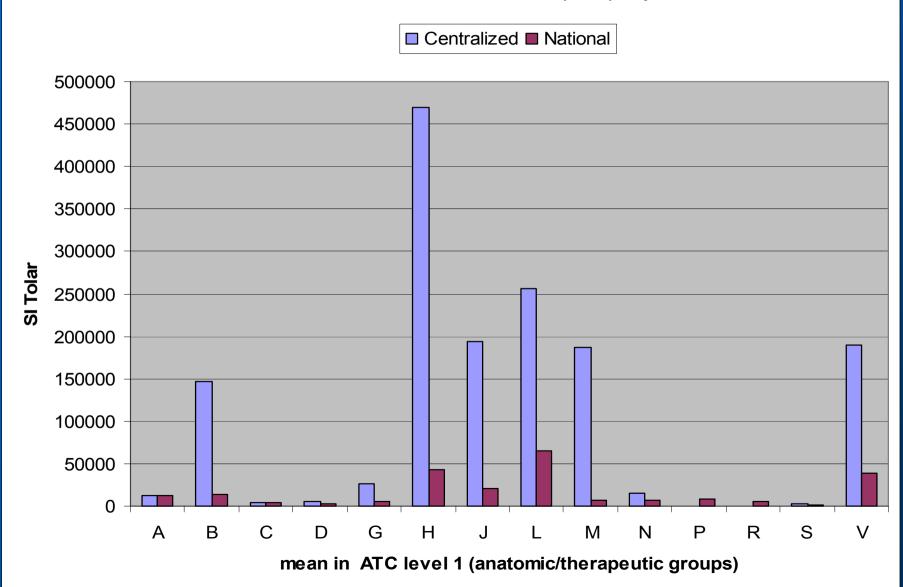
Price index for medicines 2003 (Denmark=100) Figure 1.3



Source: Jörgensen KP og Keiding H. Danske og Udenlandske medicinpriser 2003, Köpenhavn, 2004.

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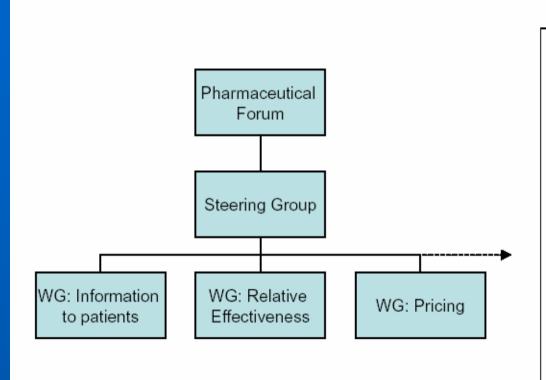
Wholesale Prices of Medicinal Products (SLO) - april 2005



PRICES OF MEDICINAL PRODUCTS SLOVENIA Oct 2006

	ATC1 L [CP]	ALL MPs
N	75	2973
MEAN	970,57	77,03
SD	1401,18	243,27
MEDIAN	606,56	14,63
MAX	10521,54	4054,19
MIN	35,38	0,44

Pharmaceutical Forum



Principles

- Broad participation
- Highest level political participation + technical preparation
- Collaboration, facilitated by EC
- Open set-up, all issues and proposals can be considered

Ph. Forum WG Pricing

Multiple expectations and regulations

- Need to balance expectations on pricing from Member States/payors, patients and industry
- National competence
- Decision-process needs to be in line with Dir 89/105/EEC (timing, criteria, publications)

Working Group on Pricing

- Share and examine experiences with different P+R mechanisms and costcontainment strategies on
 - Impact on cost
 - Access to market
 - Reward for innovation
- Consider impact of cross-national mechanisms (parallel trade, int'l reference pricing)
- Aim for a long-term perspective for both Member States and Industry

Ph. Forum WG Info to Patients

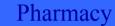
Need to improve information to patients but how?

- Legislation on information drafted before the Internet
- No clear distinction between information & advertising
- Factors to consider
 - Increasing pressure on national healthcare budgets
 - Potential role of industry
 - Growing demands from patients for more & better info

Working Group on Patient Information

- Examine options to
 - Provide information to patients in their own language, considering different factors
 - Put medicine information into a broader context
 - Build a central EU information tool
- Build on existing expertise and take account of existing initiatives (e.g., EuroPharm Database (EMEA)





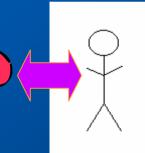




Health Insurance







the patient



the prescriber



