Comments on "INTRODUCTION OF FEES TO BE CHARGED BY THE EMA FOR PHARMACOVIGILANCE – Concept paper submitted for public consultation"

Consultation item n°1:
Do you agree with the proposed fee for single assessment of PSURs? If not, please explain and/or suggest alternative.

We do not agree with the proposed fee for single assessment of PSURs and we consider the proposed fee to be unacceptable. No indication is given in the document as to how the fee of €80,500 has been calculated. The lack of transparency indicates a high degree of arrogance by the Commission.

Although in general PSURs are not required for generic products, the portion of products for which a PSUR is needed is high for a generic company with a typical portfolio according to the current proposal of the EMA. At least 10% of actives will still require a PSUR and for many generic companies, a much higher proportion of their portfolio may require PSURs still to be submitted. A realistic portion of active ingredients of a generic company which still require PSURs is about 30%. If 12 PSURs have to be written on average per year for a medium sized generic company, the estimated costs to the company will be almost €1 million per annum in addition to the costs of preparing the PSURs. This could equal a 100% increase in pharmacovigilance costs. This is contrary to the stated aims of the new legislation, which included reduced costs to the pharmaceutical industry.

The draft EURD proposes PSURs are to be prepared for generic products which have been on the market for many years without a special safety risk, for example amoxicillin or amoxicillin + clavulanic acid. A recently submitted generic PSUR (review period three years) reported 40 ICSRs, the majority of which were literature cases or cases received via regulatory authority. Such a high fee would not be justifiable for assessing a PSUR of that size and the risks to be discussed.

It was originally anticipated that under the new legislation, PSURs would not be required for generic actives unless a specific safety concern had been identified. The draft EURD list indicates that 10% of genericised actives will require PSURs but does not indicate the safety concern that has necessitated the preparation and submission of the PSURs. The decision making process that has resulted in the draft EURD lacks transparency. It also appears that the setting of these proposed fees is not cognisant of the draft EURD.

Such high costs for assessment of PSURs will further increase the at present difficult market situation for generic products and will result in the withdrawal of marketing authorisations especially for products for which PSURs are required. This could result in the complete withdrawal from the market, for commercial and not safety reasons, of specialist products with clear clinical benefits, denying patients access to effective medicines. It could also result in widespread withdrawal of medicines leading to monopoly or near monopoly situations for some medicines or in some countries. It is noted that as a consequence of the requirement to submit medicinal product information to the EMA, that a number of MAHs have cancelled MAs for product with limited turnover.

Assessment of PSURs should remain a sovereign responsibility of authorities acting independently from MAHs. However, we could accept an administrative fee of about €500 for submission of PSURs to EMA.

Consultation item nº2:
Do you consider relevant the concept of grouping as proposed? If not, please explain and/or suggest alternative.

Collaborating with multiple MAHs across all 27 Member States to produce a single PSUR will be impractical. This might be possible for a non-genericised product where there may be only a handful of marketing partners who are already sharing safety information. Also if some of these MAHs prepare a PSUR together there would be the problems that the MAHs do not have common safety databases. Furthermore, exchange of data would be critical for MAHs not having contracts which each other.

A BROMI Vigilance initiative by the UK MHRA and the UK PAGB (Proprietary Association of Great Britain) investigated via a pilot project, the preparation of a common PSUR for an over the counter product. There were differences in data sets, including their formats, concerns over sharing confidential information, and protracted discussions concerning the conclusions of the report. The outcome of the pilot study, which only involved a small number of UK-only companies, was that whilst it was possible to prepare a common PSUR, it was not practicable. If it was not practical to produce a common PSUR by such a small number of companies operating in the same country, then these impracticalities can only be multiplied if a common PSUR was to be attempted across several countries and even more MAHs.

The concept of grouping for PSURs appears to be ill considered.

Consultation item nº3:
Do you agree with the proposed fee for the assessment of PASSes? If not, please explain and/or suggest alternative.

No comments

Consultation item nº4:
Do you consider relevant the concept of grouping as proposed? If not, please explain and/or suggest alternative.

No comments

Consultation item nº5:
Do you agree with the proposed fee for the assessment of pharmacovigilance referrals? If not, please explain and/or suggest alternative.

We do not agree with the proposed fee for the assessment of Pharmacovigilance referrals. A fee ranging from €80,300 to €267,400 is inappropriately high. Furthermore, Pharmacovigilance is a sovereign responsibility and authorities and committees which make the decisions have to be independent. This will be challenged if MAHs pay for referrals.

In addition, there is no explanation as to how these proposed fees have been devised. It is not clear how the maximum fee can be equated to the fee for the review of an initial MA application. Again, a lack of transparency.

Generic companies, typically with many products in their portfolio, are concerned about the potential cost implications. A single generic company, because of its broad portfolio, may be subject to several referrals, whereas an innovator company may be subject to few if any referrals. This could be disproportionate based on the comparative turnovers of the two companies. As with the fees for PSUR assessment, the possible consequence could be withdrawal of MAs for financial rather than safety reasons.

There is a concern that referrals could be initiated as a revenue generating exercise rather than in response to a genuine safety concern.

Consultation item nº6:
Do you agree with the concept of grouping as proposed? If not, please explain and/or suggest alternative.

It is not quite clear whether grouping is also accepted if not all concerned MAHs participate. A common answer of all MAHs may not be possible if e.g. the innovator may not wish to respond on behalf of generic MAHs.

Consultation item nº7:
Do you agree with the proposed pharmacovigilance service fee? If not, please explain and/or suggest alternative.

We do not agree with the proposed service fee at all. This fee has the character of a tax and not of a service fee. The equivalent value for the MAHs is not recognisable. It is not quite clear what actually the service for the MAHs is.

Although EMA plans to do the literature search for selected actives, the MAHs have still to do literature monitoring for actives not covered by the “service” and all actives in order to be aware of scientific state of knowledge of their products. MAHs still have to maintain safety databases and have to evaluate the collected cases for e.g. PSUR production and signal detection.

Generic companies which have in general a large number of actives in their portfolio are concerned that the proposed services are supererogatory. Many of these actives have a well-known risk benefit ratio which does not change much. For some products only few adverse event reports are available. However, a generic company holding 150 actives has to pay an annual fee of 150,000€ in addition to the running their own Pharmacovigilance system.

For a service fee to be payable, the EMA must have a clear service level agreement. In addition, here must also be an independent arbitration service where disputes regarding the level of service provided can be settled.

Consultation idem nº8:
Do you agree with the proposed approach for fee reductions for SMEs as regards the pharmacovigilance procedures at EU level (point 3.5.1)? If not, please explain why and provide suggestions how this could be improved.

No comments

Consultation item nº9:
Do you agree with the proposed approach with regard to the pharmacovigilance service fee for SMEs (point 3.5.2)?

No comments

Consultation item nº10:
What other aspects would you like to raise? Do you have additional comments?

The proposed pharmacovigilance fees will add significantly to the costs of a MAH performing its pharmacovigilance activities in Europe. This is contrary to the stated aims of the new legislation, which included reduced costs to the pharmaceutical industry. The law of unintended consequences is that if these proposals are accepted, costs to payers will increase.