



EUROPEAN COMMISSION
HEALTH AND FOOD SAFETY DIRECTORATE-GENERAL

Health systems and products
Medicinal products – authorisations, European Medicines Agency

PHARM 680

PHARMACEUTICAL COMMITTEE
17 March 2015

Subject: Feedback from the 1st meeting of the Commission Expert Group on “Safe and Timely Access to Medicines for Patients”

Agenda item 2b

The Commission Expert Group on Safe and Timely Access to Medicines for Patients (STAMP) held its 1st meeting on 27 January 2015, in Brussels, chaired by the Unit D5 - *Medicinal products – authorisations, EMA*, of DG Health and Food Safety of the European Commission.

Representatives from 23 Member States and the European Medicines Agency participated at the meeting.

The draft agenda (STAMP 1/001) was adopted without changes.

1. Scope and operation of the STAMP

The Pharmaceutical Committee during its 72nd meeting recognised the need to further explore the link between the pharmaceuticals regulatory framework and timely access of medicines to patients. Therefore, the Commission expert group on ‘Safe and Timely Access to Medicines for Patients’ (STAMP) was created. The Group will provide advice and expertise to the Commission services in relation to the implementation of the EU Pharmaceutical legislation, as well as programmes and policies in this field. The aim of the group is to discuss experience acquired so far with the implementation of the EU pharmaceutical legislation and national initiatives, and identify ways to optimise the use of existing regulatory tools to further improve safe and timely access and availability of medicines for patients. The work of the European Medicines Agency, including the pilot project on adaptive pathways will be part of this discussion.

It was clarified that the role of the Group is not to provide advice for the revision of the basic acts Directive 2001/83 and Regulation 726/2004. In addition, Health Technology Assessment (HTA), pricing and reimbursement will not be the focus of the STAMP. On the other hand, for the benefit of a more holistic approach, synergies will be created with other groups and European activities on these issues, such as the HTA network, the

Network of Competent Authorities on Pricing and Reimbursement (CAPR), the Process on Corporate Responsibility in the field of Pharmaceuticals, EMA pilots on scientific advice involving HTA Bodies, and the Council Working Party on Public Health at Senior Level. Some Member States have brought up during the discussions that this link to HTA and reimbursement is of utmost importance also in the STAMP, as this holistic approach means that market access cannot be separated from pricing and reimbursement decisions and strategies.

Concerning the membership of the expert group, it was clarified that Member States' authorities, the European Medicines Agency and EEA countries will be invited. Also, experts with specific competence in a subject of the agenda may be invited on an ad hoc basis. The maximum number of physical meetings will be four per year. The STAMP is a temporary working group which will continue its activities for the period of time needed to complete its tasks. English will be the working language for the group.

The agenda and record of the meetings of the group, as well as the presentations (without confidential information) will be published on: http://ec.europa.eu/health/documents/pharmaceutical-committee/stamp/index_en.htm.

2. Member States proposals for areas to be considered by the STAMP

The Commission presented a summary of the comments submitted by the Member States on the link between the pharmaceutical regulatory framework and timely access of patients to medicines and their proposed topics for discussion by the STAMP expert group. The group agreed that discussion should focus primarily on innovative products and unmet medical needs.

The exchange of experiences from national routes (other than clinical trials) for making medicines available to patients before authorisation (early access schemes, compassionate use) was welcomed.

i. Presentation by the Federal Agency for Medicines and Health products – Belgium

The Belgian representative presented the national legislation on early temporary authorisation, which is done through (i) compassionate use and (ii) medical need programs. The major changes introduced by the law that entered into force on 1 July 2014 were also explained.

ii. Presentation by the Ministry of Health – France

The French scheme of Temporary Authorisation for Use (TAU), including two types of TAU status: (i) named-patient basis and (ii) cohort basis approach was presented. Current developments including with regard to medicine supply and reimbursement were explained. The experience of the French authorities both in terms of opportunities for early patient access to innovative medicines as well as the challenges of the scheme were shared with the STAMP group.

iii. Presentation by the Agency of Medicines and Medical Devices - Spain

The regulation in Spain allowing patient access to medicines before authorisation through (i) compassionate use and (ii) off-label use was presented. The characteristics and procedural steps of compassionate use, including supply of the medicine and compensation aspects were explained. An increasing number of medicines and patients (doubled in three years from 2010-2013) are under compassionate use. Certain risks and limitations were also presented such as the risk of seeding and delaying access after authorisation.

During the discussion it was highlighted that compassionate use must lead to more knowledge about the medicine.

3. EMA's pilot project on Adaptive pathways

EMA gave an update on the adaptive pathways pilot [project](#) (previously named Adaptive Licencing). The project offers the opportunity to companies to have an early dialogue with all stakeholders (regulators, HTA bodies, payers, patients, learned societies etc.). The scope of this discussion is to design a better request for a parallel Scientific/HTA advice.

The criteria for the candidate selection in the pilot project are:

1. An iterative development plan (e.g. either by gradual expansion of the target population, perhaps starting from a population with high(est) medical need, or progressive reduction of uncertainty after initial authorisation based on surrogate endpoints)
2. Ability to engage HTAs and other downstream stakeholders
3. Proposals for the monitoring, collection and use of real-world data, post-authorisation, as a complement to RCT data.
4. Unmet medical need.

Adaptive pathways built upon existing regulatory tools.

39 products were submitted as candidates; 11 were selected for in-depth discussion of which: 4 from SMEs, 5 orphans and 2 Advanced Therapy Medicinal Products (ATMPs).

The following issues were identified for further discussion:

- How to facilitate harmonisation/interchange between data sources
- Tools to control prescription/input; partnership PRAC/HTA
- Quality of real world data/build on national experience on registries

4. Regulatory tools for early access

a. Results from the Escher project 'Improving the EU system for the marketing authorisation of medicines' with regard to the use of conditional marketing authorisation for oncology medicines- presentation by the researchers of the study

The study presented was carried out at the Utrecht University and was funded by a grant from EFPIA and AESGP provided through the TI Pharma Escher Platform to Utrecht University. The study analysed products authorised at EU level through the conditional marketing authorisation (CMA), mostly for oncology. It was noted that out of 11 oncology products granted a CMA in the period 2006-2013 only two were proactive requests for CMA. It was concluded that the CMA is not requested upfront and companies apply a “wait-and-see” approach. According to the study, regulators often initially perform a standard benefit/risk assessment and when data is not strong enough to justify a standard marketing authorisation a CMA may be granted. Therefore, CMA is perceived as a “rescue option”. According to the study, CMA products are authorised on the basis of less evidence (especially efficacy) but not necessarily earlier during the medicine life-cycle as compared to standard marketing authorisation. This indicates that it may be an association between uncertainty about benefit/risk balance of medicines and length and scope of regulatory procedure.

b. FDA Breakthrough therapy designation program- presentation by the FDA Europe Office

The US Food and Drug Administration (FDA) expedited and accelerated review programs and in particular the Breakthrough therapy designation (BTD) programs were presented. The characteristics and specificities of the BTD program were explained. The FDA experience with the program since its launch in July 2012 has been shared with the STAMP group. As of December 2014, 269 (223 drugs, 46 biologics) breakthrough requests were submitted to FDA of which 74 (66 drugs, 8 biologics) were granted the designation. Of the biologics granted designation, 6 were orphan products and 15 also were granted fast track status.

c. Experience with conditional marketing authorisations (CMA), with authorisation under exceptional circumstances and accelerated assessment-European Medicines Agency

EMA presented the experience under the centralised procedure with conditional marketing authorisation (CMA) and accelerated assessment. It was pointed out that the goal of granting CMA is to reach full authorisation after a certain period of time. Out of 24 CMAs granted, 7 switched to full authorisation within an average of 3 years. For 9 products the due date for specific obligation was extended by an average of 1.2 years. The link between the uncertainty in level of evidence for such authorisations and the uptake of CMA medicines by the health care systems was discussed on the basis of experience of the Member States. Other issues, such as feasibility and compliance with the specific obligations, the annual renewal and possibility for early dialogue between regulators and HTA bodies, were identified as points for further discussion, with the aim to optimise the use of CMA.

As regards accelerated assessment, in the period 2006-2014, 51 requests for accelerated assessment were submitted to EMA of which 24 were granted. An increase in the rate of acceptance of requests for accelerated assessment in recent years was noted. Of those

granted 1/3 were reverted to 'standard' timetable mostly because of major objections identified at Day 120 that could not be quickly resolved. The CHMP guideline is currently under revision. A proactive identification of potential candidates for accelerated assessment could be considered. Further discussion at the STAMP group and the Pharmaceutical Committee will be needed.

d. Presentation of the study "Minds open" –by the Netherlands National Institute for Public Health and the Environment

The study analysed the potential vulnerabilities in the current pharmaceutical regulatory framework with a special focus on innovation, availability, safety, efficacy and costs. The study concluded that changes should be implemented in order to ensure sustainability and balance of the current system. The study report is available at: http://www.rivm.nl/en/Documents_and_publications/Common_and_Present/Newsmessages/2014/Sustainability_of_EU_regulatory_system_on_medicinal_products

The next meeting of the STAMP Expert Group is **tentatively** planned for **6 May 2015**.

Action to be taken:

For information