Federal agency for medicines and health products

Unmet Medical Need
Strategy of famhp, moving to more adaptive pathways

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Learning Outcomes

- Current challenges in accelerating medicines development and patient access
- Current systems in place at European and national level
- Focus on new national legislation on early temporary authorisation
- The way forward

Current challenges in accelerating medicines development and patient access

Mission of famhp as part of the EU regulatory network :

Facilitating the translation of innovative scientific advances into medicinal products meeting adequate standards and accelerate patients' access to promising therapies fulfilling unmet medical needs.

Current challenges in accelerating medicines development and patient access

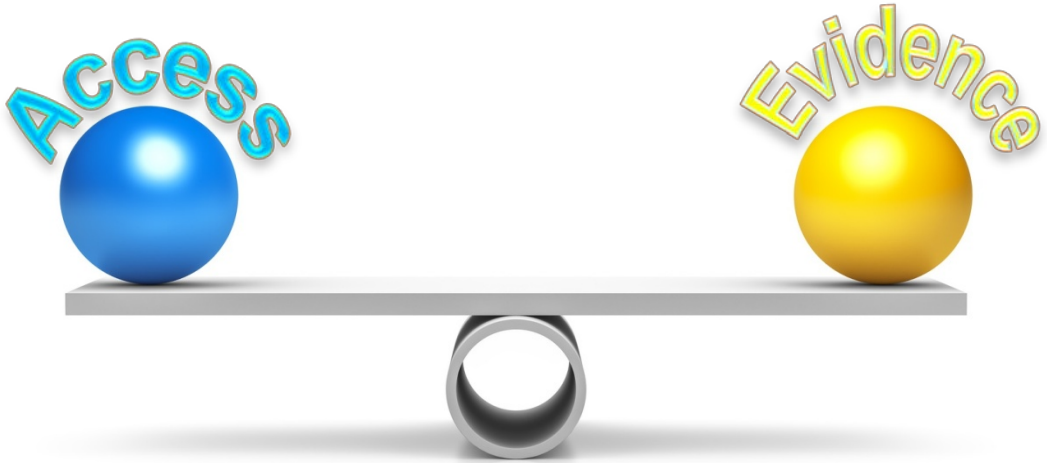
Finding the adequate equilibrium between competing objectives :

Providing an environment supportive of innovation

Allow timely access for patients to address unmet medical need

VERSUS

Provide complete information on benefits , risks and relative effectiveness



Current challenges in accelerating medicines development and patient access

Common main concerns of Regulators and Patients

Management of enhanced uncertainties

" The safest drug that arrives too late is of no benefit for the patient "

Current challenges in accelerating medicines development and patient access

Need for implementing adaptive pathways

➔ Moving to more iterative process and progressive patient access schemes

i.e. Ebola project

➔ Very early collaboration of Regulators with patients and physicians to agree on the level of unmet medical need and acceptable uncertainty (redefining the B/R balance)

➔ Collaboration of Regulators with sponsors and HTA / payers during the life cycle of a medicinal product

Current systems in place at European and national level

- Implementation of the new Clinical Trial Regulation
- Joint parallel Scientific-HTA advice at EU and national level (focus on clinical development issues rather than on cost effectiveness)
  - famhp actively participating at SAWP (oncology, diabetes, rheumatology)
  - national parallel scientific – HTA advice (oncology, infective diseases, cardiology)
- Conditional approval and approval under exceptional circumstances at CHMP level
- **Adaptive Licensing project at EMA**
- Compassionate use and Medical Need Programs

Focus on new national legislation famhp and NIHDI on early temporary authorisation (ETA) with a possible link towards early temporary reïmbursement *(compensation)* (ETR)

ETA applications where the unmet need has been acknowledged by the famhp and the **B/R** has been **positively** evaluated by the Commission of medicinal products and the ethics committee

and

the **commitment** to introduce an **application for MA** within the Upcoming 6 months is provided by the applicant

Can smoothly move to NIHDI for ETR applications in view of **cohort decisions** towards « College voor Geneesheren–directeurs »

Evaluation and advice by the CATT « *Commissie voor advies in geval van tijdelijke tegemoetkoming voor het gebruik van een geneesmiddel* ».

Decision by « College van Geneesheren–directeurs » who can accept or reject the advice provided.

Focus on new national legislation on early temporary authorisation

Provision of medicinal products that are not authorised in Belgium, to patients with a chronically or seriously debilitating disease or whose disease is considered to be life threatening, and who cannot be treated satisfactorily by an authorised medicinal product is enabled by **Compassionate use** programs.

For products authorised in Belgium (but not licensed yet for the critical indication), or licensed but not commercially available yet, this can be done by **Medical Need** Programs.

Legal Framework (1)

Regulation (EC) 726/2004

Art. 83 : Compassionate Use

« making a medicinal product available for CU reasons to a group of patients with a chronically or seriously debilitating disease or whose disease is considered to be life threatening and who cannot be treated satisfactorily by an authorised medicinal product. »

➔The medicinal product must be subject of a MA application or must be undergoing a Clinical Trial.

Legal Framework (2)

CHMP Guideline on CU of medicinal products pursuant to (EC) 726/ 2004 Article 83 (adopted 19 July 2007)

Compassionate use implementation *remains a MS's Competence. Art.83 is complementary* to national legislations and provide an option to MS who wish to receive a CHMP opinion.

The medicinal product is either the subject of an application for a *centralised* marketing authorisation or is undergoing clinical trials *in the EU and/or elsewhere*.

Patients should always be considered for inclusion in clinical trials *before* being offered compassionate use programs.

Legal Framework (3)

National Law on medicinal products : 1 May 2006

- **Compassionate Use** :
  - Art.6 quater point 2.
  - Articles 106 and 107 in the RD executive measures of the Law 1 May 2006.
- **Medical Need Program** :
  - Art.6 quater point 3.
  - Articles 108 and 109 in the RD executive measures of the Law 1 May 2006.

Legal Framework (4)

National Law on medicinal products : 1 May 2006

- **Medical Need Program :**

  - Art.6 quater point 3 :
    - Application for MA for the indication envisaged is ongoing

    or

    - MA for the indication envisaged has been granted but is not yet available on the market for the indication envisaged

    or

    - Clinical trials are still running or clinical trials have been performed proving the feasibility of the MP for the indication envisaged

Legal Framework (5)

RD 14 Dec 2006 art 106-109 amended

Major changes :

- Applications can be introduced by same applicants as for centralised procedures, (non)-commercial sponsors as for CT and by the Minister(s) of Public Health & Social Affairs
- Dossier requirements (quality – non-clinical and clinical data)
- Essential information for the patient (informed consent inclusive)
- Strict timelines , tacit approval
- Positive advice from Commission for Medicinal Products for human use and ethics committee is mandatory
- Decisions are published by famhp on the website

Legal Framework (6)

RD 14 Dec 2006 art 106-109 amended

Major changes :

- Responsabilities of the applicant :
  - execution of the program
  - designation of responsable physician
  - central register
- (Bi)Annual review ; substantial amendments ; final end of the program
- Ethics committee (ethical justification, Informed Consent)
- Commission (B/R, justification versus potential alternatives : medicinal products authorised and/or inclusion in clinical trials)
- RD related to fees for initial application (4 508 €), (bi)annual review (2 803 €) and substantial amendments (4 508 €)
- Entry into force ***from 1 st of July 2014***

Legal Framework (7)

RD 14 Dec 2006 art 106-109 amended

Implementation

- **Urgent situations :**
  - motivation that a patient is in immediate risk of dying or that the risk of non-treatment is higher than the inherent risk of the treatment
  - declaration of honour from the prescribing physician
  - justification that no alternative is available (running clinical trial, application for marketing authorisation, CU program, ...)
- **Transition from old to new legislation :**
  - Programs submitted before the entry into force can continue to run according the previous legislation.
  - In the case major changes are envisaged, new legislation should be applied.

Legal Framework (8)

RD 14 Dec 2006 art 106-109 amended

Further clarifications : work in progress

- Central registry (broader discussion on use of registries ?)
- Designation of responsible physician
- Halting/modifying the ETA
- Safety requirements
- Quid applications on behalf of Minister of Health/Social affairs
- Interface with ETR in a dynamic environment

Some practicalities and way forward …

- More detailed practical guidance document is published on the website of the famhp.

http://www.fagg afmps.be/nl/MENSELIJK_gebruik/geneesmiddelen/Geneesmiddelen/onderzoek_ontwikkeling/gebruik_in_schrijnende_gevallen_medische_noodprogrammas/

- Contact point for questions : umn@fagg.be
- Workshops on specific items to be continued with applicants (based on experience gained , 11 applications received in 2014)
- Close follow-up of related initiatives at EU level
- (CU applications addressed at CHMP, adaptive licensing, scientific advice with HTA bodies, and benchmark with other licensing agencies)

Contact

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