

## European Commission expert group on Safe and Timely Access to Medicines for Patients (STAMP) - update -

Health Technology Assessment Network 20 May 2016

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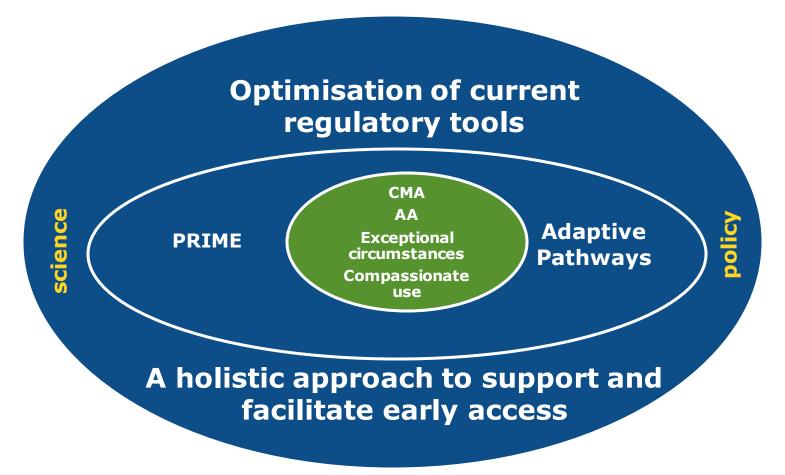
### **STAMP discussions**

- Experiences from national schemes for early patient access to innovative medicines
- Optimisation of existing regulatory tools for early access
  - → Conditional marketing authorisations (CMA)
  - → Accelerated assessment procedure and PRIME
  - → EMA's adaptive pathways pilot project
- Repurposing of established medicines
- Real world evidence
- Compassionate use
- Personalised medicine





# **Bigger picture**





# **Conditional Marketing Authorisation**



# Conditional marketing authorisation Discussion at STAMP

- Change negative perception:
- ✓ Prospectively planned CMA vs reactive CMA ('rescue solution')
- ✓ early dialogue including with HTA bodies (an opportunity ?)
- ✓ Reassurance for post-authorisation phase:
  - Feasibility of Specific Obligations (SOs) at the time of imposition
  - Regulatory actions to be taken in case of delays/negative outcome of SOs
  - **Streamlining annual renewals** with Periodic safety update reports (PSUR) assessments, rather than requiring (re) submission of PSUR data

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## Key changes to CHMP Guideline on CMA

- Encouragement of early dialogue and prospective planning
- 'Positive benefit-risk balance' vs. comprehensive dossier
- Scope of CMA to cover serious debilitation and life-threatening effects also in the long-term
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- Exceptionally, **improvements in patient care** as a possible major therapeutic advantage
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- Guidance on situations when a **second product** can still address the same unmet medical need
- Confirmation of significant benefit for orphan medicinal products
- Clarifications on some further aspects (e.g. compatibility with accelerated assessment)



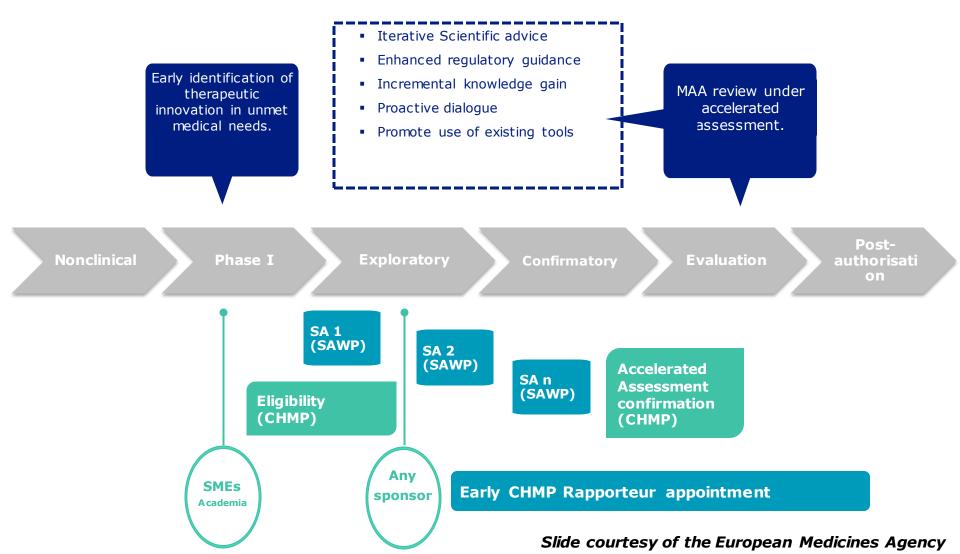
# **PRIME – Priority Medicines**

 Intended for innovative medicines with compelling evidence to fulfil unmet medical need





#### Overview of PRIME scheme





# **EMA's pilot project on Adaptive Pathways**



# **EMA questionnaire on adaptive pathways** replies from Member State representatives

- other stakeholders need to be involved, for planning and implementation
- product prioritisation Who should select the products?
- meaning of "need" (clinical, public health, cost reduction?)
- entry and exit schemes
- joint guideline development
- prescription controls
- feasibility of post-authorisation data acquisition
- making the most use of available data, access to other stakeholders

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# Presidency expert meeting 1 -2 March:

- positive interaction between different experts
- demand for better involvement of whole "chain" from beginning
- upstream: already quite a lot of exchange of information between marketing authorisation and HTA bodies
- downstream: complex as different health systems
- opportunities: common problems, alignment of patient



### **Discussion on Real World Evidence**

- Examples of collection of real world data presented
- Access to and use of data
- Link to adaptive pathways pilot



# **STAMP** meeting 10 March 2016

- Repurposing of established medicines/active substances
- Compassionate use
- Personalised medicine





# Thank you for your attention

More information:

http://ec.europa.eu/health/documents/pharmaceuticalcommittee/stamp/index\_en.htm