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COMMISSION REPORT ON THE PAEDIATRIC REGULATION

Replies to the public consultation

This document summarizes stakeholders' responses to the Commission's public consultation on the Paediatric Regulation.

1. BACKGROUND TO THE CONSULTATION

On 15 November 2016 the Commission launched a public consultation on the experience acquired as a result of the application of the Paediatric Regulation (Regulation (EC) No 1901/2006 of the European Parliament and of the Council on medicinal products for paediatric use).[1]

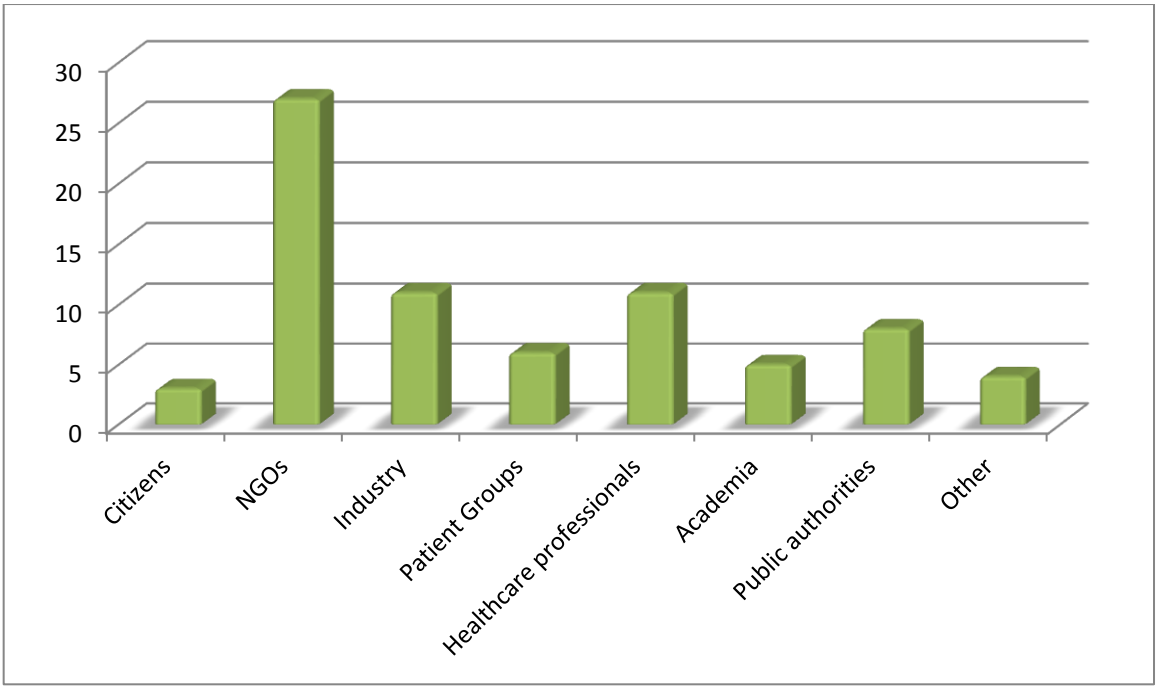
This consultation relates to the obligation of the Commission to present in 2017 a second report on experience acquired as a result of the application of the Regulation (Article 50(3) of the Regulation), including an analysis of the economic impact of its rewards and incentives as well as its consequences for public health and child health in particular.

The purpose of the public consultation was to support the Commission in drafting the report and to gather stakeholder views and feedback. To this end, the Commission published several statements reflecting on possible lessons learnt from the application of the Paediatric Regulation. They built on the 10-year report to the European Commission prepared by the European Medicines Agency and its Paediatric Committee, an external study on the Regulation's economic impact, the experience of the Commission's departments and reflections on the Paediatric Regulation published in the literature and discussed at stakeholder conferences. The statements did not necessarily represent the Commission’s position. Rather, they were a way of further exploring the views of interested parties.

2. RESPONDENTS

The Commission received 75 responses from a variety of stakeholders representing pharmaceutical undertakings, patient organisations, NGOs, as well as public institutions including regulatory agencies and national ministries. Healthcare professions, academia, research networks and other associations also contributed.

[1] http://ec.europa.eu/health/files/paediatrics/2012-09_publicconsultation_en.pdf.



All responses and comments provided useful information for the Commission.

3. SUMMARY OF RESPONSES

This document presents a factual short summary of the responses to the public consultation. It does not present the views of the European Commission.

For the sake of brevity, the paper does neither reproduce the consultation items nor the detailed replies. Therefore, this summary should be read in conjunction with the consultation items set out in the concept paper as well as the published responses.

With regard to the **first consultation item**, a clear majority of respondents agreed that specific legislation is and will remain necessary to support the development of evidence-based medicines. The positive impact of the Regulation was recognised. At the same time, many respondents also alluded to some of the weaknesses of the Regulation, e.g. with regard to certain therapeutic areas such as paediatric oncology. Some also pointed out that legislation is not more than one supporting factor; other structural improvements may still be needed.

As far as paediatric needs are concerned (consultation **item no. 2**), respondents often differentiated between the broader picture and a more narrow scrutiny. It was confirmed that over the last ten years, some paediatric therapeutic areas have seen important progress, while in others changes did not materialise (yet). Some respondents also alluded to the challenge to define and agree on paediatric needs, if this is understood as prioritising one therapeutic area over another.

Respondents had different perceptions regarding the availability of paediatric medicines in the EU (consultation **item no. 3**). Some pointed out that authorisation does not automatically equate with availability. Others referred to cost factors or prescription habits of physicians.

Not all respondents commented on the average cost figures per paediatric investigation plan published in the consultation paper (consultation **item no. 4**). Some of those who responded noted the relatively small averages compared to the overall very large sums spent on drug development, while others criticized the use of averages, as potentially misleading in view of the variability of development costs.

Comments on the reward system were mixed (consultation **item no. 5**). Many considered that in general terms the reward system functions well, but some pointed to inefficiencies or questioned whether it is sufficient across all therapeutic areas, including for products that are developed exclusively for a paediatric disease and not as an add-on to an adult development.

With regard to the orphan reward (consultation **item no. 6**), respondents generally supported the separate orphan reward, highlighting its effect for products that are not protected by a patent. At the same time, many industry respondents considered the option to withdraw the orphan status in order to benefit rather from the SPC reward as a legitimate option to choose the most appropriate reward.

Many respondents agreed that the implementation of the Regulation improved over time (consultation **item no. 7**) and recognised efforts to streamline requirements. Still, some contributions elaborated on possibilities or ideas, which could potentially further simplify processes.

The question on waivers and the 'mechanism of action' principle was one of the most debated issues within the consultation (consultation **item no. 8**). Many respondents referred to paediatric oncology as an example where mechanism of action based PIP could help to better guide drug development. At the same time, some respondents referred to the need to find a fair balance between possibilities to address unmet paediatric needs and the need to ensure a clear and predictable scope of a PIP.

On deferrals (consultation **item no. 9**), it was noted that many companies still perform adult studies first, which often makes deferrals unavoidable. This may change over time, once newer development models become state of the art. Some respondents also highlighted that from a company perspective long deferrals should not necessarily be seen as an advantage, as they may compromise the possibility to obtain the reward.

Consultation **item no. 10** covered voluntary paediatric developments. While some respondents appreciated the clarifications regarding the existence of voluntary approaches and considered that it may provide a useful vehicle to promote paediatric research, others advocated stricter rules transforming the voluntary scheme into a mandatory scheme to avoid that paediatric development is dependent on cooperate decisions. Some respondents questioned the added-value of voluntary approaches amid claims that those instruments have not proven to be successful.

With regard to biosimilars (consultation **item no. 11**) the consultation did not provide a clear picture. Some considered existing mechanisms sufficient and argued that unnecessary studies should be avoided, if paediatric age-appropriate formulations are already available. Moreover, most biosimilars would build on existing knowledge, including formulation; including them in the mandatory scope would also not fit with the current reward system. However, other respondents referred to public health risks if age appropriate formulations disappear.

Many respondents agreed that the PUMA concept is a disappointment (consultation **item no. 12**). One of the main reasons often being referred to was the lack of sufficient incentives to promote the research in off patent paediatric indications, especially pricing pressure for established compounds. There was lesser agreement regarding the question, whether the PUMA concept should be maintained. Some argued that despite the small number of authorised products, it may still prove beneficial to have such a specific marketing authorisation. Others took the view that the concept could be shelved, especially in case alternative methods would be developed to financially support paediatric research into off-patent medicines.

As far as clinical trials are concerned (consultation **item no. 13**), many respondents shared the reflections in the consultation paper. Some called for earlier paediatric trials to appropriately integrate them in the development programme. Additionally, reference was made to feasibility of trials and a better use of new methodologies. Some stakeholders claimed that many sponsors are still conservative in their approaches, when it comes to the design of a trial. Some respondents also argued that the reference to children as a vulnerable group by nature should be re-considered, as vulnerability does not rest necessarily in the person himself, but in the situation that person is placed in, independent of a particular age.

In response to the question on fees and financial sustainability (consultation **item no. 14**) many recognised the significant investment by competent authorities to support the implementation of the Paediatric Regulation and activities promoting the developments of paediatric medicines. However, not all considered that it would be the right time to introduce a fee-based system. Waiving fees was also seen as means to provide incentives to applicants and to ensure early interaction.

The positive effect of the Paediatric Regulation on paediatric research within the EU was widely recognised (consultation **item no. 15**). This also led to a broad increase of available expertise and collaboration between relevant actors, including networks. At the same time, some respondents referred to areas of improvement, particularly with regard to infrastructure support.

With regard to emerging trends (consultation **item no. 16**) respondents generally appreciated the opportunity to comment. There was wide support that some recent trends seen in adult products and or medicine development in general, such as personalised medicine (including use of biomarkers), may be of direct relevance in the area of paediatric medicines. Modelling and simulation, as well as master and basket protocols for clinical trials were also often referred to as an emerging concept. Also technological advances, such as e-health and the possibility to exploit real word evidence were mentioned. At the same time respondents alluded to the continued need to invest in a better understanding of the diseases' basic science.

Under the final consultation item (**item no. 17**) a wide range of comments was received, ranging from rather practical suggestions to conceptual improvements, from increased cooperation (including across regions) to suggestions regarding better process integration. Additionally, respondents highlighted some of the perceived weaknesses.

The above summary of comments is not exhaustive. The Commission services will carefully analyse all the responses. All the public responses have been published by the Commission.

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