Comments to the Concept Paper

- Introduction of Fees to be Charged by the EMA for Pharmacovigilance -

Laboratório Edol considers that Pharmacovogilance is an indispensable instrument for evaluation of medicinal products safety's, for monitoring the risk/benefit ratio and consequently protection of Public Health.

However Pharmacovigilance fees should not promote the downfall of Pharmaceutical Industry and its medicines and compromise the existence of small and medium-size enterprises in the future.

Laboratório Edol is a Small Portuguese company, which manufactures and distributes mainly products developed internally. These products are mainly well established used generics and the approved prices are very low (the average price of our drugs is more or less 3€), thus the fees presented are prohibitive for small companies such as ours.

Comments of consultation items nº 1 to nº 6:

Fees regarding PSURs, PASS and Pharmacovigilance Referrals would be affordable for large invoicing products and/or in grouping situations. The products cannot be addressed in identical way and regardless of their invoice. Particularly, in the case of the PSUR's, the amounts around 80.300€ cannot be supported for one product that is alone in the market (one substance or association of substances), particularly if it is a well established use drug product marketed only in one member state.

Laboratório Edol believes that it will be applied the principle of proportionality in relation to the amounts defined for the fees mentioned in the Concept Paper, according to the workload, the nature of the Pharmacovigilance activities and resources involved, regardless of the molecule in question, without prejudice to the particular situations of

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certain medicines, such as well established medicinal products, which are in the market for many years and whose payment of these values is not proportional to their sources and the time required for the evaluation of an assessment report. For this reason higher fees for these products would be unreasonable and unbearable due to the prices approved for these drug products. As stated before the average price of our drug products is about 3€ thus such fees would be prohibitive.

The frequency of submission should be taken into account (like PSUR's submissions).

Marketing Authorisation Holders (MAH) need further guidance on how to produce a single integrated PSUR or PASS for product with more than one MAH. Which company will be responsible for producing the PSUR and evaluating the safety information? Who will sign the PSUR? How can this information be exchange between companies without data privacy issues and/or proprietary information?

Comments of consultation item nº 7:

It's important to remember that Eudravigilance tool has several cost associated, such as specific training (usually in London which forces the Pharmacovigilance staff to go there to get the certification), MedDRA dictionary subscription with an annual license fee, and others.

Reductions should also be applied to the annual fixed fee. In fact the annual fixed fee provided for maintenance of the EudraVigilance (XEVMPD) and the ICSR tool, established for each active substance, should be further considered according to the type of approval procedure and respective invoicing.

Considering that Pharmacovigilance includes public health activities, some of these activities should at least partly financed by Community funds. On the other hand EMA's literature monitoring will not benefit all products but only the ones that will be included in EMA's list, thus literature monitoring shall also be still performed by the MAH and once relevant pharmacovigilance technicians (QQPV, Trusted deputies and other staff)

are trained in compliance with the new legislation it seems unfair to include the cost of this service in the fees charged.

Comments of consultation item nº 8 and 9:

Pharmacovigilance fees must also be proportional to the price of the medicines and the sales volume of each Pharmaceutical Industry. We also would like to mention that SME classification is very general, and not very reasonable. In our point of view it is not possible (nor fair) to charge the same fee to a company that has an annual turnover of 10 million USD and to a company that has an annual turnover of 500 million USD. At the moment both companies are considered an SME with the same fee reductions. As an example Laboratório Edol (with an annual turnover of 10 million USD) pays the same annual fee for the MedDRA dictionary (5529 USD) as company that has an annual turnover of 500 million USD.

Laboratório Edol, as national and SME industry cannot support the proposed Pharmacovigilance fees, even with 50% of fee reduction, taking into account the absolute value of those fees and the economic crises that some European countries face.

Our medicines, marketed in Portugal, have no margin to fund these additional fees, in fact in Portugal, we have high fees to be paid to the National Authority in regulatory terms (including safety changes within the scope of Pharmacovigilance). As stated before the average price approved for our drugs products is about 3€ thus such fees would be prohibitive.

As previously mentioned, reductions should also be applied to the annual fixed fee. In fact the annual fixed fee provided for maintenance of the EudraVigilance (XEVMPD) and the ICSR tool, established for each active substance, should be further considered according to the type of approval procedure and respective invoicing.

Comments of consultation item nº 10:

On the other hand it must be bear in mind that the financial effort of some countries is substantially higher than others, and therefore the requirement for equal fees to all countries does not meet the equity standard.

The application of a structure with equal fees for all countries, may lead to the withdrawal of medicinal products from the market, some of them possibly with no therapeutic alternative due to the additional cost associated with post-marketing activities. Also it would imply that a great number of patients would not get access to medicines because if only expensive medicines are available in the market most people won't be able to afford them.

Once Pharmacovigilance activities are an important instrument for the protection of Public Health, we consider that these activities should receive at least some Community funding and cannot be considered a unique service to the industry.

The development of the new Pharmacovigilance activities in Europe has significant implications for the Pharmaceuticals Industries, as we have to adjust to the new requirements, in middle of a globally adverse economic context. At the current time EMA is the only Regulatory agency in the world that will carried out a specific service fee to the industry, which would put Pharmaceutical Industries operating in Europe at a competitive disadvantage.

Laboratório Edol, 13th September 2012

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