

#### The EU Pharmaceutical Legislation Reform: What's in for Patients

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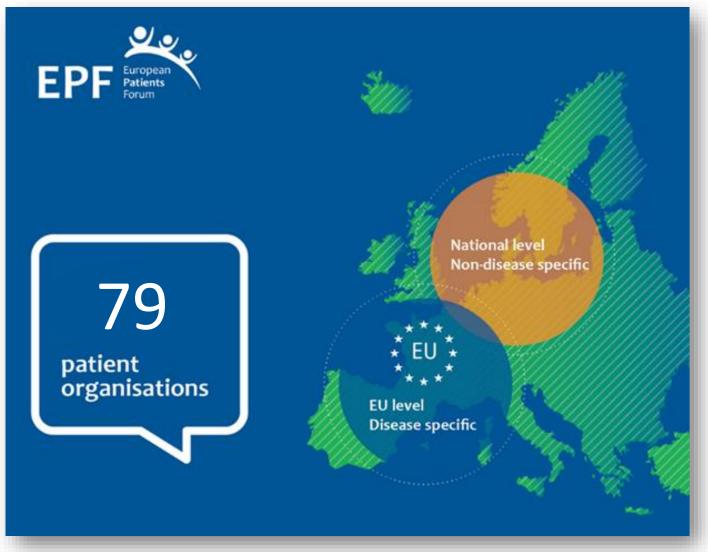
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# About EPF – European Patients' Forum

Our Vision

A Europe where patient organisations are valued partners in creating equitable, person-centered, accessible, and sustainable healthcare systems, based on patients' unique expertise



## Why does it matter to the patient community?

This is an opportunity to:

- Boost the development of medicines that better address unmet medical needs
- Foster patient access to medicines (e.g., addressing shortages, access to generics and biosimilars)
- Improve patient involvement in the regulatory process



## **EPF's recommendations**

- **1.** Medicines targeting unmet medical needs
- **2.** Increased patient access to medicines and treatments
- **3.** A patient-centred regulatory process



## 1. Medicines targeting patients needs

#### Recommendations to ensure the added therapeutic value of medicines

- Applicants for marketing authorisation should be encouraged to include data on therapeutic value for patients in the application dossier.
- **2. Definition of "added therapeutic value"** in co-creation with patients.
- **3. Inclusion of patient-relevant outcomes** in the marketing authorisation dossier



## 1. Medicines targeting patients needs

Recommendations to address unmet medical needs



1. Definition of "unmet medical need" criteria with patients.



2. Requirement to **submit a P&R application within one year** (or two years for SMEs) if the product is granted accelerated approval because it meets an unmet medical need.



Recommendations on the incentives to develop medicines

#### Incentives

- 1. 6 years of data protection and 8 years of market exclusivity.
- 2. Additional year of data protection if a **product targets an unmet medical need.**
- 3. Additional year of data protection if a P&R application is filed in all 27 Member States within 2 years.

#### ...which must also be accompanied by obligations

- **3. Stricter rules** on granting an additional year of data protection **for one or more new therapeutic indications.**
- 4. Information on planned market launch
- 5. Information on **public funding received.**

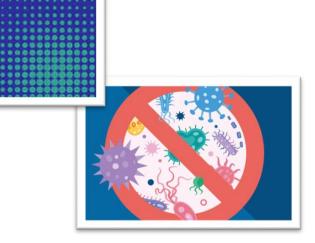
The European

Health Emergency Preparedness and

**R**esponse Authority

Recommendations to boost the access to and development of antibiotics

- **1.** Minimum annual revenue guarantee
- 2. Pay or play model
- 3. Eligibility to accelerated assessment
- **4. European guidelines on antibiotics prescribing practices**, developed with patients and healthcare professionals.
- 5. Leverage the creation of HERA to coordinate EU action on AMR.





Recommendations to promote faster market entry of generics and biosimilars

**1. Reduction from 3 to 2 years of the period for terminating the authorisation** of a product previously placed on the market and then withdrawn from the market.



**2. Retention of the sunset clause** and reduction to 2 years.



**3. Targeted revision of the regulatory and competitive frameworks** to remove barriers to generics and biosimilars.



Recommendations to address drug shortages and supply chain vulnerabilities

- **1. Extension of the notification period** for discontinuing the marketing of a product from 2 to 4 months.
- **2. Transfer of the marketing authorisation** in case of discontinuation of a medicinal product.
- 3. Establishment of a system for patients and patient organisations to report shortages.

- 4. EU database on shortages of medicines, including information from national databases and legislation on falsified medicines.
- 5. Creation of a list of excipients for which a sufficient production level must be maintained.





Recommendations to embed patient involvement into the legislation



- 1. Legal definition of "patient organisation".
- 2. Representatives from patient organisations in the **Committee for Human Medicinal Products** (CHMP).
- 3. One member from patient organisations in the **Coordination Group for Mutual Recognition and Decentralised Procedures** – Human (CMDh).



Recommendations for streamlining procedures with high standards of evidence and patient safety



- **1. Early EU-wide dialogue** between health professionals, patients, policymakers, industry, the EMA and HTA bodies, and payers.
- **2. Aligned data requirements** between the marketing authorisation phase and the HTA phase.
- 3. NGOs, including patient organisations, should be able to submit an application for a new indication.



Recommendations to adapt to scientific progress

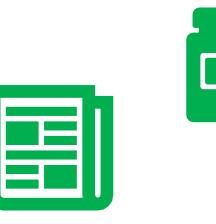
- Obligation to complete post-authorisation efficacy and safety studies within a certain timeframe and measures in case of non-compliance.
- 2. RWD and RWE should complement clinical trial data but not replace it.
- **3. Build on DARWIN EU to encourage the collection and use of real-world data to** continuously evaluate the effectiveness of authorised medicines
- **4. Involvement of patient organisations** in initiatives to leverage the use and usability of RWD/RWE





Recommendations to improve information to patients

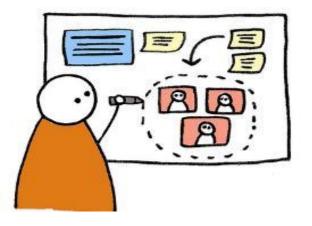
- 1. Inclusion of a **key information section** in the package leaflet and summary of product characteristics developed with patients.
- 2. Involvement of patients in the development of the European Public Assessment Report in the legislation
- **3. Where to deposit medicinal products** after their expiry date should also be indicated.





## What's next for EPF?

- Publication of EPF's position paper on the revision of the pharmaceutical legislation
- Engagement with EU co-legislators:
  - Response to the call for feedback on the revision
  - Drafting amendments in consultation with members





## Any questions?



