European Federation of Pharmaceutical Industries and Associations

Views - Pharmaceutical strategy for Europe

Pär Tellner
Director Regulatory, Drug Development & Manufacturing, EFPIA






Regulatory Affairs Conference –
Portuguese Pharmaceutical Society

13 May 2021

Disclaimer

The views expressed here are my personal views, and may not be understood or quoted as being made on behalf of the industry or EFPIA

Views on Pharmaceutical Strategy

- EU regulatory framework needs to evolve to keep pace with science and innovation. It needs to enable more rapid, harmonized and simplified assessment processes to speed up approval and access to new medicines while maintaining regulatory standards -> Much can be done to enhance the current legislative framework

- EU Pharmaceutical Strategy will have a significant impact of the way we research&develop, manufacture, make scientific assessments and ensure patient access to treatments and vaccines

- COVID-19 pandemic drives/exacerbates the change; healthcare systems sustainability, regulatory requirements and streamlining the framework

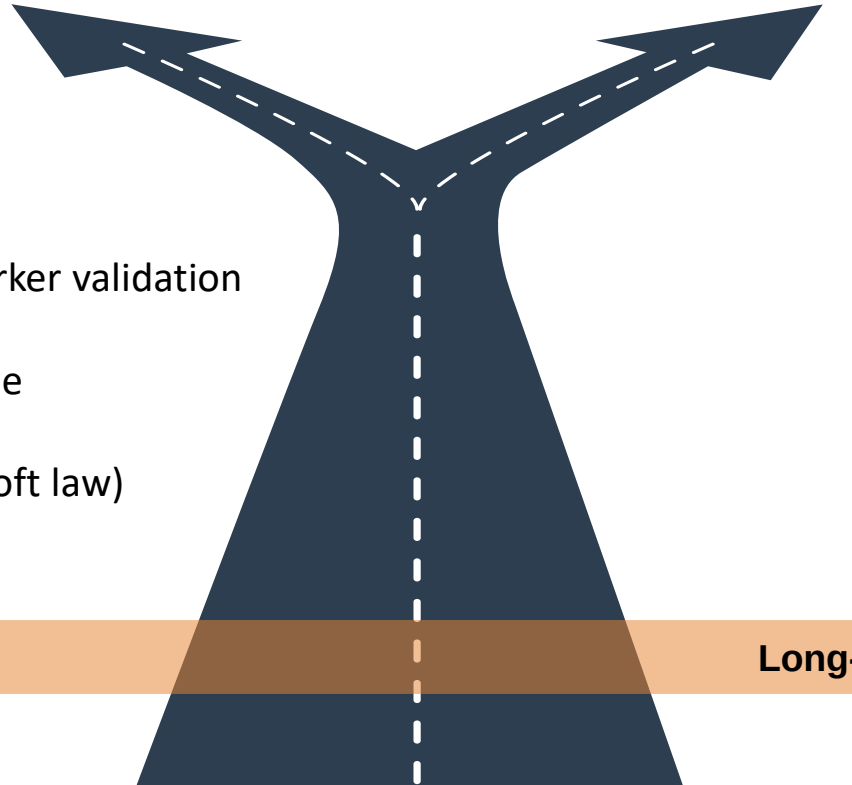
- To crack the nut on “Access”, “Availability”, “Affordability” challenges, multi-stakeholder dialogue is crucial -> Proposal on High-level forum

Complementary non-legislative and legislative actions -> ONE Regulatory Road to Innovation

To drive an **agile**, **competitive** and **world-class regulatory system in Europe and beyond** that embraces advances in science, technology and medicines, accelerating access to innovative healthcare solutions and optimised patient outcomes.

01 Non-legislative: Regulatory Road to Innovation

- Real world evidence
- Complex trial designs
- Dynamic regulatory assessment
- Drug device combinations & Biomarker validation
- Unmet Medical Need
- Digitalisation across product lifecycle
- Resilient supply chain design
- Revision of Variations Regulation (soft law)



Legislative: Response to pharma strategy 02

- Enable swifter, expertise-driven decision making at EMA
- Optimal use of expedited pathways
- Expand the role of the EMA in the assessment combination products
- Allow the replacement of the PIL with an electronic PIL

Short-Mid-term Objectives 2021-2023

Long-term Objectives 2023-2030

Real World evidence (RWE)

- EMA to develop a RWE framework for regulatory decision-making in Europe prior to marketing authorisation.
- EFPIA and EMA to support the development of RWE standards in the EU and beyond
- European Commission (EC) and EFPIA to jointly sponsor demonstration projects to clarify when RWE is acceptable for regulatory decision making
- EMA to enhance discoverability of (validated and approved) RWE databases
- EMA to provide guidance on wearables and other technologies to generate (in situ) RWE and digital endpoints for clinical trials

Complex trial designs

- Complex clinical trials (CCT)[1] are designed with the aim to develop more efficient strategies to assess the safety and efficacy of medicinal products earlier in the development process and to adapt innovative techniques that help make trial more cost-efficient and flexible.

- The EC, EMA and national regulatory authorities should lead a strategic initiative to broaden the use and acceptability of CCTs and ensure that the EU Clinicial Trial Regulation is adequately implemented to support CCTs.

- We welcome the discussion which EC has initiated to identify barriers and solutions when performing CCTs.

- Virtual or remote decentralized approaches will also facilitate broader participation from home and diversification of trial participants.

[1] CCTS ARE DEFINED BY THE HEADS OF MEDICINES AGENCIES' CLINICAL TRIAL FACILITATION GROUP AS TRIALS HAVING '*SEPARATE PARTS THAT COULD CONSTITUTE INDIVIDUAL CLINICAL TRIALS AND/OR IF CHARACTERISED BY EXTENSIVE PROSPECTIVE ADAPTATIONS SUCH AS PLANNED ADDITIONS OF NEW INVESTIGATIONAL MEDICINAL PRODUCTS OR NEW TARGET POPULATIONS',* INCLUDING, BUT NOT LIMITED TO ENRICHMENT DESIGNS, ADAPTIVE DESIGNS, MASTER PROTOCOLS, USE OF HISTORICAL CONTROLS.

Dynamic regulatory assessment

- Dynamic regulatory assessment (DRA) is an umbrella concept attempting to fully link iterative regulatory dialogue with ongoing data submission and evidence assessment enabled by novel IT capabilities.

- We propose a more flexible, integrated product evaluation mechanism with an iterative process for seeking early and continuous dialogue on data, as they are generated.

- If EMA could review the benefits and risks of new innovative medicines “real time” as additional data is generated, we can increase the speed of drug development to shorten the time to access for patients. The “rolling reviews” of COVID-19 vaccines and –therapeutics show that this is fully possible within the existing regulatory framework.

- We suggest that EMA considers what additional resources would be needed to introduce “rolling reviews” for all PRIME products

Open questions from the pharma & device industries on implementation of In Vitro Diagnostics Regulation (IVDR)[1]

- **Regulatory Process:**
  - How will companies be able to seek voluntary scientific advice on the path to medicinal product / Companion diagnostics (CDx) co-development, submission and approval?
  - How will NCA / EMA interact with NBs?
  - How will differences of opinion during review be resolved?
  - What analytical and clinical performance requirements will be essential to fulfil the marketing authorisation for the medicinal product and the CE mark requirements for the CDx?
- **Accelerated Development:**
  - In a situation where the medicinal product is in an accelerated procedure (e.g. conditional approval) how will approval of the CDx be handled? Will accelerated review of the CDx be initiated?
  - If acceleration of the CDx approval is not possible, can the medicinal product be approved ahead of the CDx?

[1] EFPIA-MEDTECH EUROPE JOINT PAPER ON ASSESSMENT OF CDX UNDER IVDR – 2020

Open questions from the pharma & device industries[1]

- **Additional questions:**
  - How will the labelling of the medicinal product and CDx be coordinated?
  - How would review and approval of a follow-on diagnostic be conducted? What analytical and clinical performance requirements will be required to fulfil the CE mark requirements?
  - How will existing medicinal products / CDx products be reviewed and re-registered under the IVDR?
  - How will complementary diagnostics be reviewed and registered?

[1] EFPIA-MEDTECH EUROPE JOINT PAPER ON ASSESSMENT OF CDX UNDER IVDR – 2020

Expanding the role of EMA in the assessment of drug-device/diagnostic combination products

Problem statement

Despite recent changes in the EU medical device and in-vitro diagnostics regulations, the underlying principles for regulatory oversight between medicines on the one hand, medical devices and IVDs on the other, remain profoundly different.

01

Great uncertainty for products at the interface between the different legislations, such as combinations of medicinal products and medical devices

02

Fragmented supervisory framework

03

A system perceived as opaque and difficult to navigate by global sponsors

The EMA has highlighted the strengthening of the regulatory pathway for combination products as one of their priorities in their *2025 Regulatory Sciences Strategy* (RSS) Document.

Gap analysis

Medical devices and diagnostics have become more important for an optimised use of innovative medicines with benefit to patients (ready-to-use injectables, inhalers and co-packed reconstitution- & delivery devices, companion diagnostics (CDx))

Expanding the role of EMA in the assessment of drug-device/diagnostic combination products

01

EMA Regulatory Science Strategy (RSS) to 2025 recommendation is to **"Create an integrated evaluation pathway for the assessment of medical devices, in vitro diagnostics and borderline products"**

02

EMA RSS does not go far enough and is **unlikely to be future proof.** EFPIA therefore proposes to give EMA an expanded role (incl. adequate resources) for drug-device and diagnostic combination products

Enable swifter expertise driven decision making at EMA

- Identify the committees in the assessment and decision making process which require a full representation of all Member States and those that are constituted based on expertise

- Simplify the EMA Committee governance, reducing the number of different Committees and their interfaces

- EC decision making procedure (DMP) was cut from 2,5 months to just a couple of hours. Thus, it would be possible to cut the DMP to 1-2 weeks for all products.

Optimal use of expedited pathways

- **Fewer expedited pathways available in the EU compared to US and Japan.**

- **EFPIA's internal statistics looking at 2020 EU-US comparison showed e g**
  - 2/3 of new active substances (NAS) in the US were approved via expedited pathways (EP), while just over half of NAS in Europe were approved via EP
  - Only 13 % of of the NAS in 2020 which were granted an Breakthrough designation (BTD) or a Regenerative Medicine Advanced Therapy (RMAT) designation received a PRIME designation in the EU
  - Comparison between us (BTD or RMAT) and EU (PRIME) designations granted in 2020 showed that US was always first , with a median of 7 months delays in the EU

Optimal use of expedited pathways

- EC should undertake a review of how current EPs in the EU compares with other regions in relationship to availability

- EC should also make an assessment on the opportunities presented by the European Health Data Space and the Darwin project to provide new sources of evidence to allow for earlier approval.

Allow the replacement of the paper patient information leaflet (PIL) with an electronic PIL

- ePIL is beneficial for patients as the info is up-to date, could be adapted to patients with specific needs e g synthetic speech for dyslectics and increased texts for older patients.
- It also decreases the carbon footprint, decreases waste and decreases the risk for shortages. For further information on product information please see link below.

https://aesgp.eu/content/uploads/2021/02/IATF-ePI-report_executive-summary.pdf

- We propose to collect additional use cases that further explore the benefits of ePILs and the removal of paper leaflets

efpia

European Federation of Pharmaceutical Industries and Associations

Back-up slides

Pharmaceutical strategy for Europe - four overarching objectives, a plethora of actions

Each objective/sub-objective is associated with ‘flagship inititatives’ and ‘other actions’, with timelines

01 Delivering for patients: fulfilling unmet medical needs and ensuring accessibility and affordability of medicines

- Prioritising unmet medical needs
- Ensuring patients’ access to medicines
- Ensuring affordability of medicines for patients and health systems’ financial and fiscal sustainability

02 Supporting a competitive and innovative European pharmaceutical industry

- Providing a fertile environment for Europe's industry
- Enabling innovation and digital transformation
- A sound and flexible regulatory system

03 Enhancing resilience: Diversified and secure supply chains; environmentally sustainable pharmaceuticals; crisis preparedness and response mechanisms

- Secure the supply of medicines across the EU and avoid shortages
- High quality, safe and environmentally sustainable medicines
- Enhancing Europe’s health crisis response mechanisms

04 Ensuring a strong EU voice globally

MDR & IVDR overview

- Council Directive 90/385/EEC on **Active Implantable Medical Devices**
- Council Directive 93/42/EEC on **Medical Devices**
- Directive 98/79/EC of the EP and of the Council on **In Vitro Diagnostic Medical Devices**

2017

- Reg (EU) 2017/745 – **MDR** (to be fully implemented in May 2020)
- Reg (EU) 2017/746 – **IVDR** (to be fully implemented in May 2022)

2020

- Reg (EU) 2020/561 – **MDR** (postponing the implementation to 26 May 2021)

2021

26 May
MDR compliance required

2022

May
IVDR compliance required

There are still uncertainties regarding e.g.:

- coordination between EMA and Notified Bodies (NB) to integrate NB opinions for applications for prefilled single use and Drug-Device Combinations (DDC)
- what can be defined as a substantial change (when would a Notified Body Opinion (NBOp) be required as part of lifecycle management and MAA variation application)
- inspections of regulators vs NB
- co-packed drug and devices

efpia

European Federation of Pharmaceutical Industries and Associations

Obrigado!