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CHAMBERS EUROPE 2017

TIMELY ACCESS TO NEW MEDICINAL PRODUCTS

OPPORTUNITIES & CHALLENGES FOR THE (BIO)PHARMACEUTICAL INDUSTRY

Timely acces to new medicinal products
15 November 2017

health
food
technology

Hanneke Later-Nijland
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SPEAKERS

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The legal framework: an overview and issues to consider

André Broekmans

DIRECTOR AT LYGATURE

Regulatory Innovation ADAPT SMART and reimbursement

Ingmar de Gooijer

DIRECTOR PUBLIC POLICY & REIMBURSEMENT AT MYTOMORROWS

Do's and don'ts: advice from a disruptive market player

Anke Hövels

ASSISTANT PROFESSOR HEALTH TECHNOLOGY ASSESSMENT (HTA) AT UNIVERSITY OF UTRECHT

HTA decisions in view of timely access

Panel discussion

Panel discussion

After the presentations, a panel of André Broekmans (Lygature), Tom Denee (Manager Market Access), Bart van der Lelie (Lysiac), Anke Hövels (University of Utrecht), and Ingmar de Gooijer (My Tomorrows) will share their specific viewpoints and discuss with the attendees.

HTA

Existing regulatory framework

RVS report

Guidelines

Socially acceptable pricing

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THE LEGAL FRAMEWORK: AN OVERVIEW AND ISSUES TO CONSIDER

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Glossary

EMA	European Medicines Agency
MEB	Medicines Evaluation Board
AP	Adaptive Pathways
MAPPs	Medicines Adaptive Pathways to Patients
PRIME	PRIority MEdicines
MA	Marketing Authorisation
MAA	Marketing Authorisation Application
MS	Member State
EUnetHTA	Network for HTA across Europe
HTA	Health Technology Assessment (*e.g.* ZIN in the Netherlands)
R/B	Risk/Benefit
MEA	Managed Entry Agreement
MoH	Minister of Healthcare
EDWP	Early Dialogue Working Party
ED	Early Dialogue
GMP	Good Manufacturing Practice

Introduction (1)

- The priority for patients with a severe disease: life threatening or strongly debilitating - is the availability of the best therapy as soon as a positive benefit/risk ratio has been established

- Particularly, if the new therapy addresses an **unmet medical need** or has demonstrated a **significant clinical benefit** compared with the available treatments

- Recent initiatives by competent authorities
  - Adaptive Pathways (AP)
  - MAPPs
  - ADAPT-SMART
  - PRIME

Introduction (2)

- EMA or national MEB assesses R/B balance
- Reimbursement is being arranged on a national level
- HTA assesses value compared w/ standard of care (appropriate comparator), which may be different per MS and change over time

Options for timely access

The programmes:

- AP
- MAPPs
- ADAPT-SMART
- PRIME

Unmet medical need

The ordinary regulatory toolbox

- Compassionate use
- Named patient programmes
- Conditional marketing authorisations
- Accelerated procedure
- Scientific advice
- Protocol assistance

Unmet medical need

EUROPEAN MEDICINES AGENCY

Definition of unmet medical need (regulatory side)

Conditional marketing authorisation:

- → for products where the benefit-risk balance is such that the immediate availability outweighs the limitations of less comprehensive data than normally required, i.e. medicines with an established potential to address an unmet medical need.

- Article 4 paragraph 2 of Commission Regulation (EC) No. 507/2006 specifies that unmet medical needs mean a condition for which ***there exists no satisfactory method of diagnosis, prevention or treatment in the Union*** *or, even* ***if such a method exists****, in relation to which the medicinal product concerned will be of* ***major therapeutic advantage*** *to those affected*.

Accelerated assessment:

- → medicinal products of a major interest from the point of view of public health and in particular from the viewpoint of therapeutic innovation

- This should be justified by the applicant: typically, the justification could present the arguments to support the claim that the ***medicinal product addresses to a significant extent the unmet medical needs*** for maintaining and improving the health of the Community, ***for example, by introducing new methods of therapy or improves existing ones***.

The regulatory toolbox

Hospital exemption

- ATMP
- Approval IGJ
- Max. 10/year

Named patient

- Physician finds necessary
- No adequate alternative in NL
- Request w/ IGJ
- Art. 3.17 R.Gnw, 40(3)(c) Gnw

Accelerated approval

- Major interest public health
- Therapeutic innovation
- 210 → 150 days
- 2-3 mo before submission
- Article 14(9) Reg 726/2004

Conditional MA

- Additional research efficacy and safety
- Possibly icw conditional access to "*basis pakket*"
- *Cave*: onset Regulatory Data Protection

Compassionate use

- Programme
- Request MEB
- Description pt group
- If no MAA: research status
- Info re R/B balance

Protocol assistance

- Designated orphan drugs
- Answering questions re

- demonstration significant benefit;
- Similarity or clinical superiority

Scientific advice

- At any stage
- Answering questions
- Not legally binding

But how about the reimbursement..?

- Based on article 2.8 Decree Health insurance: designated or *rational pharmacotherapy*
  - A suitable pharmaceutical form for the patient (*i.e.* a suspension *per os* for a baby)
  - Proven therapeutic efficacy and effectiveness
  - Cheapest for health insurance and patient (not more expensive than comparable medicines that work equally or more effectively)

- Standard of science and practice
  - Relative effectivity
  - Evidence Based Medicine (EBM) (guidelines)

In order to establish that…

Guidelines have a pivotal role

- Applying a medicinal product without marketing authorisation is possible under strict conditions – experience can be gained with the product before MA
- Authors of guidelines seem to be hesitant to discuss medicinal products in the guidelines before MA
- But discussing in guidelines could allow for substantiation the **added value** as compared to the standard of care
- *Cave*: advertising and inducements for unauthorised medicinal products is prohibited

Parallel consultations

- As of July 2017, EUnetHTA and the European Medicines Agency (EMA) offer parallel consultations on evidence generation plans
- This replaces the parallel scientific advice procedure by EMA and HTA bodies which required medicine developers to contact Member States' HTA bodies individually
- Feedback from regulators and HTA bodies on evidence-generating plans to support decision making on MA and reimbursement
- The main benefits of the parallel consultation procedure include:
  - streamlined procedure for applicants
  - increased mutual understanding and problem-solving ability between EMA and HTA bodies
  - greater participation of HTA bodies in parallel consultations through EUnetHTA's EDWP and the ED secretariat

And the other discussion…

Zorgkosten in tien jaar tijd flink gestegen

VANDAAG, 02:20 ECONOMIE

15 november 2017

HOLLANDSE HOOGTE

Tandartsen, huisartsen, medisch specialisten en fysiotherapeuten hebben de afgelopen jaren flink meer omzet gemaakt. Dat komt vooral doordat de kosten in de zorg zijn gestegen.

Tussen 2005 en 2015 groeide de omzet van zorgpraktijken met 50 procent, blijkt uit cijfers van het CBS. In dezelfde periode stegen de uitgaven met 41 procent, tot 94,4 miljard euro.

Betere en duurdere technologie

"Vergrijzing speelt een rol", zegt Peter Hein van Mulligen, hoofdeconoom van het CBS. Doordat er meer ouderen bijkomen, zijn er meer mensen in Nederland die

Managed Entry Agreements (MEA)

- A common policy tool that public payers in EU countries use to ensure access to highly priced oncology drugs

- Cornerstone is confidentiality.

Transparency as to these agreements in Italy, England, Wales, Scotland and Sweden

- Between Sep 2015 – June 2016:

  Italy > Scotland > England > Belgium > Czech Rep > France > Netherlands (nivolumab)* (mainly hematology and orphan drugs)

- MEA likely to grow in future: simple discount schemes
- MEA allows to distinct price across indications

* K. Pauwels et al, Pharmaceutical Medicine and Outcomes Research, April 2017, Vol 8, Art 171

Cost savings due to "*sluis*"

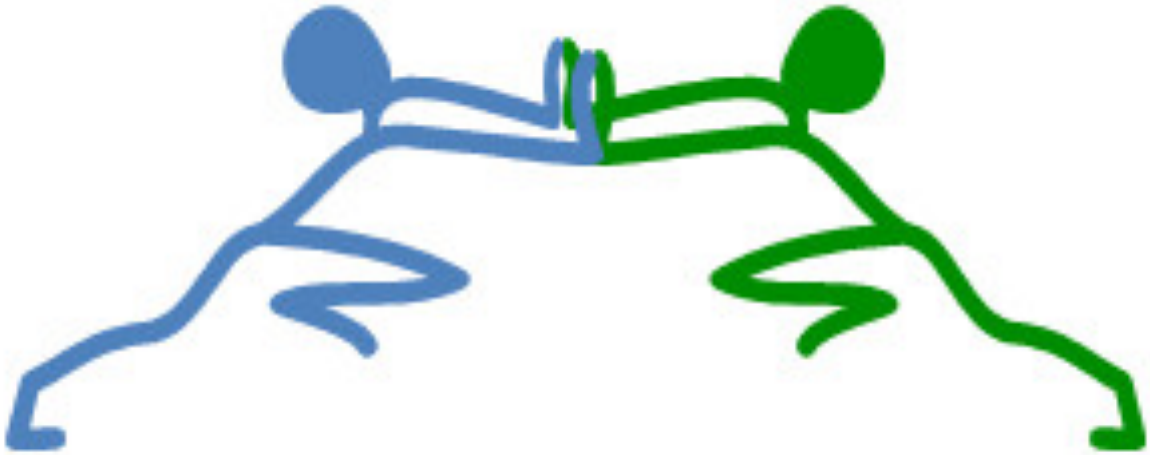
- Negotiations saved the MoH €155 million last 2 years
- But: these negotations *practically* (*i.e*. no reimbursement) result in later access to medicinal products for patients
- The MoH indicated that rules re the "*sluis**" should be laid down in Decree Health insurance (*Besluit Zorgverzekering*)
- Horizonscan: online overview new innovative medicinal products to be marketed coming two years

* Based on art 11 (4)(a)(b) Act Health insurance

So…..

timely access
(AP, MAPPS, PRIME….)

slower access
(sluis)



Advice RVS

9 November 2017

- Why don't you pick the right lead compounds straight away, pharma?

Agree, why not?

- Medicinal products should be exempted from patent protection

Seems (highly) unfeasible in a global economy with int. obligations laid down in TRIPS, EPC

- Magistral preparation as the magic bullet

Pharmacists' exemption as to patent law does not exist (**yet**).
What about the "small scale", ECJ Abcur
→ Medical professional standard, *verantwoorde zorg* and product liability?

- Compulsory licensing (threatening)

Highly unlikely and unfeasible
"*To protect public health*" in the light of the HIV epidemic in developing countries. If general interest desires… reasonable compensation (appeal)

Unanticipated issues ‘solutions’ in RVS report

IP issues

- Magistral preparation upon Orkambi® prescription would entail infringement of trademark rights

(Let alone patent infringement)

Quality and safety issues

- Quality standards are now generally considered abundant and obsolete..? Resolution CM/ResAP (2016) warning specifically for quality and safety gaps
- Contrary to KNMP Guideline Magistral Preparation

Competition issues

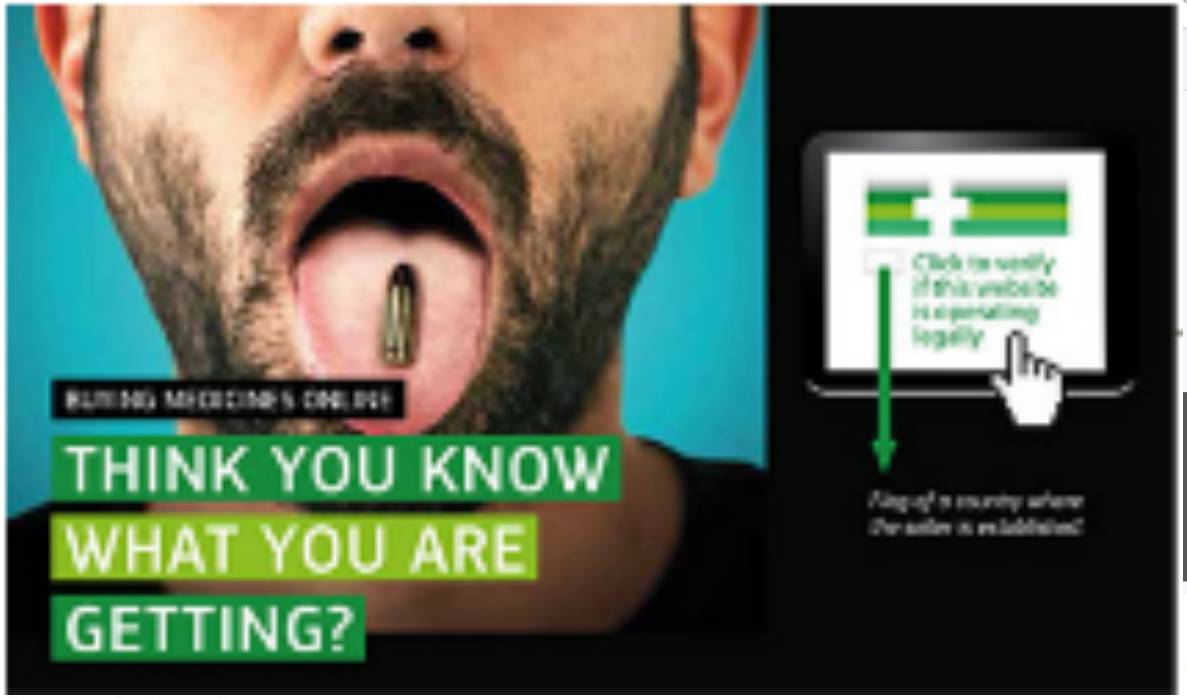
- Unfair competition at the cost of patient safety – on which account the industry has invested tremendously over the last decades

Reimbursement issues

- No reimbursement: only reimbursement for magistral preparations if (1) (almost) equivalent authorised medicinal product has been excluded from reimbursement and (2) treatment entails *rational pharmacotherapy*

EU logo for online sale of medicines

Legal background



But…

Conclusion

- Collaboration between regulators, HTA and payers is likely to increase
- There are some options in the regulatory toolbox to explore
- Coordinated strategy to have doctors gain experience with which the criterium of science and practice may be fulfilled
- There are (legal) challenges as well
- RVS report seems poorly thought through
- Start collecting necessary requirements HTA/payers as soon as possible in stakeholder meetings