Commission proposal on medicines for children

Better medicines for children

CESP - November 2004

Background 1

- Adults: Medicines rigorously regulated based on demonstrated S,Q & E
- Children: >50% of medicines not tested / authorised
- Children: denied innovation, may be given ineffective or harmful treatment
- Thalidomide led to modern-day drug regulation …….Ironic that modern-day regulation has failed children

Background 2

- Dec 2000 Council Resolution
- Nov 2001 Brainstorming and discussion with interested parties
- February 2002 Public Consultation
- November 2002 Reflection paper
- 2003 – Extended Impact Assessment
- 2004 – further public consultation, finalisation of proposal
- Sept 2004 - Commission adoption

Objectives

1. Increase high quality research into medicines for children
2. Increase availability of authorised medicinal products for children
3. Improve the information available

- *Achieve objectives without*
  - *unnecessary studies on children*
  - *delaying authorisation for adults*

Groups of products

3 groups of products to consider:

1. un-authorised,
2. authorised and patent protected
3. authorised and non-patent protected

Different solutions are required to stimulate R&D and authorisation for groups 1&2 c.f. group 3.

Key elements of the proposal

- European Paediatric Committee (PC)
- New products:
  - new requirement for paediatric data based on Paediatric Investigation Plan (PIP)
  - Reward: extension of the SPC (patent)
- Established products:
  - Paediatric Use MA for off-patent products
  - Incentive: data exclusivity
- Horizontal measures

Paediatric Committee (PC)

- Advisory body established in EMEA
- 5 CHMP, 6+ patient/healthcare professionals, + MS appointments
- Expertise in areas relevant to paediatric medicine (e.g. pharmaceutical development, paediatric: medicine, pharmacology and research, PhV and ethics)
- Tasks related to objectives (amongst others, examine and agree Paediatric Investigation Plan, waivers and deferrals, if requested: assess compliance or S,Q&E)

Paediatric Investigation Plan

- Development plan to ensure availability of data on use of medicinal product in the paediatric population
- Submitted to PC early in product development
- PC:
  - considers study methodology and expected therapeutic benefit to children
  - may request modifications
  - may grant waiver or deferral
  - gives positive or negative opinion
- Agreed plan serves as basis for evaluation of the marketing authorisation application

New requirement for *new* medicines

Unless waiver or deferral granted: Requirement to include results of Paediatric Investigation Plan in:

- all marketing authorisation applications for new products (excludes generics and WEU)
- For patent (or SPC) protected, authorised medicinal products : applications for new indications, new dosage forms and new routes of administration of.

Applications invalid if requirement not met.

Key role for PC in granting waivers (medicine not useful to children) and deferrals (ethical study in children should wait + prevents blocking medicines for adults)

Impact of requirements

- Significant increase in work-load for regulators and industry
- Major increase in paediatric clinical trials
- Cost to industry of paediatric testing + 4 million Euros per product (approx)
- Social savings through improved healthcare: up to 250 million Euros per year (excludes QoL and value of lives saved)
- Paeds testing could increase the price of individual medicines by <0.3%.

MA procedures: new products

- System unchanged but,
  - Access to centralised procedure for medicinal products presenting the results of a PIP
  - Procedure unchanged - but need to check compliance with PIP and to evaluate QSE of product intended for paediatric use (can ask PC for recommendation)

Reward for new medicines - Extension of supplementary protection certificate (SPC)

SPC is a pan-European patent extension – already exists

Eligible to ***6 months extension of SPC*** duration if:

- MA application contains results of all measures in the agreed PIP
- Relevant information included in Summary of Product Characteristics
- MA in all MSs

Note – still get 6 months extension even if no indication

EXCLUDES ORPHAN MEDICINES – market exclusivity extended to 12 years.

Impact of the reward

- Innovation stimulated
- Innovative industry – well compensated for paediatric testing: 0.8 – 9.1 million Euros per product (=profits minus testing costs)
- Generics industry losses: one-time loss of 4 - 51 million Euros in profits (= value of lost market opportunities)
- Social costs of delayed generics: increased expenditure on medicines of 0.06 – 0.25%; BUT does not consider potential healthcare **savings** from better medicines

For older drugs: new MA type –Paediatric-Use Marketing Authorisation (PUMA)

PUMA :

- for authorised, off-patent products developed specifically for paediatric use
- according to an agreed PIP
- eligible for centralised procedure (procedure unchanged)
- can use existing name
- amended data requirements

Incentive – Data exclusivity

8+2 years data protection

"Pure incentive to stimulate innovation"

Impact of PUMA

- May to attract SMEs to niche markets
- Amended data requirements likely to prove very attractive
- Data protection will be strengthened if Member States support the PUMA with formularies and reimbursement

Paediatric Study Program: Medicines Investigation for the Children of Europe (MICE)

Separate initiative:

- Support studies for medicinal products not benefiting from patent or supplementary protection certificate
- Funding and operation still being investigated

Other elements

- Post-marketing requirements – including effective pharmacovigilance
- Commitment to market (for group 2 products
- Free scientific advice for industry
- Inventory of therapeutic needs
- Paediatric clinical trials network
- Paediatric clinical trials database
- Submission of existing studies

Impact of ‘other elements’

- Inventory will provide industry (especially SMEs) with clear therapeutic targets and opportunities
- Free scientific advice is an opportunity for industry and will also ensure high quality research (together with PIP approval by PB)
- European trials network is essential for delivery of high quality research – major bonus to industry and academia. But – MSs need to invest in the infrastructure!
- Transparency and information will support better prescribing

Will industry comply?

Yes, because:

- They will want to access the rewards
- The requirements are absolute and catch many products more than once

Also, because:

- They will be named and shamed
- They will be fined

Overall impact

Independent study has concluded:

- Stimulate development of medicines for children?: YES (but off-patent drugs less certain)
- Products appropriately authorised?: YES (ditto for off-patent drugs)
- Improved information?: YES
- No delayed authorisation for adults?: YES (via deferrals)
- Improved child health?: Probably but difficult to measure and will take time (years): ‘demand-measures’ may be necessary to speed this up.

Next steps

- Formal legislative process started
- ? In force end of 2006