

Orphan and Paediatric Regulations & Innovation

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*De Europese farmastrategie
12 oktober 2021
Wassenaar*

Disclaimer

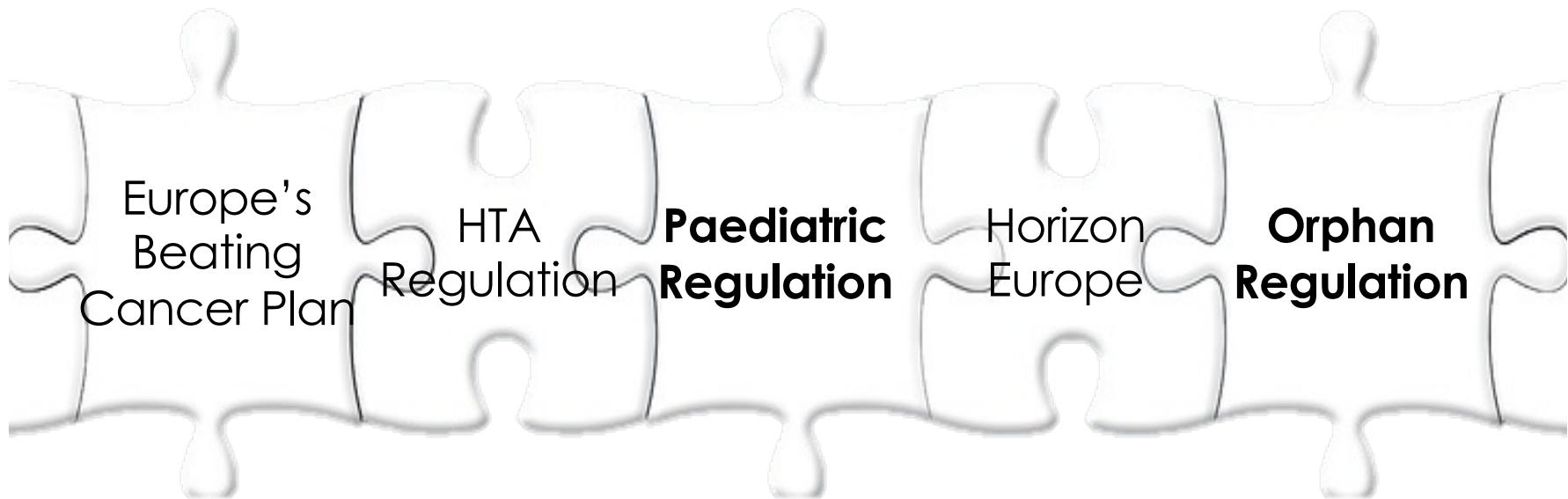
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Disclosure of speaker's interests

No (potential) conflict of interests

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M E B

Pharmaceutical strategy for Europe



Orphan and Paediatric Regulations evaluation

strengths and weaknesses of
the two legal instruments
insights into how the various
incentives performed



EUROPEAN
COMMISSION

Brussels, 11.8.2020
SWD(2020) 163 final

PART 1/6

COMMISSION STAFF WORKING DOCUMENT

EVALUATION

Joint evaluation of Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006 on medicinal products for paediatric use and Regulation (EC) No 141/2000 of the European Parliament and of the Council of 16 December 1999 on orphan medicinal products

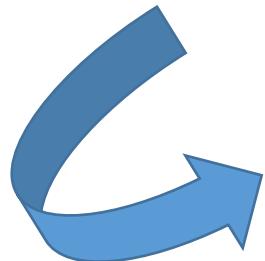
{SEC(2020) 291 final} - {SWD(2020) 164 final}

Orphan and paediatric medicines

Still considerable unmet needs

Significant public health challenge

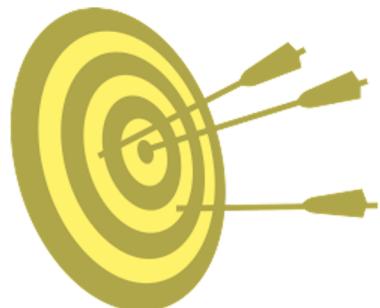
Off-label use still widespread



- ➊ the two Regulations are designed to address the same problems
- ➋ the tools they use differ...

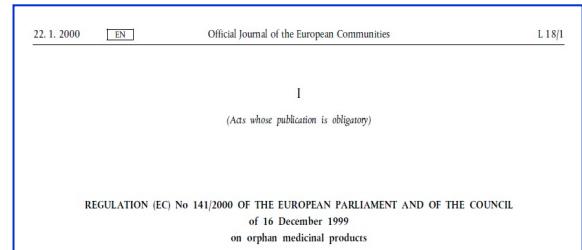
Orphan Regulation

incentives to stimulate R&D of orphan medicines



procedures to recognize which medicines could apply to receive the incentives (**Orphan Designation**)

10-year **market** exclusivity (+ 2 years if paediatric)



Paediatric Regulation

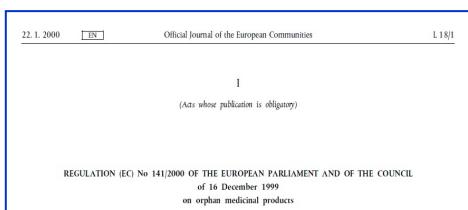


Works mainly with obligations ⇒

It compels companies already developing products for adults to screen them for possible use in children

Rewards (to compensate for the additional costs incurred) only once obligation is fulfilled

Background and context of the IA



Type of medicinal product	Obligation	Incentive/reward	
		Non-orphan	Orphan
New (according to GMA concept) in patent medicine	Paediatric Investigation Plan or waiver	6-month extension of SPC (patent) (if compliance with PIP, information, approval EU-wide)	<ul style="list-style-type: none"> - Protocol assistance - Access to the centralised procedure - 2 additional years of market exclusivity
In patent and authorised medicine		<ul style="list-style-type: none"> - PUMA - 10-year data protection - Dedicated research funds 	<ul style="list-style-type: none"> - Fee reductions - Additional incentives for SMEs - Dedicated research funds
Off patent medicine	None (voluntary PIP for PUMA)		

Samenvatting van de bevindingen van de evaluatie Orphan

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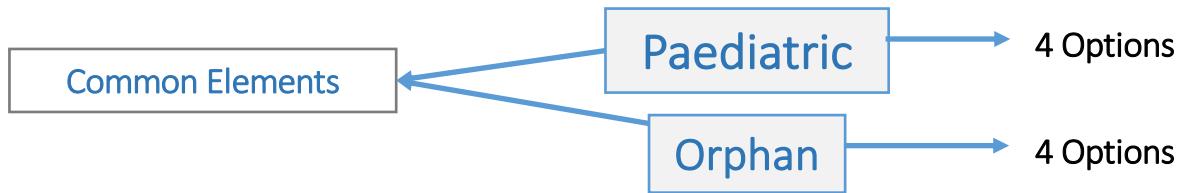
- Onvoldoende ontwikkeling op gebieden met de grootste UMN
 - 90% zeldzame ziekten geen behandelingsoptie
'One-size-fits-all' prikkels en beloningen < - > UMN
- Beschikbaarheid en toegankelijkheid verschillen per EU lidstaat
 - Geen verband tussen stimulans en het plaatsen op de markt
 - Beperkte generieke concurrentie na afloop van exclusiviteitsperiode
- Instrumenten in wetgeving die niet geschikt zijn voor vooruitgang in de wetenschap: biomarkers, personalised medicine, enz

Samenvatting van de bevindingen van de evaluatie^{C B G} ^{M E B}

Pediatric

- Een onvoldoende ontwikkeling op gebieden met de grootste UMN
 - geestelijke gezondheid
 - neonatale zorg
 - oncologie
- Wetenschappelijke en technologische ontwikkelingen worden mogelijk niet ten volle benut (werkingsmechanisme!)
- Bepaalde procedures inefficiënt en omslachtig

Inception Impact Assessment



Een effectbeoordeling opstellen om een solide wetenschappelijke basis te bieden voor de inhoud van de wetsvoorstel(en)

1. Ernst van de ziekte

EN

2. Beschikbare behandelingen

Geen behandeling beschikbaar:

Duidelijke UMN!

Behandelingen beschikbaar:

Is de kandidaat echt een GAME CHANGER? UMN?

- Het bevorderen van onderzoek en ontwikkeling van geneesmiddelen voor zeldzame ziekten op gebieden met hoog UMN
- Om de beschikbaarheid en tijdige toegang van patiënten tot weesgeneesmiddelen te waarborgen
- Ervoor zorgen dat wetgeving geschikt is om technologische en wetenschappelijke vooruitgang te omarmen
- Voorzien in effectieve en efficiënte procedures voor beoordeling en toelating

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Vragen?



Welke van de voorgestelde scenario's pakt het beste de problemen van
UMN
ongelijke toegang tot geneesmiddelen voor kinderen?

Implementatie van een evolutionaire aanpak in de PIP-procedure

Voorwaarden voor het verlenen van een 'waiver' op basis van het
werkingsmechanisme

PDCO waiver verleend voor een specifiek geneesmiddel
ontwikkeld voor volwassenen
op grond van het niet voorkomen van de ziekte bij kinderen,
MAAR

gezien het werkingsmechanisme - veelbelovend kan zijn voor de behandeling van andere ziekten bij
kinderen

- advies - omgezet in een verplichting?
- welke prikkels (incentives) hier aan koppellen?

RWE

Overwegingen met betrekking tot de belangrijkste elementen en bedrijfsprocessen zoals:

- het gebruik van RWE/big data in de besluitvorming over regelgeving;
- maatregelen om registers in het regelgevingssysteem beter te herkennen;
- "certificering" / gegevenskwalificatie van registers enz.

Innovatie

- antimicrobiële resistantie (AMR) en opkomende gezondheidsbedreigingen;
- beschikbaarheid en toegankelijkheid van geneesmiddelen;
- innovatie; uitdagingen in de toeleveringsketen;
- data-analyse, digitale tools en digitale transformatie;
- duurzaamheid van het netwerk en operationele excellence.

Pharmaceutical strategy for EU

Pillars of the Pharmaceutical strategy for EU

Ensure access and availability addressing shortages

market launch,
continuous supply,
withdrawals, etc

Fulfill unmet needs and ensure medicines affordability

research priorities
should be aligned to the
needs of patients and
health systems

Enable sustainable innovation

quicker innovation to
the market, better
coordination, flexibility,
simplification...

Succeed on the global level

manufacturing capacity
in the EU, diversification
of suppliers...

Paediatric/Orphan points to be implemented in the IA

There is a chronic shortage of paediatric medicines, that are available on the market for less than 50% of cases when compared to medicines for adults

Paediatric research priority may be different from adults but a similar system for prioritization could be set up

The pilot project proposed on deferred market launches understanding, could include other paediatric medicines groups (in addition to cancer)

Best-practice exchange on pricing, payment and procurement policies in the specific framework of paediatric medicines will represent an innovative approach

Shortage in case of orphan is further complicated by the non homogenous distribution among MSs in Europe

PRIME scheme and parallel EMA/HTA advices could provide pilot evidence to be further extended to other settings

Actions in the area of public procurement and pilot application of the new 'innovation partnership' tender procedure could be of special interest due to the limited demand

To improve the affordability and cost-effectiveness of medicines and health system's sustainability, non-legislative measures will be necessary

Orphan and Paediatric Regulations evaluation

– Key messages

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Since the adoption of the Regulation in 2000, **142 orphan medicines have been authorised**, of which 131 have remained on the market. The 142 authorised products have helped up to 6.3 million European patients out of roughly 35 million patients in the EU suffering from rare diseases.

The cost per **QUALY gained was on average between 45,5 K€ and 119 K€**

For the 73% of orphan medicines the market exclusivity reward has helped to increase profitability for these products, without overcompensating the sponsor. However, for the 14% of orphan medicines, the 10-year market exclusivity may have led to overcompensation.

increase of almost 50% in clinical trials including children and in over 1000 paediatric investigation plans (PIPs) agreed.

By 2016, **101 paediatric medicines and 99 new paediatric indications** had been centrally authorised.

Both regulations **have not adequately managed to support development in areas where the need for medicines is greatest.**

https://ec.europa.eu/health/sites/health/files/files/paediatrics/docs/orphan-regulation_eval_swd_2020-163_part-1.pdf