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EUCOPE

European Confederation of Pharmaceutical Entrepreneurs AISBL

INITIAL INTEL ON THE EU PHARMA PACKAGE

FUTURE-PROOFING THE EU REGULATORY SYSTEM

OVERVIEW

The EMA Regulation No. 726/2004, the OMP Regulation No. 141/2000 and the Paediatric Regulation No. 1901/2006 will be merged into one "Master Regulation". Also, the Human Medicinal Products Directive 2001/83/EC will be repealed by a new Directive. **Both the new Regulation and Directive are part of the same Pharma Package**. The dual pathway is therefore maintained, for central authorization procedure (via the Regulation) and decentralized and mutual recognition procedure (via the Directive). The Commission is currently undergoing its inter-service consultation of the pharmaceutical package, which will last until 14 February. It is important to note, changes can still follow as a result of the inter-service consultation. The proposals are then expected to be published on **28 March 2023**. The Regulation and the Directive will apply 18 months after their entry into force (and, accordingly, Member States will have up to 18 months to transpose the Directive).

SIGNIFICANT CHANGES TO A MORE AGILE REGULATORY SYSTEM

In a nutshell: the Pharma Package contains substantial changes to the EU regulatory system and **significantly extends the European Medicines Agency's competencies** as well as revises its governance structure with the main objectives to simplify the overall regulatory framework, streamline procedures, enhance international competitiveness, create less administrative burden and costs for developers and accelerate patient access to novel technologies and therapeutic advancements.

The **Agency will play a pivotal role** in the revised framework to enhance coordination and collaboration within the European medicines regulatory network as well as the broader healthcare ecosystem of involved authorities and bodies across the whole lifecycle of medicines and medical devices while endeavouring to respect competencies of Members States.

In addition to EMA's extended mandate applicable from March 2022 (Regulation 2022/123), the Agency will be equipped with even greater competencies **to manage and monitor the supply of medicines and address shortages** and receive additional (international) inspection capabilities to inspect sites in third countries to oversee GMP, GCP and GDP compliance. A new legal framework will be established within the Agency, referred to as the **Joint Audit Programme (JAP)**, to maintain an equivalent and harmonized implementation of the EU legislation concerning good manufacturing, clinical and distribution practices, and corresponding enforcement activities.

In brief, proposed changes include (subject to change):

Leaner and expertise-driven governance structure

- **Reduction of Scientific Committees**. The structure of the Agency's scientific committees is reduced from five to two main Committees, the (1) Committee on Medicinal Products for Human Use (CHMP) and, (2) Pharmacovigilance Risk Assessment Committee (PRAC) as the main safety committee. The remaining permanent committees (CAT, COMP, PDCO, HMPC) will be reorganised in working parties and in a pool of experts that will give input to the CHMP, PRAC and CMDh which should retain expertise but should free up resources of the network to focus on other activities (e.g., early scientific advice (SA) to promising therapies with unmet medical need (UMN)
- Appointment of a **first-time patient representative** to the CHMP to strengthen the patient voice
- Working parties will support work of the permanent committees and consists in majority of experts appointed by the Member States so that there is a continuous link between the experts in the NCAs and the Agency. Number of HCP and patient representatives will also be increased in WPs.
- **NB: the model of rapporteurs remains unchanged**.
- Training opportunities will be provided to Members States so that they build expertise in new areas of science and to actively contribute to the regulatory network in the assessment and monitoring of medicines (particularly, cutting edge innovative and complex medicinal products with convergent technologies)

Enhanced pre-authorisation scientific advice and regulatory support

- Scientific and regulatory support by EMA will be strengthened, in particular, for developers of UMN products
- Experienced gained with PRIME scheme broadened, i.e., phased review of data
- Enhanced legal framework for scientific advice (SA) and accelerated assessment and authorisation of medicines if they offer exceptional therapeutic advancement in areas of UMN
- Dedicated support scheme for SMEs and not-for-profit entities composed of regulatory, procedural and administrative support including potential waiver or deferral of fees
- EMA will be able to provide SA to developers in **parallel** with the SA given by HTA bodies under the HTA Regulation or by expert panels under the MDR
- The Agency will also be able to consult MS authorities in its SA activities
- EMA will be able to provide scientific opinions related to the classification of products, advising developers and regulators on whether a particular product is a medicinal product (or not)
- Responsibility of orphan criteria and designation (adoption) shifted from EC to EMA
- Protocol assistance and R&D support for OMPs
- EMA to coordinate a mechanism of consultation of authorities and bodies (incl. HTA, P&R) active along the medicines' lifecycle, to promote the exchange of information and pooling of knowledge on general issues of scientific and technical nature relevant for the development, evaluation and access to medicines

Other simplification, streamlining and future proofing measures

- Reduction of regulatory burden shall be facilitated through improved digitisation measures, including
  - Provisions related to mandatory electronic submissions of MAAs
  - Electronic Product Information (ePI) – Member States to decide if paper or electronically for the time being

        - European Commission empowered to adopt delegated acts to make ePI mandatory from 2035 onwards if qualified majority of MS allowed ePI
        - Package leaflet always to be provided on patient's demand
- Abolishment of the renewal and the sunset clause
- Emerging developments in science shall be incorporated into decision-making processes including
    - Adapted clinical trials (CT)
    - Use of real-world-evidence (RWE)
    - Link to the European Health Data Space (EHDS) regarding the (secondary) use of personal health data from sources other than CTs
        - This shall include, in particular, electronic health data as defined in the EHDS Regulation and data from monitoring studies on the use effectiveness and safety of medical products intended to treat, prevent or diagnose diseases incl. data held by public authorities
    - Subject to conditions, introduction of the concept of **regulatory sandboxes** (can be linked to an adapted approval framework which is set out in the new Directive)
        - Controlled environment for a limited period pursuant to a specific **sandbox plan** for developing or testing innovative or adapted solutions that facilitate the development and authorisation of products that might be regulated as medicinal products
- Concept of an **evolutionary** and simplified Paediatric Investigation Plan (PIP) introduced subject to conditions regarding timing and substance
- NB: no change to the 210-day assessment period until CHMP opinion

Temporary emergency marketing authorisation

- Possibility to grant temporary emergency MAs to address **public health emergencies**
- Balancing act between immediate availability and requirement to collect additional comprehensive quality pre-clinical and clinical data

Security of supply and addressing shortages of medicines

- Proposal complements and further develops the core tasks already given to the Agency in EMA **Extended Mandate Regulation (EU) 2022/123**
- Very comprehensive framework for activities to be deployed by Member States and EMA to enhance EU's capacity to react efficiently and coordinated to support shortages management and security of supply of medicines, particularly **critical medicines**,
    - MSSG to adopt "**Union list of critical medicinal products**", provide recommendations on appropriate security of supply measures to MAH, MS, EC or other entities
    - EMA to develop common methodology to identify critical medicinal products and specify procedures and criteria for establishing/reviewing the list as well methods and criteria for reporting
    - EC to implement measures taking MSSG recommendations into account, coordinate between MAH and other relevant entities; EC to consider the need for guidelines
- MAH to prepare and keep updated a shortage prevention plan (SPP) and, depending on the circumstances, Shortage Mitigation Plan (SMP)
- Complements HERA's mission to ensure availability of medical countermeasures in preparation of and during crisis
- EMA to be equipped with additional inspection capabilities to inspect sites in third countries to strengthen good practice compliance oversight of sites located outside the EU

  - Changes to legal framework will give EMA basis and expertise to conduct inspections of EU interest also in emergency situations and when specific capacity and expertise is required
- Joint Audit Programme (JAP) established at EMA level to ensure Member States conduct regular audits regarding good manufacturing, clinical and distribution practices and enforcement activities
  - JAP will also be an instrument for mutual recognition agreements and international agreements

A more extensive assessment will be provided at a later stage following the expected publication of the package in late March.