

**Industry Recommendations and Suggestions  
for the Practical Implementation of Policy Principles  
to Improve Access to Orphan Medicinal Products in the EU**

**25 November 2009**

The EU's Orphan Regulation 141/2000 has been a success in stimulating the research and development of orphan medicinal products. However, it has been acknowledged that, despite the approvals for new treatments for orphan conditions, equitable and timely access to these approved treatments remains an issue in the EU.

Recently, several policy documents have called for an increased cooperation between EU Member States to improve the situation. Notably, the High Level Pharmaceutical Forum conclusions adopted by Member States on 2 October 2008 – "[Improving Access to Orphan Medicines for all affected EU citizens](#)" – acknowledged the willingness of the EU countries to cooperate in the field of improving access to orphan drugs, with the objective of speeding up access to orphan medicinal products.

In November 2008, the [European Commission Communication on "Rare Diseases: Europe's Challenges"](#) (paragraph 5.3, p.6) stated an intention to set up a working party to address the issue and in June 2009, Member States' governments committed to share experience between Member States in the [EU Council Recommendation on a European Action in the Field of Rare Diseases](#) (Chapter V, 17 (e)).

A key element of the proposals is the commitment by the European Commission to set up a working party. We understand that the intent of the new working party and the process is to "facilitate the national pricing and reimbursement decisions" and that it has, as a policy objective, to "minimise delays for access to orphan drugs for rare disease patients".

Such a working party could consolidate the assessments made by the various EMEA Committees during the Marketing Authorisation Application reviews into a report that clearly documents the clinical added value the new product brings to patients. Such a report would be used to inform the Member States, in a concise manner, of the rationale for marketing authorisation as an Orphan Medicinal Product, how the product addresses the previously unmet medical need or the proven significant benefit on which the product was approved, and its place in the therapeutic strategy for the indication concerned, using the most currently available data at the time of Marketing Authorisation.

The success of the proposed new working party in "facilitat[ing] the national pricing and reimbursement decisions" and "minimis[ing] delays for access to orphan drugs" will depend on a carefully and realistically defined role, mandate, composition and functioning as well as an explicitly stated link between it and the Member States. If the creation of a new working party and the creation of a new element in the orphan process are not carried out carefully, the outcome could result in even greater delays in patient access.

With this in mind, and with the shared goal of improving access, Eurordis has prepared a document outlining a series of recommendations. We would like to express our support for the key principles contained in Eurordis' document and to share industry's key recommendations concerning the mandate of the working party, its composition, what it evaluates and how, its external outputs and the link between the Member States and the external outputs, so as to secure a more equitable access to approved orphan medicinal products across the EU than is the case today. Of particular importance, therefore, is how the output of the working party is to be used by the Member States.

In particular, we would like to highlight the following key points:

1. **The newly created working party and resulting processes should apply exclusively to products on the EU Register of Orphan Medicinal Products.** This could be supported through making the working party a sub-group of the COMP.
2. **The role of the working party is to facilitate patient access.** This should be stated upfront in any roles and responsibilities / remit of the working party and in its working mandate. The reports that the group would produce should also state that the evaluation and pooling of information is intended to “facilitate national pricing and reimbursement decisions” and to “minimise delays for access to orphan drugs for rare disease patients”. The creation and work of this group is to facilitate patient access and should only be undertaken in such a way that it improves on the current systems for patients in Europe. There should be clearly defined metrics for success of the working party, developed in collaboration between patient groups, biopharmaceutical companies, member states and the EU institutions.
3. **The working party should be evaluating clinical added value.** This is the wording that was agreed as appropriate for orphan medicinal products in the High Level Pharmaceutical Forum document, as well as the wording contained in the European Commission's Communication on “Rare Diseases: Europe's Challenges”. In order to ensure the correct aspect is evaluated, the wording should accurately and consistently reflect the desired evaluation parameters of clinical added value. The roles and responsibilities of the new proposed working party should be drawn up to reflect these evaluation parameters.
4. **In order to speed up access to orphan drugs for patients who need them, it is essential to make the most of the existing scientific data at the time of Marketing Authorisation and to make this transparently available to Member States at the time of Marketing Authorisation.** This means that the group does not ask for more information at the time of Marketing Authorisation but, rather, brings together the existing evaluations that have been conducted by the COMP, the CHMP, the PDCO and, if appropriate – depending on the type of therapy under evaluation – the CAT. One of the challenges is that these evaluations are currently not collated and are not made fully public in a transparent way.
5. **The working party should be situated at the EMEA and should be responsible for collating all the existing reviews of the scientific data carried out by those experts from the Member States on the Committees (see point 4 above) into one, usable and available public document: the Common Assessment Report.** This document

should capture and identify the clinical added value and the place of the product in the therapeutic strategy of the authorised indication to the best of current knowledge at the time of assessment, i.e., at the time of Marketing Authorisation. The EMEA has expertise in pooling expertise at a European level and is, therefore, the best place to situate the working party. It also has experience of confidentiality aspects in preparing public documents. In order to ensure consistency, it would be logical that the Committee on Orphan Medicinal Products be the Committee that takes the lead on the working party reports, since the COMP has the expertise in the clinical priorities and issues relevant to the rare disease in question.

6. **The activities of the working party to address current fragmentation and to support access will be undertaken in two timelines:**

- **Issue a common assessment report at the time of Marketing Authorisation** that documents the basis of the orphan status of the approved product – including significant benefit and/or uniqueness – and that gives the clinical added value of the authorised product and indication and its place in the therapeutic strategy of this therapeutic indication to the best of current knowledge at the time of assessment. This will be a summary, i.e., a collation of existing scientific information on the product at the time of Marketing Authorisation. This should be done in the 60-90 days between the CHMP Positive Opinion and the European Commission’s granting of a Marketing Authorisation. It must, however, not interfere with the Marketing Authorisation process.

And

- On a case-by-case basis, **agree a set of coordinated national post-marketing activities and “roadmap” for achieving these, together with the MAH, the CHMP and the various national competent authorities** that may be involved in the working party when it is established. This Annex or Roadmap should include the strategy, objectives, timelines and anticipated clinical added value. Such a coordinated core minimum data set for demonstrating the clinical relevance of the product will avoid duplication in these post-marketing activities and, therefore, will support its continued availability to patients. This will require a wider group than the initial gathering of existing scientific reviews and, thus, will not be done in the 60-90 day timeframe, to avoid delays in patient access. This activity, if undertaken, will be developed with all interested stakeholders for the treatment in question, including the Marketing Authorisation Holder, and should be carefully aligned with (i) existing post-MA activities, e.g., Paediatric Investigation Plans or Risk Management Plans if in place; (ii) existing activities undertaken by companies, e.g., registries and (iii) other post-MA policy programmes, such as the collaborative effectiveness data gathering programmes under discussion between a wide range of stakeholders, including regulators, public authorities, industry, patients and academics. This process must be also linked to the Conditional Pricing & Reimbursement principles as adopted in the EU High Level Pharmaceutical Forum recommendations.

There is no need for a new review at the time of Marketing Authorisation. No new documentation should be requested at the time of Marketing Authorisation, since all scientific data available on the orphan medicinal product have been made available and

reviewed extensively by various Committees at the EMEA made up of national experts. The work of the group must neither add another hurdle, nor add any additional time to the process, as this would run counter to the stated policy objective. **The initial common assessment report should, therefore, be made available in the period between the CHMP Positive Opinion on an orphan medicinal product and the European Commission's granting of a Marketing Authorisation.** This gives the proposed group a window of 90 days / 60 days within which to work.

The second activity (roadmap) will require wider consultation and longer timeline but should be undertaken after issuance of the first report and the availability of the treatment, to allow in-use data collection to start and to ensure that there are no delays in availability to patients.

7. **The common assessment report** collated by the working party in the 60-90 day window **should update the areas that are subject to assumptions at the time of designation to reflect the actual situation at the time of Marketing Authorisation.** This should include the report of the actual significant benefit demonstrated by the development plan between designation and Marketing Authorisation and the actual prevalence of the authorised therapeutic indication. Earlier evaluations based on assumptions made at, e.g., the time of designation, are not updated at the time of the granting of a Marketing Authorisation.
8. **If the new process is to add value, there must be a commitment by the Member States to take the reports into account in the articulation of their individual national plans to tackle rare diseases.** There needs to be a link to the Member States to encourage them to use the assessment reports. The National Plans should, therefore, include an explicit reference to the common assessment reports, stating that they intend to use the collated evaluation of the data available to facilitate orphan access. The national members of "Europlan" should also include reference to the reports in their recommendations. The members of the CAVOD Working Party and of COMP should also facilitate and support consideration of the CAVOD report by their national reimbursement agencies.
9. **A deadline for review of actual success should be set.** The new working party and the success / contribution to patient access made by the new system should be evaluated against pre-identified criteria after a set period to establish its success and potential contribution it has made to patient access to new treatments to ensure that it is delivering the stated aims. **In a first phase, the process could be made optional for the sponsor organisation / company seeking marketing authorisation for a new orphan medicinal product.** If the process is successful and appears to work across a variety of different orphan products, there will be no shortage of demand from industry.

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