BfArM
Bundesinstitut für Arzneimittel und Medizinprodukte

Perspectives for Cooperation between Candidate Countries and Member States

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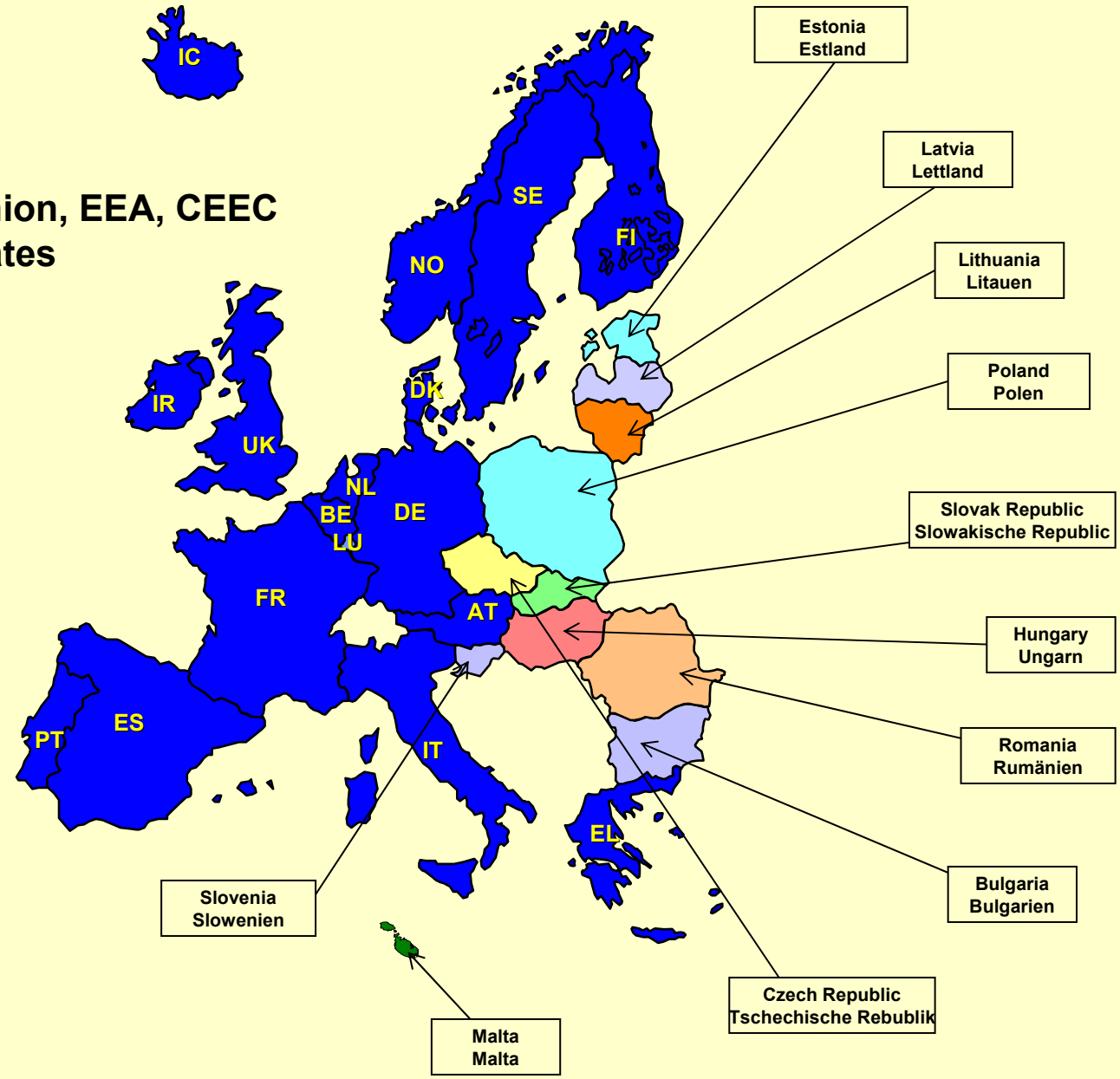
President

Federal Institute for Drugs and Medical Devices

Europan Union, EEA, CEEC Member States



Staff at BfArM (05/01/02)

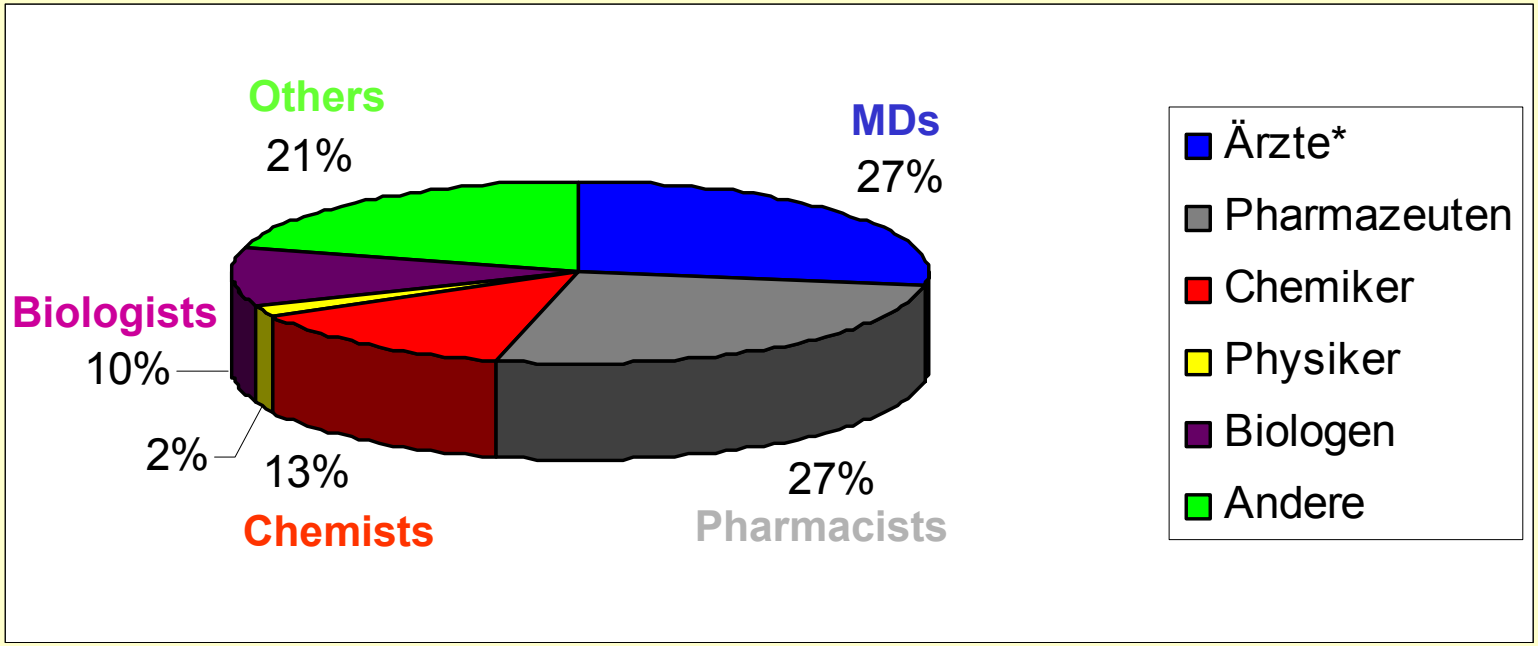
965 Employees;

630 thereof female and 335 male;

695 thereof in scientific Dep./270 in administrative Dep.;

342 thereof scientists;

184 thereof female and 158 male



Approval of Drugs in Germany

regulatory framework

Directive 2001/83/EEC = Codification (65/65/EEC; 75/319/EEC; 92/27/EEC) Title II Article 2 and German Drug Law (AMG)

how to gain marketing authorisation in Germany :

- centralised procedure according to 2309/93/EEC
- decentralised procedure according to 75/319/EEC
- national procedure for new and known substances according to §§ 21, 25, 48, 49 etc. AMG
- homoeopathics etc. according to §§ 34
- standard approvals according to § 36 AMG
- parallel import approval
- old drugs ("Nachzulassung") according to § 105 AMG

Drugs in Germany I

- big (German-speaking) market (~ 100 Mio.)

- 60,000 approved drugs with :
- ~ 1000 usable "example" approvals
- ~ 10,000 "freshly" appr. "old products" ("Nachzulassung")
- ~ 20,000 MRP-ready defined approvals

- big market for homeophatics and herbals

- important medium-sized (cooperative) companies

- tradition in precision and exactness

- all global players in the market

Drugs in Germany II

- old market workload until 31 December 2005
- strict national regulations (AMG)
- well established court-law
- strong (lobbying) trade associations
- need for equal treatment of approvals
- no pricing negotiations within approval procedure

Drugs in Germany III

- electronic application ("Einreichungsverordnung")
- many internal (partly public) databases for approved drugs
- "electronic" marketing authorisation (in progress)

- use of "example" approvals for known drugs
- developing new database vigilance systems
- SOPs on nearly all topics

BfArM – European Workload 1995 to 2002

- **Centralised Procedure (incl. line extension)**

Number	BfArM as (Co)Rapp	
368	54	(ca. 16 %)

- **Mutual Recognition**

Number	as RMS
Projects: 1877	Projects: 258
Single: 3562	Single: 466
	as CMS 1362

DE holds rank 4 of RMS countries (2002)

DE (together with SE) leading in the licensing of new substances in MR-Procedures

DE is concerned in more than 50% of all procedures and thus has the most MR licenses in Europe

Proposals of the Commission

- Centralised or decentralised - balance
- Mutual Recognition Committee
- Empowerment of the Mutual Recognition Procedure
- Abolishment of renewals ???
- Postmarketing pharmacovigilance ?
- "Better regulation" ?
- However, lacking definitions on:
  - NCE
  - Public health
    - Serious risk to public health

Most Important Aspects of the Review for Us:

- Streamlining of Committees
- Scope for centralised / decentralised procedures
- Renewal versus pharmacovigilance
- Importance of clear definitions (e.g. serious risk to public health; pharmacovigilance experts)

Need for Definition: "Serious Risk to Public Health"

- national views / definitions differ from case to case and from country to country ?
- are national views always objective?
- maybe national views are "historical" ?
- are national views applicable to European harmonisation / single market ?
- are national views "for home use" only
  - or a "mission" to other countries?
  - Conclusion: A European definition is highly necessary.
- Already on the commission agenda ?

centralised → Council Regulation (EEC) No. 2309/93 - Annex

new drugs **obligatorily (?)**

CENTRALISED

decentralised → **Generics**

centralised and decentralised

line-extension

national → **FOR ONE MEMBER STATE ONLY;**

bibliographic approval;

Future of national procedures ?

- abolishment of national procedures ?
  - and how to keep scientific knowledge ??

- abolishment of renewal procedure ?
- and then what about outdated claims ??

Deficits due to Centralisation/Globalisation of Product Development + Maintenance

- Loss of national identification for:
  - academic research
  - product development
  - licensing system
  - marketing/product maintenance
  - drug safety

Deficits due to Centralisation of Licensing Procedures

- Medium-sized companies' development of innovative products is inhibited by

  in-house bundling of capacities
  for processing of centralised procedures

  in-house costs for pursuing centralised procedures
  fees for centralised procedures

Development I

- Shift from national + decentralised procedures to centralised procedures
- Increase in monopolisation of licensing systems
- Decrease in competition
- Decrease in national identification with products
- Shifting of decisions from national to centralised anonymous EU authorities

Development II

- Common market
- Quality of supply with medicinal products of a consistently high European standard
- Uniform regulatory system
- Transparency
- Orientation for consumer and patient

Your Self - Defined Future Position

- **Team leader and opinion leader**
  - **according to approvals :**
    MRFG – RMS
    Centralised - Rapporteur
  - **according to projects / indications (e.g. antibiotics, HIV)**
  - **according to topics (Notes for Guidance, Points to Consider, Working Parties)**
- **Team player in all other cases**

BfArM's Decisions for Contribution I

- "Full-provider"
- Scientific expertise
- Effective and efficient licensing system
- Customer orientation
- Scientific co-operation with other regulatory authorities
- Fulfilment of European and international standards
- Development of a worldwide pharmacovigilance network

National Contribution II

- Co-operation in detecting counterfeit medicinal products
- Co-operation in the field of inspections
- Development of a European strategy for consumer information
- "Off-label use", "orphan drugs", "fast-track drug development"

Optimisation of European Procedures

- Excellent national and EU scientific advice
- High scientific level expertise
- Bridging of national / EU advice
- Contribution to European pharmaceuticals market :

  "Nachzulassung" Candidate Countries ?
- Quality / quality assurance

Importance of European Procedures - Future

Need for clarification

- Regulation of access to Centralised/Mutual Recognition Procedures
- Balance between Centralised and Mutual Recognition Procedures
- For 2003, only few (22+16 orphans*) new substances can be expected within the Centralised Procedure. What is the EMEA's future? (costs ? , fees ?, 240 employees must be paid!)
  - Centres of excellence for agencies ??
  - Therapeutic advisory groups as "European FDA starting point"??
  - Variations Type IA (and some Type IB) to be handled by EMEA

"An open door may tempt a saint"

* source: EMEA/MB/057/02/en/Final

Our Proposal for the Future European System

- "Premium products" (innovative) ➡ centralised
- "Bread-and-butter products" ➡ mutual recogn.
  - "me too"
  - "former" innovative classes of products
  - OTC's
  - generics
  - "important" herbals

- the balanced status (centralised/decentralised) must survive :
- fast access for innovations, not overloading CP
- but some NCE need the MRP

"Diamonds are forever ! (Premiums are not !)"

Windows of Opportunity - Vision

CPMP as a trend-setter for pharmaceutical science

- centralised procedure focussed on
  - therapeutic innovations, technologies,
  - new therapeutic principles

national authorities ("better regulation") in MR-Procedures

- known biotechnological products (e.g. insulins)
- known chemical substances and combinations thereof
- other new substances

Implementation and surveillance of consolidated opinions within the MRFG outside the complex and elaborate Centralised Procedure

Fulfilment of EMEA Tasks

+ Co-ordination, project management

(+) Platform for decision making

(still possible after Court of Justice on OCs-3, anorectics, Capoten?)

- Transparency, websites etc.

- Archiving, documentation, data-bases (pending)

- EUDRA xxx products (deficitary)

(+) Success monitoring, cost-performance accounting, quality assurance

- Personnel required per application (too much administration?)

Fulfilment of National Tasks

+ Scientific evaluation (professional work = service for EMEA)

+ Experts in a stand-by mode

+ Implementation of the European idea in MR-Procedures

(+) Translation of recognition into national licenses

! Avoidance of double offers / double work

WHAT ? WHERE ?

- Expertise, co-ordination -- at home
- Co-operation -- on site (London, Brussels)
  - HoA, MRFG, MB, Ph-Com
  - CPMP, COMP,SciARG, ORGAM,WP's, ad hoc groups
  - “Topic Leader” of the BfArM at ICH:
  - eCTD; Quality; BIOTEC; SAFTEY; VIGILANCE
- Delegation
  - to Commission
  - to EMEA

Role and Tasks of the Agencies in the Future

to be clarified :

- How to survive ?? (Especially small ones)

- Centre of excellence (EU and CEEC) ??

  or "full provider" ??

Further European Interests of the BfArM

- **Cooperation on a network-basis**
- **Promotion of research and development via scientific advice**
- **Acceleration of procedures / licenses, if applicable under specific conditions**
- **Regulations for "orphans", paediatrics, etc.**
- **Precursor in the field of technology**

Use of Experts in BfArM

- BfArM as a large competent authority has many internal experts in the fields of
  - Regulatory affairs
  - Phamaceutical quality
  - Non-clinical issues
  - Clinical issues
  - Pharmacovigilance
- But wants (and practices) use of external experts from Candidate Countries

Experts in BfArM

- National procedures
  (Internal and external experts)
- Mutual recognition procedures
  (Internal experts*, external experts only in exceptional cases)
- Centralised procedures
  (Internal experts only*)
- (* with the exception of CC colleagues)

Usage of CTS* by CADREAC Countries

- A demo CD (for training purposes) to run CTS on a local desktop without using a network for CC (and CADREAC)
- Implementing a CC (CADREAC) database (CCTS) containing only their procedures
- Giving CC (CADREAC) institutions access to the CTS database
- At the moment in "read only" mode

Formal prerequisite: signature on letter of confidentiality

* Former : Eudra-Track

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Thank you for your kind attention