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EUROPEAN PAEDIATRIC TRANSLATIONAL RESEARCH INFRASTRUCTURE

# Review of the Paediatric Regulation

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EPTRI General Assembly and Scientific Meeting – Bari – 18/07/2024

# Pharmaceutical Legislation revision – a step back

EU policy on pharmaceuticals for human use dates back to 1965

The last major revision took place in 2004 (Regulation (EC) No 726/2004 and revision of Directive 2001/83/EEC, referred to as the 'EU general pharmaceutical legislation').

This 'general legislation' is complemented by 'specific legislation', such as for medicines for rare diseases and for children

In November 2020, the European Commission adopted a pharmaceutical strategy for Europe aimed at reinforcing the EU pharmaceutical system

The proposed revision was announced in the Commission's 2022 work programme, and is a follow-up to the strategy

*"The COVID-19 pandemic has demonstrated the criticality of ensuring timely access to safe, high quality and affordable medicines at all times. The strategy is intended to make the European pharmaceutical system patient-centred, future-proof and crisis-resistant"*


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# Pharmaceutical Legislation revision – the approach

Information was collected through consultations that took place between March 2021 and April 2022.

These included:

- a call for evidence on the Commission's combined evaluation roadmap/inception impact assessment
- a public consultation
- a targeted stakeholder survey
- interviews
- validation workshops on the evaluation findings and on the impact assessment findings
- ***Specific consultation activities were carried out concerning the revision of the legislation on medicinal products for children and for rare diseases.***

**April 2023: Proposal from the Eu Commission to the Parliament**

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# Pharmaceutical Legislation revision – the documents

EUROPEAN
COMMISSION

Brussels, 26.4.2023
COM(2023) 193 final

2023/0131 (COD)

Proposal for a

**REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COU**

**laying down Union procedures for the authorisation and supervision of medi products for human use and establishing rules governing the European Medi Agency, amending Regulation (EC) No 1394/2007 and Regulation (EU) No 536/2 repealing Regulation (EC) No 726/2004, Regulation (EC) No 141/2000 and Reg (EC) No 1901/2006**

(Text with EEA relevance)

{SEC(2023) 390 final} - {SWD(2023) 192 final} - {SWD(2023) 193 final} -
{SWD(2023) 194 final}

EUROPEAN
COMMISSION

Brussels, 26.4.2023
COM(2023) 192 final

2023/0132 (COD)

Proposal for a

**DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL**

**on the Union code relating to medicinal products for human use, and repealing Directive 2001/83/EC and Directive 2009/35/EC**

(Text with EEA relevance)

{SEC(2023) 390 final} - {SWD(2023) 191 final} - {SWD(2023) 192 final} -
{SWD(2023) 193 final}

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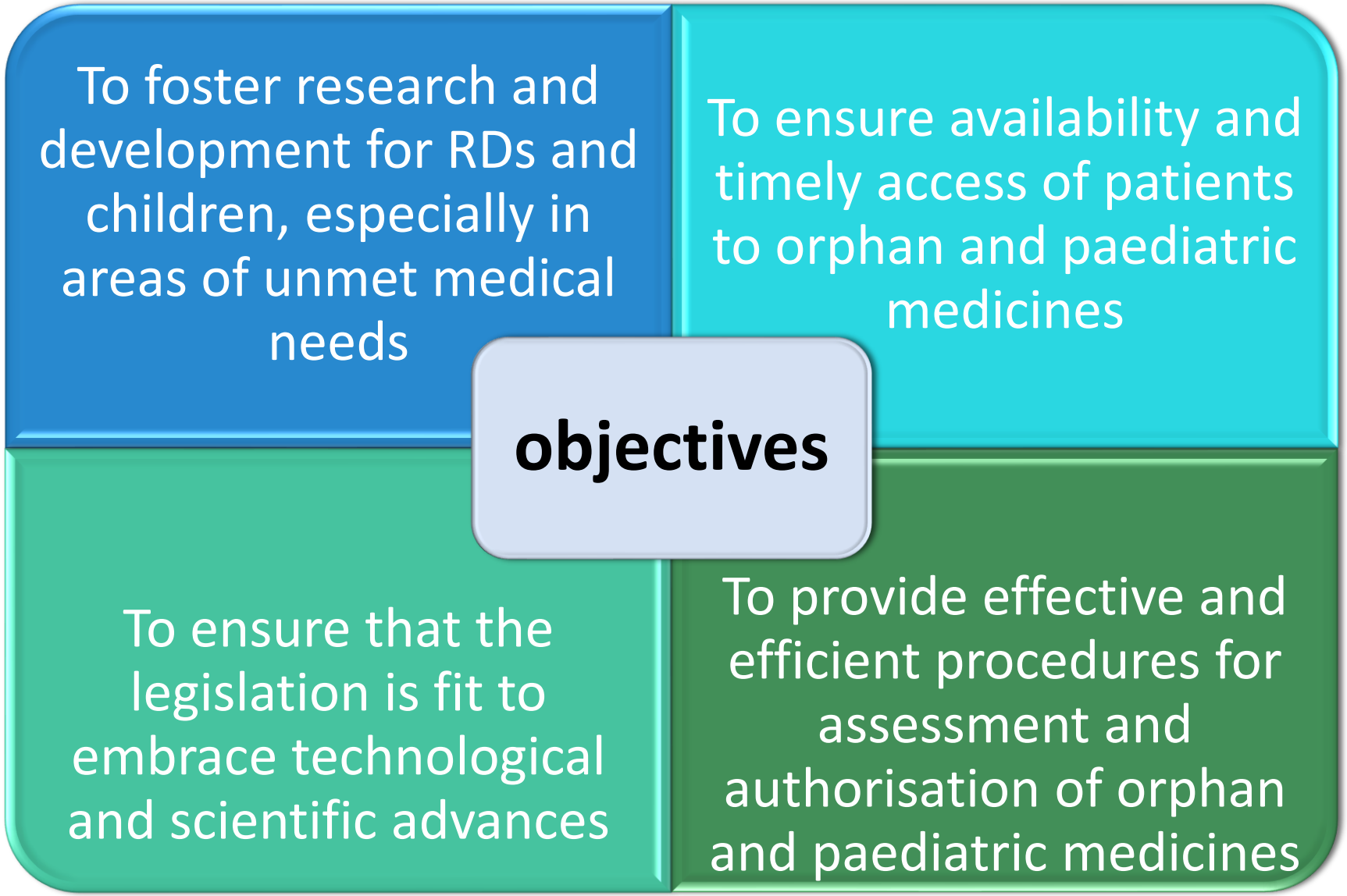
# Revision of Paediatric and Orphan Regulations

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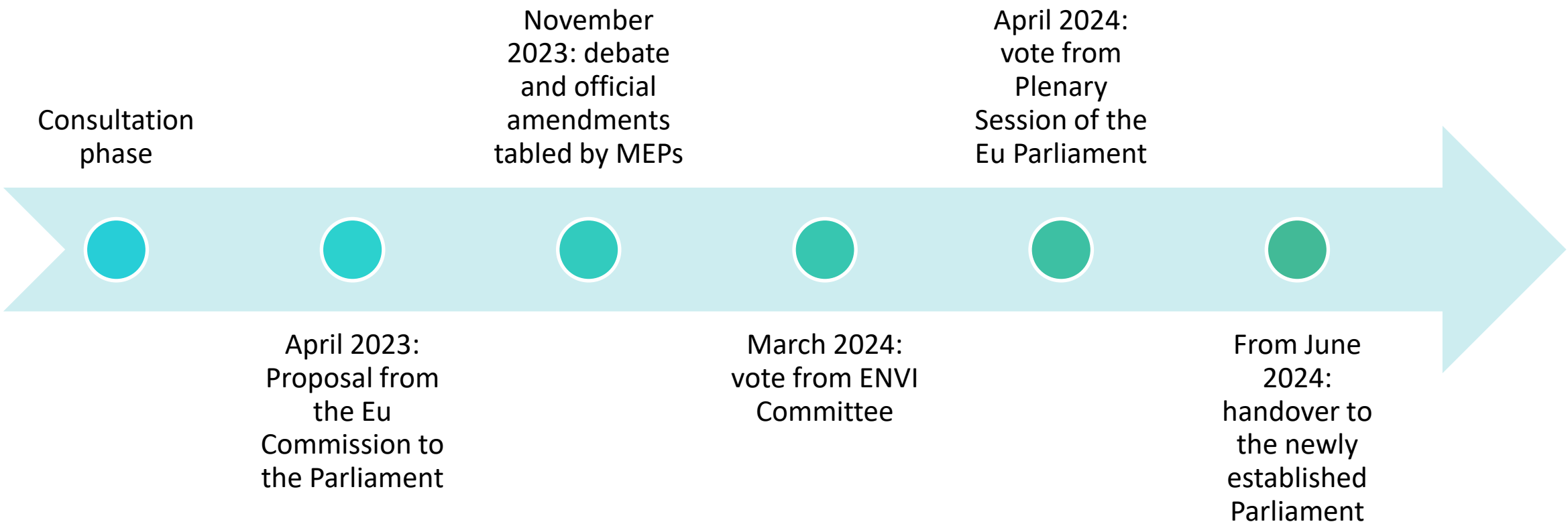
# Pharmaceutical Legislation revision – timeline

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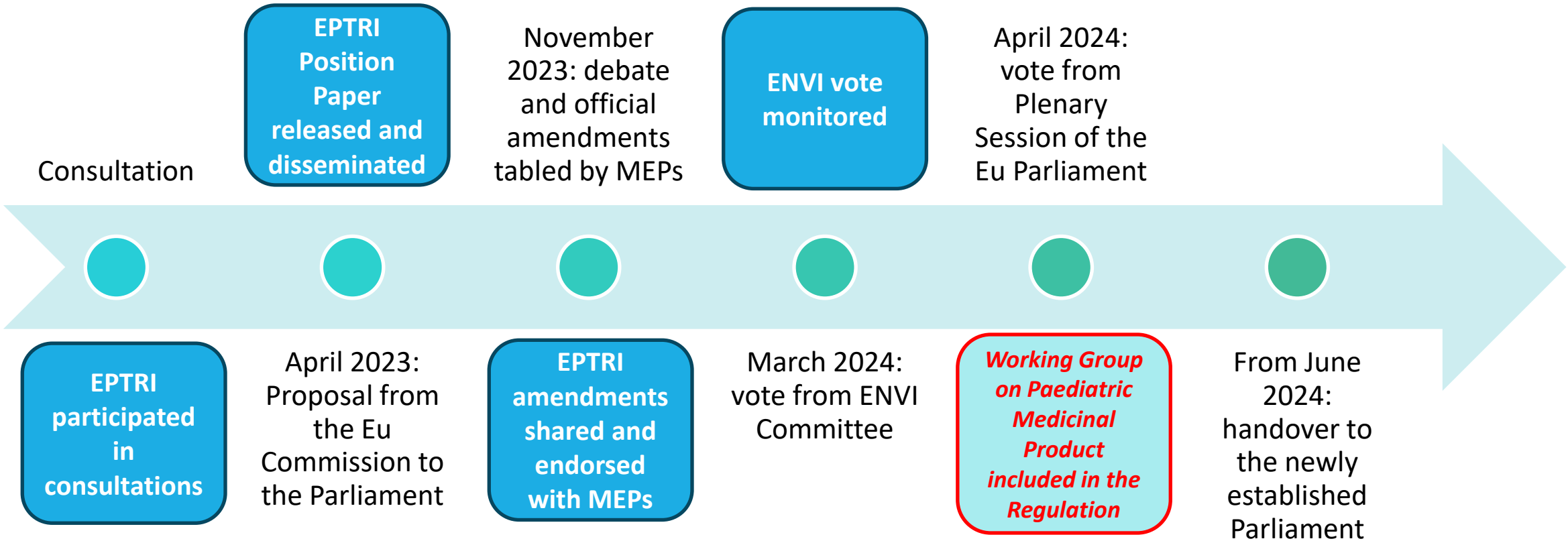
# Pharmaceutical Legislation revision – EPTRI's role in the review of the Paediatric Regulation

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# Consultations and position paper – EPTRI's view


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Position Paper

PROPOSED CHANGES TO THE PAEDIATRIC REGULATION IN THE FRAMEWORK OF THE NEW PHARMACEUTICAL STRATEGY: CALL TO ACTION FOR CHILDREN

***1. Repealing of the Paediatric Regulation is an issue:***

- the consequences have never been studied
- paediatric specificities were weakened

***2. Changing the status of relevant parts of the paediatric rules from a Regulation to a Directive is an issue***

***3. Uncertainties/unclarities of some key aspects of the Paediatric Regulation***

- Abolition of the Paediatric Committee
- Abolition of the Article 1 of the regulation setting out paediatric specificities and objectives and relevant definitions as in article 2
- Omissions of relevant tasks
- Keep clear the obligation to submit a Paediatric Investigational Plan (PIP) and to provide results at the time of a Marketing Authorization (MA)
- No mention of specific paediatric therapeutic needs

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# EPTRI proposed amendments to the texts

EPTRI amendments proposed to the Directive and Regulation texts under examination aimed at:

- Limiting the impact of changing the status of relevant parts of the paediatric rules
- Avoiding that the scientific and regulatory experience gained at PDCO level is lost
- Making clearer the compulsoriness of the Paediatric Investigation Plan in all the situations already foreseen in the current Paediatric Regulation
- Intervening on the matters relevant for the paediatric population, including the application of specific rules on repurposing in the paediatric field against the off-label use, the acknowledgement and identification of paediatric needs and their specificity, the endorsement of a proper information on medicines directly addressed to children and adolescents, the implementation of programmes and plans for paediatric pharmacovigilance, the need to foresee funds for paediatric research in the European and national research plans.

The idea was not to upset the proposed system, but to improve it.

# Main aspects addressed in EPTRI amendments proposals

- Paediatric Working Party at EMA supporting PIP evaluation and other processes
- Including some key definitions where missing
- Developing age-appropriate information on medicines (format and language)
- Incentives for research in medicinal products for children
- In case the medicinal product is of interest for children, or a new paediatric indication or other paediatric variations are part of the Marketing Authorisation application, a PIP should be submitted
- Clarify the obligation to provide results of paediatric studies or proven waiver/deferral at time of MA
- Mentioning ad hoc procedures for paediatric medical devices risk/benefit assessment
- Harmonisation of summary of product characteristics, including harmonization of approved paediatric indications, dosages and ages for which the product is recommended.
- Set a maximum length of deferrals
- Working groups of patient and consumer organisations, including paediatric patients and young people representatives
- Mentioning the extension of the indication of a medicinal product from adults to one or several paediatric populations as a form of repurposing in the same indication or in different indication.

# What was included in the final text?

- **Paediatric Working Party at EMA supporting PIP evaluation and other processes**
- Including some key definitions where missing
- Developing age-appropriate information on medicines (format and language)
- Incentives for research in medicinal products for children
- In case the medicinal product is of interest for children, or a new paediatric indication or other paediatric variations are part of the Marketing Authorisation application → **In the absence of a PIP or in cases where a comparative study has not been carried out, a justification and, where appropriate, evidence from long-term post-marketing studies should be provided**
- Clarify the obligation to provide results of paediatric studies or proven waiver/deferral at time of MA
- Mentioning ad hoc procedures for paediatric medical devices risk/benefit assessment - **The need to address the risk-benefit balance and other paediatric specificities (storage, assembly, cleanliness and technique) for medicinal products in combination with medical devices**
- Harmonisation of summary of product characteristics, including harmonization of approved paediatric indications, dosages and ages for which the product is recommended
- Set a maximum length of deferrals → **The need to provide scientific, technical or public health considerations to justify a deferral to an agreed PIP has been emphasised**
- **Working groups of patient and consumer organisations, including paediatric patients and young people representatives**
- Mentioning the extension of the indication of a medicinal product from adults to one or several paediatric populations as a form of repurposing in the same indication or in different indication.

# Other relevant points addressed in the revised texts of Regulation & Directive

- A reform of the waiver system for PIP based on the medicinal product mechanism of action.
- The possibility of having an initial PIP, in cases it is not scientifically sounded to have a complete paediatric development based on the available information. Timetables for providing further details for a full plan must also be provided.
- Improving the readability, clarity and comprehensibility of summaries of European Public Assessment Reports (EPARs) and user-friendly information on medicines.
- Increased transparency on several processes, including scientific advice and the PRIME scheme in EPARs.
- Improved action and information on drug shortages, including the involvement of patients and families.
- Reference to refinement and replacement strategies for animal testing, such as non-animal in vitro and silico approaches.
- Work with patient organisations and healthcare professionals to develop guidelines for determining therapeutic added value.
- Integration of patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) into clinical data supporting marketing authorisation.
- To make publicly available the conclusions of the assessment of compliance with the paediatric investigation plan.
- Indicators to measure access to medicines in the EU, including paediatric medicines.
- To address the problems encountered with paediatric medicines, in particular the failure to complete paediatric clinical trials and obtain data required for marketing authorisation in a timely manner, which delays the authorisation of paediatric medicines.
- Specific mention of pharmacovigilance to monitor long-term post-authorisation safety and efficacy studies in children, including relevant data from off-label use of medicines.

## …to conclude

- Although the new legislation could be more rigorous in addressing paediatric specificities throughout the lifecycle of medicines development and evaluation, the establishment of a Paediatric Medicines Working Group is strongly welcome.
- If the mandate, composition and procedures of this group are appropriate and well established, the extensive expertise developed within the Paediatric Committee will not be wasted.

## What's next?

- MEPs positively voted on the Parliament's position during the plenary session on 10-11 April.
- The dossier has been taken up by the new Parliament after the European elections.
- Council position is expected in the forthcoming weeks (Working Party on Pharmaceuticals and Medical Devices)

If you want to know more, here you can find additional resources:

https://health.ec.europa.eu/medicinal-products/pharmaceutical-strategy-europe/reform-eu-pharmaceutical-legislation_en

https://eptri.eu/news/envi-position-for-the-new-pharmaceutical-legislation-whats-new-for-paediatrics/

https://drive.google.com/file/d/1br3F7VzVR8XgXgkf66xDdpZNqiG3bGcH/view

https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/749789/EPRS_BRI(2023)749789_EN.pdf

…A special thanks to Adriana Ceci and all the EPTRI team working hard in the previous months to get these achievements

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