This document is a copy of the survey questions and it is intended to help you, or your organisation, gather relevant data to answer the survey provided on the link on the email. Please do not submit this document via email as a response to the survey, as this may result in your input not being recorded. Please note that the question numbers in this document are for internal routing purposes only and may not match the question number in the online survey questionnaire.

Study supporting the Evaluation and Impact Assessment of the EU general pharmaceutical legislation

Introduction

This survey is part of a study commissioned by the Directorate General for Health and Food Safety (DG SANTE) of the European Commission to support the evaluation and impact assessment for the revision of the EU general pharmaceutical legislation in the framework of the Pharmaceutical strategy for Europe. This is the first comprehensive review of the general legislation in more than 15 years, with the survey seeking both to capture the achievements of the 2004 revisions and to establish the refinements needed to bring the legislation up to date and ensure it is well-placed to meet the needs of Europe's citizens, health systems and pharmaceutical industry going forwards.

This survey covers the objectives of the general pharmaceutical legislation, Directive 2001/83/EC on the Community code relating to medicinal products for human use and Regulation (EC) No 726/2004 laying down Union procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency ("the legislation") and the elements of the future policy options for its revision.

Scope of the study

Regulation related to veterinary medicinal products are entirely out of scope for this study and provisions related to homeopathic and traditional herbal medicines, falsified medicines and advertising and information to patients are also out of scope. Similarly, specialised pharmaceutical legislations related to advanced therapy medicinal products, medicines for children and medicines for rare diseases are out of scope. Note that provisions relating to active pharmaceutical ingredients (APIs) and brokering of medicinal products are in scope for this study.

Privacy note

Your views and contributions will not be published directly as received; they will be published in the form of an aggregated summary report, or included in a wider policy document. You have the right to withdraw from the study at any time. For further information, please refer to our privacy statement.

Responding to this survey

The questionnaire is ambitious in scope and may take up to 1 hour to complete, however your input is critical to this once-in-a-generation review of the legislation. Your views thus matter greatly to the outcome, and we thank you for your time and consideration in providing a complete and careful response.

You do not have to answer all questions at once – answers will be stored at every page and you can return to the survey at any stage before completing it, provided the same device/browser is used and it is allowed for internet cookies.

If you have any questions or comments regarding this consultation, please contact the Technopolis study team by emailing us at pharma-legislation@technopolis-group.com.

About you / your organisation

A1. *Please select the option that best describes your organisation

- Civil society organisation (representing patients, consumers, and the environment)
- Academic/public and non-governmental research organisation
- Public authorities, agencies and healthcare payers
- Healthcare services
- Industry and business operators
    - Large enterprise (that employs more than 250 persons and has an annual turnover that exceed EUR 50 million)
    - SME (enterprise that employs fewer than 250 persons and has an annual turnover that does not exceed EUR 50 million)

A2. *Please select the country you are based in: [drop-down menu] BELGIUM

A3. *Please indicate which of the following match your organisation type:

- Patient organisation
- Consumer organisation
- Environmental organisation
- Other – please specify: [Open] Umbrella organisation representing cancer societies.

A4. We would like to ensure that only unique contributions will be analysed in this targeted consultation. Therefore, we request you to provide the following information:

Name: Linda Abdelall

Organisation: Association of European Cancer Leagues (ECL).

The effectiveness of the general pharmaceutical legislation

In the following questions we ask for your views on the extent to which the legislation has been effective in delivering its intended objectives since its implementation in 2005.

B1. To what extent has the legislation been effective in contributing to the following objectives?

	Very large	Large	Moderate	Small	Very small	Don' t know
Safeguard public health			x			
Enable timely access to medicines for patients and health systems			x			
Enable access to affordable medicines for patients and health systems					x	
Provide harmonised measures for improved functioning of internal market for medicines					x	
Ensure quality of medicines including through manufacturing rules and oversight of manufacturing and supply chain			x			
Enhance the security of supply of medicines and address shortages					x	
Ensure a competitive EU market for medicines				x		
Facilitate generic/biosimilar product entry to markets				x		
Enable progress in science, technology and digitisation for the development of high quality, safe and effective medicines			x			
Accommodate innovation for the development of complex and combination medicinal products				x		
Reduce the environmental footprint of medicines						X

B2. Please briefly describe the area in which the legislation has met your needs and expectations to the largest extent, compared to the situation prior to 2005, Please provide supporting data and evidence including weblinks if relevant. [Open]

No reply

B3. Please briefly describe the area in which the legislation has met your needs and expectations to the smallest extent or not at all, compared to the situation prior to 2005. Please provide supporting data and evidence including weblinks if relevant. [Open]

The pharmaceutical legislation provided the fundamental framework to EU countries for the research and development of medicines, and during the years it has been updated based on the technological advancements. Yet, many aspects should be revised to address

challenges that researchers are facing and to **ensure that new medicines approved in the EU come with robust evidence of their effectiveness, besides ensuring patient safety**. The concept of "risk" posed by a new drug should be revised **to better respond to patients' and societal need**. Quality of life should be included in the overall evaluation. In this regard, **post-marketing authorisation studies should be thoroughly followed up** and decisions should be made based on the scientific evidence and patient-reported outcomes.

The pharmaceutical legislation is complementary to the Orphan Medicinal Product Regulation and unmet needs should be addressed. There are **cancers**, such as pancreatic, lung, and gastric cancers, that **are poorly investigated and investments in these areas are very little** despite the fact that their incidence has been increasing. Cancers with low survival rate are not addressed adequately and patients are left behind.

A critical evaluation of the effectiveness of new orphan drugs is pivotal for a **transparent assessment** of the new product as the evaluation affects the price& reimbursement negotiation decisions.

When it comes to medicine shortages and the overall pharmaceutical supply chain, there is **little transparency and knowledge of the root causes of shortages** but with the recent study commissioned by the Commission, ECL hopes to see legislative proposals that will tackle this longstanding public health issue. It is critical, in ECL's view, to require pharmaceutical companies to deliver prevention plans to avoid shortages before these occur. Also, the notification of shortage is put forward too late, when pharmacists and hospital pharmacists are left to take decisions on how to minimise the impact on patients in need.

Lastly, the revision of pharmaceutical legislation should facilitate the entry of academics into the regulatory ecosystem. The joint evaluation of Regulation (EC) No 1901/2006 on medicinal products for paediatric use and Regulation (EC) No 141/2000 on orphan medicinal products reports that "One of the shortcomings that has been identified is that research institutes and academia cannot benefit from the fee waiver for which the Regulation provides, as it is reserved for SMEs.". This aspect should be addressed accordingly.

Sources:

https://www.europarl.europa.eu/cmsdata/227408/BECA_Dr%20Rommel_ECL_A2MTF_PDF_final.pdf

https://eur-lex.europa.eu/resource.html?uri=cellar:e9a9fff0-dbd9-11ea-adf7-01aa75ed71a1.0001.02/DOC_1&format=PDF

https://www.europeancancerleagues.org/wp-content/uploads/ECL-Statement-Shortages-Forecasting.pdf

The relevance of the general pharmaceutical legislation

In the following questions, we ask you about the relevance of the legislation to each of the problems it was designed to address.

C1. How relevant is the current legislation, including its objectives and required actions, with regard to the following aspects?

	Extremely	Very	Moderately	Slightly	Not at all	Don' t know
Addressing current needs related to the development and authorisation of medicinal products in the EU				x		
Adapting to new therapies and their method of administration				x		
Ensuring the safety and quality of medicinal products	x					
Ensuring access to affordable medicinal products for those that need them					x	
Maintaining security of supply of medicinal products in the EU			x			
Maintaining resilience and responsiveness of health systems during health crises				x		
Minimising the impact of medicines on the environment through appropriate risk assessment						x
Supporting successful digital and scientific transformation to meet the needs of medicinal product development and related technological developments					x	
Promoting the attractiveness of the EU system for developers compared to other jurisdictions			x			

C2. Please give an example of an aspect where the current legislation has been most relevant to your needs. Please provide supporting data and evidence including weblinks if relevant. [Open]

- The Commission Directive 2009/120/EC amending the Directive 2001/83/EC has been useful to better categories ATMPs. Many ethical and practical challenges also due to small population size need to be considered and the answers are not in the legislation yet. Closer coordination with the EMA would be helpful.

C3. Please give an example of an aspect where the current legislation has not sufficiently addressed your needs. Please provide supporting data and evidence including weblinks if relevant. [Open]

- **Post-authorisation safety & efficacy studies:** the current legislation should go beyond safety and include quality of life. Post-authorization studies (on safety and effectiveness) should be conducted within a specific period of time after the MA and in a standardised way to collect and analyse real-world data that can shed light on the added value of medicines used in real life settings.

- **Post-authorisation efficacy studies** should be not be limited exclusively to 'some aspects' of the efficacy of the medicinal product and 'in certain cases', as reported in the Commission Delegated Regulation (EU) No 357/2014.
- The involvement of patients and healthcare professional is pivotal and yet not included in article 21a/22a of the Directive 2010/84/EU. Consequently, the scientific guidance referred to in Article 108a should be adapted according to technological and scientific developments. "Post-authorisation efficacy" is mentioned only 5 times both in the Directive 2010 and in the Directive 2001 and the dispositions open to interpretation.
- **Clinical trials are the golden standard to prove safety and efficacy**. Real world data and real world evidence can complement and provide additional information but should not be considered as substitute elements of clinical trials.

  While the EMA, according to article 57 of the Regulation (EC) No 726/2004, is asked to "provide the Member States and the institutions of the Community with the best possible scientific advice on any question relating to the evaluation of the quality, safety and efficacy of medicinal products for human or veterinary use which is referred to it in accordance with the provisions of Community legislation relating to medicinal products" and "advise undertakings on the conduct of the various tests and trials necessary to demonstrate the quality, safety and efficacy of medicinal products", the marketing authorization holder is not asked to provide sufficient evidence about clinical benefit to the EMA.
- **Article 21a** should not foresee marketing authorization only if one out the seven conditions set in the Directive 2010 is fulfilled.
- **Pharmaceutical pollution**: The Directive 2010/84/EU amending the Directive 2001/83/EC, correctly pointed out the problems around the pollution of waters and soils with pharmaceutical. Nevertheless it leaves too much liberty to Member States that should take concrete measures. The text should require recurring reporting of data and information of the environmental impact of pharmaceuticals. https://eeb.org/the-problem-of-pharmaceutical-pollution/
- **Pharmacovigilance**: the pharmacovigilance system should be revised to enforce its effectiveness and purpose: the Directive 2010/84/EU reports that biosimilars are the priority. Based on the latest scientific developments, the scope should be broadened.

  The national pharmacovigilance systems should be streamlined and shaped in a user-friendly format to encourage patients and healthcare professionals to use them. The pharmacovigilance system should report for every country the same information and should be shaped with the EMA, hence not only decided between the marketing authorization holder and the member state. It would be interesting to evaluate whether the "effective, proportionate and dissuasive penalties" possibly provided by the member states have ever been adopted and what have been the outcomes.

Coherence of the general pharmaceutical legislation

In the following questions, we ask you to rate how well the legislation works internally and with other EU/international legislations and policies to achieve its intended objectives.

D1. How coherent is the general pharmaceutical legislation regarding the following aspects?

	Extremely	Very	Moderately	Slightly	Not at all	Don't know
All elements of the legislation operating synergistically to achieve optimal results			x			
Linking with specialised pharmaceutical legislations (e.g. advanced therapy medicinal products, medicines for children and medicines for rare diseases)			x			
Sustainable Development Goals						x

D2. Please briefly comment on the aspect(s) where the current legislation has been most coherent. Please provide examples supported by data and evidence including weblinks if relevant. [Open]

- The current legislation is moderately coherent with the OMP and Paediatric regulations. The pharmaceutical legislation has improved to mirror the scientific developments, but in the last few years the pharmaceutical pipeline grew significantly and products have become more complex in terms of their classification as often are combination of medicine and medical devices.
- IQVIA/EFPIA Pipeline Review 2021

D3. Please briefly comment on the aspect(s) where the current legislation has been least coherent. Please provide examples supported by data and evidence including weblinks if relevant. [Open]

1. There isn't much connection between the expected outcomes from the legislation and the sustainable development goals (SDGs). The SDGs are public-health targets and cross-sectoral policies are needed to achieve those targets. Instead, the pharmaceutical legislation is focused on medicinal products but, for instance, does not encourage social or environmental policies. It is critical to develop policies that keep into account the **societal impact and value.** Having a comprehensive approach that strives to guarantee access to all patients in the EU is very important in cancer leagues' view. **The European Commission should commit to encourage member states to negotiate fair prices of medicines**. A 'fair price' is justifiable, predictable and cost-effective within the aims and priorities of the healthcare systems and the available budget. At the same time, a fair pricing policy that takes into account the ethical and financial dimensions of patient access to care, affordability and sustainability of healthcare systems should be encouraged and rewarded. Whereas 'justifiable' means a price that reflects the documented and clinically relevant benefit of the medicine, and a reasonable relationship between the cost of bringing the product to market (including R&D, production, marketing) and the price. Whereas 'predictable' relates to the need for health payers, policy makers and systems to be able

to predict the total costs and of investing in the treatment. 'Cost-effective' (ness) could be a common criterion for evaluating whether the price seems 'justifiable', as it links benefits with costs in a systematic way and provides a comparable decision-making tool across healthcare interventions.

The added value of the general pharmaceutical legislation

In the following questions, we ask you about the value resulting from the EU legislation that is additional to what could be achieved at national levels.

E1. Please provide your view on the balance of EU level actions and national actions arising from the legislation.

	Very large	Large	Moderate	Small	Very small	Don' t know
To what extent has the legislation struck the right balance between action at EU level and national level?		x				
To what extent has the EU intervention in the context of the COVID crisis struck the right balance between action related to the legislation at EU level and national level?			x			
In the absence of EU level action, to what extent would member states have had the ability to put in place appropriate measures?						x

E2. In your opinion, what has been the most significant added value resulting from EU level actions stemming from the legislation compared to regional, national and international actions alone? Please provide examples supported by evidence. [Open]

- MA on EU level is generally more efficient than a situation where every MS organizes its own MA. It is one element that makes equal access for every EU citizen possible.
- Unified standards and protocols for the performance of tests and trials on medicinal products
- Unified data and market protection durations
- Quality checks on products imported in Europe, control over medicine trafficking

E3. In your opinion, what has been the most significant added value resulting from EU level actions stemming from the legislation in response to COVID-19 compared to regional, national and international actions alone? Please provide examples supported by evidence. [Open]

Clearly, the most successful outcome out of the COVID-19 pandemic response has been the joint procurement of vaccines that allowed to negotiate with the pharmaceutical companies the price only once, at EU level, and all EU citizens - no matter their geographical position - could have access to vaccines. This is surely an example that demonstrates how joining forces to tackle common challenges is the way forward in the healthcare space.

At first, the COVID-19 outbreak kicked off a mushrooming of clinical trials disseminated across the EU, research centers were not collecting data and information causing delays in results and poor quality of data for policy and research decisions. As demonstrated, the COVID-19 pandemic required to join forces and face together an unprecedented crisis. Fragmented actions quickly resulted with unsuccessful outcomes, so harmonized procedures led to effective results (e.g., vaccination programmes, green pass). This has been possible because the EU can intervene when public health is at risk, but national governments are responsible for the management of their health systems. When all EU countries face the same challenges and these are tackled at national level, the result is ultimately increased inequalities.

Therefore, the question at this stage is whether "public health" is only related to communicable diseases or whether the EU can bring added value to the 87% of disease burden caused by non-communicable diseases, as outlined in the recent Council Conclusions on strengthening the European Health Union.

The efficiency of the general pharmaceutical legislation

We will now explore the efficiency of the legislation from your perspective, i.e. the balance of costs and benefits resulting from the 2004 revision of the legislation. Please consider costs and benefits for your organisation owing to the introduction of the following measures:

- Definition of medicinal product adapted to account for **new therapies** and their method of administration and the new pathway for biosimilar medicines
- Expansion of the **scope of the centralised procedure**, both mandatory and voluntary
- Introduction of **accelerated assessment** procedure and conditional marketing authorisation and shortened decision-making procedure for granting of centralised marketing authorisation
- Changed composition of EMA's scientific committees and mandate to provide **scientific advice** to applicants to the centralised procedure
- Introduction of the **decentralised authorisation** procedure and optimisation of mutual recognition procedure for nationally authorised products together with optimised referral procedures
- Harmonisation of data protection period, additional data protection for new indications and introduction of **the 'Bolar' provision**
- Withdrawal of obligation to renew marketing authorisation every five years and introduction of **sunset clause** on validity of marketing authorisation
- Changes to documentation requirements, including **environmental risk assessment** (ERA)
- **Harmonised application** of good manufacturing practice (GMP) for active substances
- Reinforcement of inspections and increased coordination by introducing new tools (EudraGMDP)

Please note that special legislations related to paediatric and orphan medicines, and falsified medicines are out of scope for this study and costs and benefits should not be part of the considerations below.

F10. To what extent do you consider the additional costs incurred to comply with requirements of the 2004 revisions proportionate to the additional benefits realised across stakeholders, considering both monetisable and non-monetisable costs and benefits?

	Very large	Large	Moderate	Small	Very small	Don't know
To what extent do you consider the costs of the legislation proportionate to its benefits for industry?		x				
To what extent do you consider the costs of the legislation proportionate to its benefits for society i.e., health system and patients?			x			
To what extent do you consider the costs of the legislation proportionate to its benefits for all stakeholders?			x			

Please explain your response. [Open]

- The current legal landscape of the pharmaceutical space is designed to support pharmaceutical industries as major contributor to research, discoveries, and innovation. Nevertheless, the marketing authorization procedures are not geared to non-profit research conducted and facilitated by charities, academia, and research centers.
- It is critical to limit the data and market exclusivity to encourage differentiation of suppliers and avoid monopolistic markets, not only on active pharmaceutical ingredients but also on raw materials.
- While minimizing duplications in the regulatory processes would be beneficial to reduce the time needed to bring the medicine to the patient, accelerated assessment should not lead to further lowering of safety and efficacy evidence bars.

F11. Please describe the main opportunity you see for improving the balance of overall costs and benefits (including non-monetisable aspects). Please be specific and provide any evidence you can to support your answer (including weblinks if necessary). [Open]

- **Facilitate cross-border collaborations to leverage and negotiate stronger agreements** with industry and solve uncertainties about value (e.g. by making clear agreements with industry about post-marketing studies), and to establish joint horizon scanning initiatives so that countries are in a stronger position and can act as proactive buyers.

Sources:

- ECL paper on cross-border collaboration initiatives https://www.europeancancerleagues.org/wp-content/uploads/ECL-Cross-Border-Initiatives-Paper.pdf
- European Parliament paper on cross-border cooperation in healthcare https://www.europarl.europa.eu/RegData/etudes/STUD/2021/690904/IPOL_STU(2021)690904_EN.pdf

- World Health Organization paper 'How can voluntary cross-border collaboration in public procurement improve access to health technologies in Europe?' https://apps.who.int/iris/bitstream/handle/10665/331985/Policy-brief-21-1997-8073-eng.pdf?sequence=1&isAllowed=y

Future policy measures: Incentives to support innovation for unmet medical needs

The following sections explore concepts that will underpin the future revision of the general pharmaceutical legislation in response to the new Pharmaceutical Strategy for Europe. The first set of questions explores measures for medicines in areas of unmet medical needs to foster their innovation, facilitate their approval, availability and access to them.

G1. Please rate the expected impact of each of the following policy measures **on supporting innovation** in particular to address unmet medical needs, UMN. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	Positive impact	Little or no	Negative impact	Strongly negative impact	Don' t know
Reduction in the period of regulatory protection for any new medicinal products that **do not address a** UMN	x					
Additional period of regulatory protection for **new medicinal products that address an agreed UMN**		x			x	
A further period of regulatory protection for new medicinal products that address an agreed UMN and where the data package includes **evidence from a comparative trial** to help decision makers along the value chain (i.e. medicines regulators, HTA bodies and pricing and reimbursement authorities)	x					
Additional period of regulatory protection for robust evidence generated to support the **repurposing of an existing medicinal product** to address an agreed UMN						x
Additional period of regulatory protection for new medicinal products targeting agreed UMN where there is **a demonstrable market failure** (i.e. the estimated total cost of product development is greater than the anticipated sales returns for that product)	x					
Transferable 'priority review voucher'** earned by developers of new medicines approved for use in the treatment of an agreed UMN						x
Permit breaking of regulatory protection (e.g. compulsory licensing) under exceptional circumstances of urgency and insufficient coverage by authorised medicines to address UMN		x				
Codification of the PRIME (priority medicines) scheme*** within the legislation, ensuring the EMA will continue to provide enhanced advice and early dialogue with the developers of medicines that promise to address an UMN (including for repurposing medicines)		x				
Establishment of a binding system for scientific assessment of evidence relevant to the repurposing of off-patent medicines addressing an UMN	x					

Simplification of the obligations for not-for-profit/ non-commercial entities (e.g. academic) to become marketing authorisation holders for medicinal products addressing UMN (including for repurposing medicines or hospital preparations)	x					
Other (please specify):						

2. * criteria for unmet medical need are being agreed on by regulators, HTA bodies and pricing and reimbursement authorities in Europe. These will consider conditions beyond paediatric and rare diseases

3. ** a transferable voucher allows a medicine developer to transfer certain benefits (e.g. priority review by authorities) to other products (including those not addressing 'unmet medical need').

4. *** the Priority Medicines (PRIME) scheme is a voluntary scheme through which the EMA offers early and proactive support to medicine developers to optimise development plans and speed up evaluation of medicines that target a UMN. The aim is to make these medicines available to patients as early as possible.

You may provide further comments regarding your responses above. [Open]

- About policy option n.2, different lengths of data and market protections should be provided based on the level of UMN that the new medicine would address. The maximum duration should remain 8/10 years. No additional years should be foreseen.

- A very key aspect is allowing the inclusion of non-for-profit/ non-commercial entities to become marketing authorization holder for medicines addressing UMN, including repurposing and hospital preparation. This entails development of parallel trajectories for not-for-profit entities: authorisation systems that guarantee safety, efficacy and clinical benefit, but are not necessarily linked to a **market** authorisation.

- Clear and supported pathways should be extended to academic and public research institute actors.

- experiments with other types of incentives, such as health impact fund.

- The current regulatory pathways do not foresee submission of data by parties that are not intending to be a marketing authorisation holder, however third parties 'champions' (not for profits) should be allowed to directly connect with the regulator/HTA for joint clinical assessment if no MAH has interest in adding a new indication on the label of an existing off-patent drug. The current STAMP Pilot project for drug repurposing is limited to Scientific Advice (SA) from the regulator. Firstly, it should be mandatory that the SA is joined with HTA (EUnetHTA21). Secondly, when there is UMN and strong clinical evidence based on published data or trials aligned with SA, a new 'public interest' label extension pathway should be created to enable Type II variation to handle cases where there is no MAH interested and a champion exists. Alternatively, EMA could come up with a "scientific opinion" under article 5(3) as happened for dexamethasone resulting in "good off-label use" practise.

Future policy measures: Incentives and obligations to address antimicrobial resistance

Antimicrobial resistance is a multifactorial problem partly due to excessive and inappropriate use of antimicrobials. Development of novel antimicrobials is an example of unmet medical need, given the lack of therapeutic options to address antimicrobial resistance. This section explores specific measures for stimulating both innovation for new antimicrobials and their prudent use.

H1. Please rate the expected impact of each of the following policy measures **on stimulating innovation for new antimicrobial medicines**. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	Positive impact	Little or no impact	Negative impact	Strongly negative impact	Don't know
Transferable 'exclusivity' vouchers* (independent and in addition to regulatory protection) to stimulate innovation for antibiotic development						
Additional market protection period for companies that hold a marketing authorisation for a novel antimicrobial						
Introduction of a 'play or pay' model – Either a company develops novel antimicrobials itself or pays into a fund to support their development						
Other (please specify):						

5. * A transferable voucher allows a medicine developer to transfer certain benefits (e.g. market exclusivity) to other products (including those not addressing antimicrobial resistance)

You may provide further comments regarding your responses above. [Open]

H2. Please rate the expected impact of each of the following policy measures **on stimulating prudent use of antimicrobials**. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	Positive impact	Little or no impact	Negative impact	Strongly negative impact	Don't know
Tighten prescription requirements for antimicrobials						
Harmonisation of summary of product characteristics (SmPC) for nationally authorised antimicrobials to support prudent prescription practices and good antimicrobial stewardship						
Optimisation of the package size for antimicrobials to correspond to the typical recommended treatment dose and course of treatment						

Mandatory use of diagnostics to confirm presence of microbial infection before prescribing antimicrobial medicine						
Require companies to develop a lifecycle management plan for antimicrobials as part of marketing authorisation to set out a coherent strategy for prudent use, disposal, stewardship monitoring and reporting						
Establish monitoring system for data collection on human antimicrobial use and potentially environmental aspects						
Stricter rules on disposal of antimicrobial products by healthcare professionals						
Other (please specify):						

You may provide further comments regarding your responses above. [Open]

Future proofing: adapted, agile and predictable regulatory framework for novel products

The EU general pharmaceutical legislation aims to remain relevant and continue to enable innovation for the development of high quality, safe and effective medicines in the future. To this end, elements of flexibility and adaptability may need to be introduced in the regulatory scope and requirements. This section explores specific policy measures for accommodating emerging technologies, new models and processes throughout the lifecycle of medicines in a revised regulatory framework.

I1. Please rate the expected impact of each of the following policy measures **on supporting the future proofing of the regulatory system in the EU**. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	**Positive impact**	**Little or no impact**	**Negative impact**	**Strongly negative impact**	**Don' t know**
Adapt the definition of medicinal product in the current pharmaceutical legislation, to address emerging technological developments and gaps			x			
Adapt the regulatory framework for certain categories of novel products and technologies, including personalised medicine, medicines that contain or consist of GMOs, platform technologies, or combined with artificial intelligence						x
Adapt regulatory requirements for specific cell-based medicinal products (Advanced Therapy Medicinal Products [ATMPs]) to facilitate production in hospital setting while ensuring quality, safety and efficacy	x					
For less complex cell-based medicinal products, adapt and simplify the regulatory requirements for						x

authorisation under the pharmaceutical legislation and allow authorisation by national competent authorities (NCAs)						
Provide a mechanism to exclude less complex cell-based medicinal products from the scope of the pharmaceutical legislation and transfer them to the blood tissue and cells (BTC) legislation with authorisation by BTC NCAs						x
Introduce a central classification mechanism for advice on whether products are medicines or not (borderline issues), in coordination with other concerned authorities in particular related to medical devices and/or blood, tissue and cells (BTC) legislations	x					
Introduce a coordination mechanism for advice on classification issues with advisory bodies related to other EU legal frameworks (e.g. medical devices, BTC)	x					
Adapt the regulatory system to support the use of new concepts including adaptive clinical trials, real world evidence, and health data		x				
Allow broader use of regulatory sandboxes, especially in the context of the approval and oversight of complex/cutting-edge medicinal products		x				
Replace the environmental risk assessment of investigational medicines that contain or consist of GMOs, currently under GMO legislation, by an EMA or decentralised (national) GMO assessment, before a clinical trial in the EU can start						x
All investigational medicines that contain or consist of GMOs continue to be subject to an environmental risk assessment, before the start of a clinical trial in the EU						x
Adopt a risk-based approach to determine when a specific environmental risk assessment is required for investigational medicines that contain or consist of GMOs, before the start of a clinical trial in the EU						x
Other (please specify):						

You may provide further comments regarding your responses above. [Open]

- The strict definition of "medicinal product" does not need to change that much but it needs to be complemented by other "borderline" products such as "antibody-drug conjugate" or "exosome therapy". Careful consideration of the current pharmaceutical pipeline under phase I/II/III is very important to adequately regulate future therapies.
- ECL supports the introduction of a central mechanism for classifying borderline products and a coordination mechanism with advisory bodies should be in place to avoid overlapping and conflicting regulatory processes.
- Real-world data and real-world evidence need to be clearly defined with the revision of the basic pharmaceutical acts. These elements are gaining more and more attention from the EMA, national authorities and other stakeholderss, but **clinical trials should remain the gold standard to assess the safety, efficacy, and value of new medicines.**

RWD and RWE can add information but should not be considered as a new way to assess medicines.

- Regulatory sandboxes can be a strategy as long as they are applicable also to non-commercial entities.
- Production of ATMPs in hospital settings should be fairly priced and safety and clinical benefit should always be guaranteed and proven.

Future policy measures: Incentives and obligations related to improved access to medicines

Access to medicines is currently not equal across the EU Member States and population groups. It is an important multifactorial challenge and incentives and legal obligations are required to address this challenge and support improved access to medicines in the future. This section explores the likely impact of potential policy measures in this direction.

J2. Please rate the expected impact of each of the following policy measures **on supporting improved access to medicines in the EU**. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	Positive impact	Little or no impact	Negative impact	Strongly negative impact	Don' t know
Expand the "optional scope"* of the centrally authorised procedure to all and any type of medicinal products (with some limitations), allowing applicants to request assessment through this route						x
Introduce changes to conditional marketing authorisation to provide early access tools and accelerated assessment procedures. These may relate to exceptional circumstances, compassionate use, conditional indication, and prospective planning of studies				x		
Facilitate introduction of 'multi-country packs' with labelling that allows medicines to be marketed in several Member States with the same packaging	x					
Require marketing authorisation holders (MAHs) to notify regulators of their market launch intentions through a roll-out plan during the authorisation process for all centrally authorised medicines		x				
Allow early entry of generics in the EU market if a centrally authorised medicine is not launched in all Member States within 5 years of granting the marketing authorisation		x				
Allow additional period of regulatory protection if a medicinal product has been placed on the market in all Member States within 6 years of authorisation					X	
Require MAHs to place a centrally authorised medicine on the market in the majority of Member States (small markets included) within a certain period from authorisation	x					
Require MAHs to launch products in the majority of national health systems (including small markets) within a certain	x					

period from authorisation, where 'launch' means application for national reimbursement						
Require MAHs applying through mutual recognition/decentralised procedure (MRP/DCP) to include small markets	x					
Allow any Member State to opt-into a pending MRP/DCP procedure						x
Require MAHs to keep a centrally authorised medicine on the market for five years after placing it on the market				x		
Codify a procedure for rolling review of products addressing UMN, allowing assessment of data for promising products as they become available i.e. before the formal submission of a complete marketing authorisation application			x			
Establish an EU system for emergency use authorisation of medicines						x
Establish emergency use authorisation via national measures but based on EU scientific advice and under specified conditions				x		
Other (please specify):						

* "Optional scope" is defined in Article 3(2) of the Regulation (EC) No 726/2004

You may provide further comments regarding your responses above. [Open]

- Companies that receive marketing approval should be forced to market their drug in all member states within a specific and limited time frame.
- Better evidence by facilitating early dialogue between HTA agencies, EMA and all stakeholders, including patients.
- Establishment of the European Health Data Space in order to establish continuous monitoring of the safety and effectiveness of drugs. Medicines are marketed with growing uncertainty of their added value, and continuous monitoring and sharing of data on EU-level will ensure that patients are offered safe and effective medicines.
- Increase transparency on costs and pricing to assist member states in reimbursement decisions and pricing negotiations in order to ensure affordability and fair prices.
- Once a product is placed on the market, it needs to remain until a better treatment is approved and reaches the patient. Industry should withdraw a product only once the EMA approves the request. Hence, the option "Require MAHs to keep a centrally authorised medicine on the market for five years after placing it on the market "is suggesting a too short period of time.
- The duration of regulatory protection should be estimated based on the UMNs that the product would tackle. The EU authorities should evaluate the status of the market launch six years after a product got regulatory protection. Then, if the product has been placed in all EU market within 6 years, this should be rewarded with additional 2 years without going beyond the current duration of data and market exclusivity.

Future policy measures: Enhance the competitive functioning of the market

The European Commission aims to increase the availability of alternative treatment options for patients by stimulating competition of medicines for the same condition. This section explores specific policy measures related to off-patent competition.

K1. Please rate the expected impact of each of the following policy measures **on supporting early market entry for off-patent medicines**. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	Positive impact	Little or no impact	Negative impact	Strongly negative impact	Don' t know
Introduce new simpler regulatory pathway for generics and biosimilars to reduce assessment time by authorities				x		
Certification procedures to include outcomes that can be used for multiple products to avoid duplicative assessment e.g. active substance master file (ASMF), bioequivalence studies, core summary of product characteristics		x				
Establish legal basis for EMA committee to provide advice on interchangeability of specific biologics						x
Broaden the scope of 'Bolar exemption' by allowing additional beneficiaries (companies, producers of active pharmaceutical ingredients [APIs]) and non-industry actors) to conduct studies/trials without infringing ongoing patent rights	x					
Broaden the scope of 'Bolar exemption' beyond generics by allowing repurposing studies/comparative trials without infringing patent rights	x					
Introduce specific incentives for a limited number of first biosimilars for a shared market protection						x
Restrict duplicate marketing authorisations to cases of intellectual property protection or co-marketing	x					
Retain the current regime for duplicate marketing authorisations but exclude auto-biologicals						x
Other (please specify):						

You may provide further comments regarding your responses above. [Open]

Future policy measures: Ensure quality, manufacturing and environmental challenges

It is important that pharmaceutical production and distribution is of the highest quality and has low environmental impact. Currently, environmental risk assessment of pharmaceuticals is not considered decisive in the marketing authorisation process. This section explores proposed policy measures to meet the quality, manufacturing and environmental challenges of the future.

L2. Please rate the expected impact of each of the following policy measures **on addressing environmental challenges**. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	Positive impact	Little or no impact	Negative impact	Strongly negative impact	Don' t know
Strengthen the environmental risk assessment (ERA) requirements and conditions of use for medicines						x
Introduce a requirement to include information on the environmental risk of manufacturing medicines, including supply chain actors (manufacturers of APIs and raw materials) in ERA / application dossiers						x
Adapt GMP procedures so that MAHs are required to plan for and report on their management of the environmental challenges relating to the release of antimicrobials to the environment						x
Establish an advisory role for EMA with regard to ERA and green manufacturing aspects and quality of medicines						x

You may provide further comments regarding your responses above. [Open]

Future policy measures: Security of Supply of Medicines

Medicine shortages compromise patient health and burden healthcare systems. This section explores possible policy measures for ensuring robust supply chains of medicines, particularly those related to enhanced transparency of stocks and shortage monitoring.

M1. Please rate the expected impact of each of the following policy measures **on ensuring security of supply of medicines**. Where you have no relevant knowledge, please choose 'don't know'.

	Strongly positive impact	Positive impact	Little or no impact	Negative impact	Strongly negative impact	Don' t know
Require MAHs to notify authorities of impending/anticipated shortages at least two months in advance			x			
Require MAHs to notify authorities of impending/anticipated shortages 6 months in advance, through a common template, including details of root causes, alternative medicines and impact		x				
Require MAHs to provide increased transparency of their supply chain to public authorities, including of active supply sites and volumes supplied	X					

Introduce an EU shortage monitoring system for all medicines	X					
Establish a mechanism for information exchange on supply chains between Member States to identify bottlenecks and vulnerabilities	X					
Introduce an EU information exchange on critical shortages based on national supply-demand monitoring data	X					
Use the Falsified Medicines Directive (FMD) system to monitor shortages						x
Other (please specify):						

You may provide further comments regarding your responses above. [Open]

- The SPOC and i-SPOC system could converge to the benefit of all stakeholders (harmonized reporting system, information sharing, increased transparency over the supply chain, simplification of procedures).
- It is important to include prevention plans on top of medicine shortages management plan. The demand forecast should cover at least a period of 6 months so that manufacturing sites can anticipate and respond to the demand before it becomes impossible to meet.
- Medicines that are not available to patients after 72 hours from their request, should be considered in shortage.
- Plan a minimum amount of critical medicinal products that should be available in each country's supply chain to assure continuity of supply to patients at any given moment.

Conclusion

O1. What in your view will be the greatest impact of any changes to the legislation on the economy, society and environment? Please provide examples and supporting data or evidence e.g. through weblink if necessary. [Open]

- Regulatory pathways to incentivize not-for-profit academic development.
- Define what is meant by unmet medical needs, and ensure incentives that reward innovation in this area.
- EU level measures to improve affordability and fair prices, such as inclusion of transparency requirements, discourage any abuse of market exclusivity (e.g., evergreening strategies, salami slicing).
- New approaches towards EU wide availability, such as joint procurement and more cross-country collaborations, including collaboration in running joint horizon scanning.
- EMA and EUnetHTA 21 should agree on outcome measures relevant for clinical trials and advice companies and non-for-profit developers accordingly.

Close

Thank you for your response, we appreciate your input. If you are willing to be contacted in case of follow-up questions, please provide your contact details below.

Email: ecl@europeancancerleagues.org

Please be assured that your personal data will be handled according to our privacy statement.

Please click 'Done' once you have completed the survey and you are content with your answers. Note that you will not be able to return to your survey and change your answers once you have clicked 'Done'.