

The EU Experience with Orphan Drugs

View of the Biotech Industry

***Erik Tambuyzer* - Genzyme Europe
Chair Healthcare Council, EuropaBio**



What is EuropaBio ?



- ◆ EuropaBio is the European Biotechnology Industry Association representing 40 globally operating biotechnology companies and 24 national associations, representing more than 1500 small and medium-sized companies.
- ◆ It aims to be a promoting force for biotechnology and makes proposals to industry, politicians, regulators, non government organisations, and the public at large.
- ◆ EuropaBio's Core Ethical Values (CEV) are available since 1998 in 11 languages.

For information, see <http://www.europabio.org>

The EU Orphan Medicinal Products Regulation (141/2000)

Its purpose is to provide:

- **Effective therapies** for patients with rare diseases, and
- **Incentives** to industry to develop these therapies.

The core of the OMP Regulation consists of **non-economic societal values** representing the desire for provide equitable access to therapies independent of the rarity of the disease

Example of effective treatment (Gaucher's disease)



1983



2001

Current Situation Analysis

- The Regulation has had a **successful start**: 254 designations since 4/2000 compared to nearly no EU-developed products before
- Up to now, 20 Orphan Medicinal Products have been granted EU Marketing Authorisation
- It is **too soon to judge results** - but the outlook is promising - we should all support this Regulation
- The Regulation does not concentrate on research programs nor on **access**
- The Study by Alcimed confirmed that the price for an OMP in the EU is related to **rarity** of the disease
- The EU is now **EU-25**: does it make a difference?

Industry's conclusions:

- The Regulation needs **full application** in a spirit of collaboration with all stakeholders
- The Regulation should be **predictable**: policy continuity for trust and progress
- There is a strong need for a broader EU **framework** and for more coordination
- There is a lot to do on the **understanding** of the Regulation and its implications in the EU Member States

Address issues minimally at country level

- Work to do on **awareness and education** regarding rare diseases, including for health professionals/clinicians
- **Regional inequalities** in information, education, prevalence, diagnosis, access and reimbursement – need to address at national level or EU level
- The Regulation needs to be explained, also in the **enlargement** Member States

EU Research Priorities for Rare Diseases

- More **coordination** of research plus link with the OMP Regulation
- Link with the objectives of the **Lisbon treaty** (“EU to be leading knowledge-based economy”) – many OMPs are developed by small companies (SME’s)
- Since 70-80% of rare diseases have a genetic origin, **biotechnology** will play a major role in developing treatments for them

Accurate and Timely Diagnosis to enable Timely Treatment

- Rare disease patients are **diagnosed late**
 - Rarity and heterogeneity of the disease
 - Late diagnosis is often associated with poor prognosis
 - Screening or diagnosis not well-established
- Individuals cannot always be **treated timely** by lack of good diagnosis, even if clinically effective medicines are available
- Diagnostic and population and/or newborn **screening** services are integral part of good care if therapy exists
- An EU-wide **network** of diagnostic centers for rare diseases

A Sense Of Urgency

If a therapy prevents clinical
symptoms:
is it acceptable to wait?

Irreversible complications => too
late to treat?



Recent Recommendations by STRATA (EU Expert Group*)

- Medically relevant genetic testing to be considered an integral part of health services provision
- National healthcare systems to ensure that genetic testing will be accessible equitably to all who need it
- EC to take measures to facilitate availability of genetic testing for rare diseases as well as for more common diseases
- EU-wide network for diagnostic testing of rare genetic diseases to be created and financially supported as a matter of urgency
- EU-level incentive system for the systematic development of genetic tests for rare diseases to be created and financially supported
- For rare but serious diseases with treatment available: Member States should introduce universal neonatal screening as a priority

* STRATA group, May 2004. Published by European Commission's DG Research

“Ethical, legal, social issues of genetic testing: research, development and clinical applications”

Need for early diagnosis, e.g. in Pompe Disease

Pompe disease is a rare and fatal lysosomal storage disorder (LSD) with an estimated prevalence of 5,000 – 10,000 patients in the developed world. Children with the infantile form die at 12-14 months and need treatment before they are 6 mo's old to be effective.



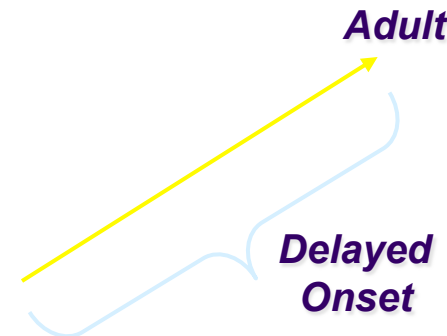
Infantile



Childhood and Juvenile



Adult



Delayed Onset

Infantile-Onset Pompe Disease: Head Lag



Compassionate Use: a shared Responsibility

- Needs **definition**
- A **shared responsibility** between the clinician, the developer of the product and the authorities
- France (ATU system), Italy and Belgium (Solidarity Fund) fund the supply of Orphan Medicines to patients in high need before regulatory approval or before reimbursement.
- **Sustainable, appropriate systems** in other European Member States?
- Many OMPs are developed by **SME' s**
- May create **dilemma' s** when product is scarce

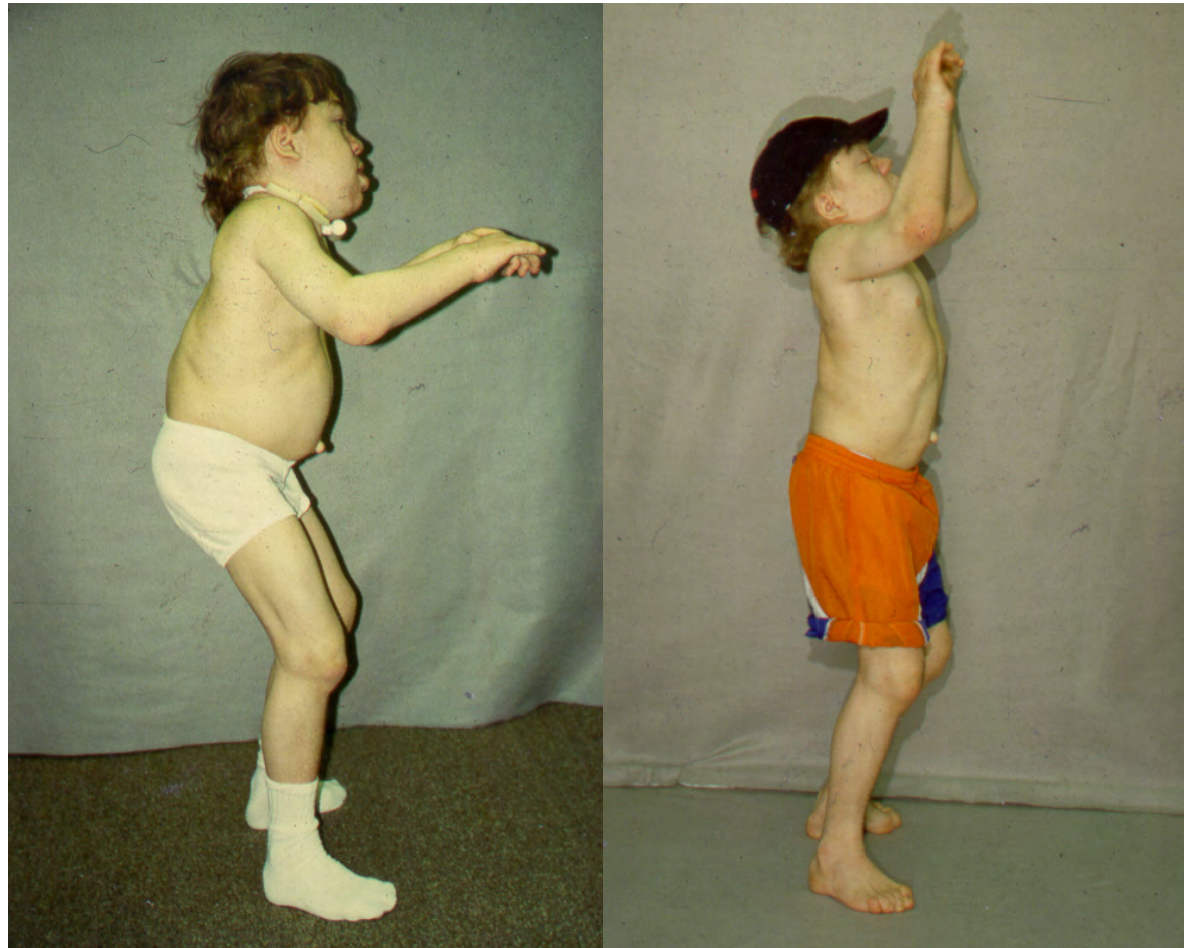
Predictable Climate and Policy Continuity for OMPs

- Interpretation of the Regulation should not change over time: foster R&D by a **predictable regulatory climate**
- Avoid confusion about the most important incentive – the **market exclusivity**:
 - Should not be weakened, US provides other incentives and industry will publish survey on impact
 - Does not create monopolies or block innovation
 - Does not lead to higher prices – see Alcimed study: the disease rarity does

Timely and Equitable Access and Definition of Value of Innovation

- Timely and equitable **patient access** to orphan medicines in the EU is not guaranteed
- Of the first 10 Orphan Medicinal Products approved in Europe, only 50% are available in the 15 “old EU” Member States (*EURORDIS survey*)
- **Cost-effectiveness** for rare disease therapies: can existing health economic methods be used? (what about ultra-orphan medicines defined by NICE as having prevalence $<1/50,000$)?
- Determination of **value** of a new OMP at launch?

Value: Joint mobility in MPS-I



before

**after 26 weeks
of ERT**

Incentives for OMPs

- **Tax incentives** are impossible through the EU Regulation. EU Member States need to improve its competitiveness with the US Orphan Drug Act
- Few European countries have provided OMP incentives so far, in spite of the priority given to the field of rare diseases at EU level
- More **awareness** and explanation are incentives
- **Earlier** availability and access for OMPs are most important incentives both for patients and for industry
- Proposal for 2 years extra market exclusivity for paediatric medicines for rare diseases is right step if it is no obligation.

Clinical trials in rare diseases

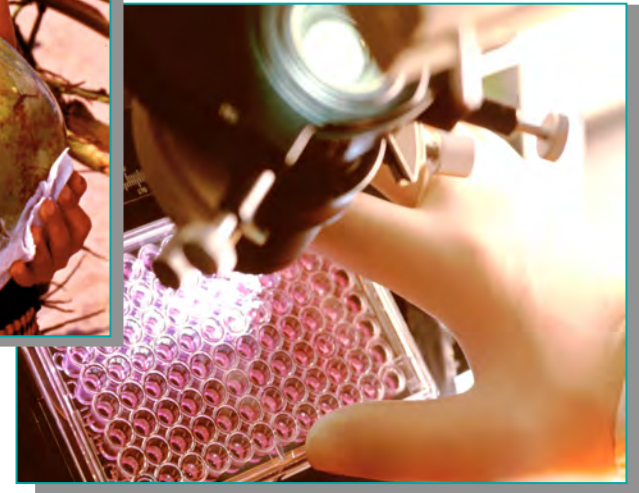
- The Clinical Trial Directive is making clinical trials for rare diseases more **complex**
- Review of the level of **cost implications** for post-marketing commitments for OMPs
- Post-approval commitments and additional trial requests should be ethical and feasible under national rules
- **Avoid bureaucracy** for cross-border clinical trials and for small protocol changes for orphan medicines
- Careful with paediatric data requests

Conclusions

- **Good start** – congratulations to all involved
- **More work ahead**, especially on awareness, diagnosis and access (Industry will present its White Paper soon)
- **Products** to treat rare diseases **need EU** or at least national level
- **Policy continuity** needed to guarantee further progress
- **Partnerships** involving patients, researchers & clinicians, authorities and industry are the way forward in this field

Thank you for your attention! Questions?

Tina.deploey@genzyme.com



ICORD - Stockholm
2/ 05