European Medicines Agency's (EMA) draft 'Regulatory Science to 2025' strategy

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2019-06-27

The HTA organisations and healthcare payers in Belgium want to highlight essential elements currently missing in the EMA document. The pre-market phase of drug development offers a unique opportunity to generate evidence for healthcare decision making, evidence which is unlikely to be generated after marketing authorisation.

A randomised controlled trial (RCT) of the innovative medicine versus the standard of care is considered essential to inform clinicians, patients and healthcare payers through the application of health technology assessment. This is considered the most rapid way to bring innovation to patients in an evidence-based and sustainable way. Real innovation requires the demonstration of a prolongation of the life of the patient or an improvement in the quality of life of the patient. Therefore, unless there is a fully justified reason, every new medicine should have been compared to the standard of care at the time marketing authorisation is granted. Furthermore, it is important that the real target population is sufficiently represented and that the primary endpoint is a patient-relevant outcome. History has shown that postponing the generation of such hard evidence to the post-marketing phase is not a good idea. Furthermore, this delays the access of patients to information which is essential in medical decision making.

The push for accelerated approvals and the proliferation of conditional approvals must be evaluated against the original purpose of these initiatives. They need to remain the exception as they increase uncertainty and put patient safety at risk.

The EMA is a regulator defending the public interest and promoting public health. It cannot be a co-developer of medicines as the pharmaceutical companies are profit-driven entities. The perception of the Agency's independence and integrity are as important as the reality itself. Therefore, it is the Agency's responsibility to proactively dispel any fears about so called "regulatory capture".

In order to guarantee trust in the EU regulatory system, it could be envisaged to a) demand comparative RCTs, b) require that one of the 2 RCTs for approval be done by an independent party, c) pool resources across member states to do meaningful pragmatic RCTs responding to the right questions for clinical practice, d) require superiority trials rather than inferiority trials, e) consider the duration of treatment in the assessment process, f) limit the use of surrogate endpoints.

Therefore, HTA organisations and healthcare payers in Belgium, call upon the EMA to work very closely together with HTA bodies not only to provide common regulatory/HTA scientific advice but also to adopt authorisation criteria that reflect the concerns of public healthcare payers and clinicians wanting to practice evidence-based medicine.