Special Report

The EMEA: Is It Delivering Drugs To Europe?

It is 17 months since the European Agency for the Evaluation of Medicinal Products (EMEA) opened for work in Canary Wharf, London, in January 1995. Is it a success, this new European system for the authorisation and supervision of medicinal products? Has the Agency delivered on its promises so far? Europe's oncologists want to know whether the EMEA has speeded up the delivery of efficacious state-of-the-art drugs into hospitals across Europe and given them regimens that will help patients live longer and better quality lives.

On 20 October 1995 history was made. The first Community Marketing Authorisation was approved by the European Commission for Gonal-F (follitropin-α) in the treatment of infertility. For the first time a single authorisation allowed the marketing of a medicine in all member states of the European Union, without further national formalities. The Committee for Proprietary Medicinal Products (CPMP) of the EMEA try to respect a 210-day limit in evaluating the drug dossier and giving their opinion: they did it in 107 days for Gonal-F. (The European Commission then formalises the opinion within 90 days, giving the company legal authority to market the agent in all European Countries.)

There have now been a total of 15 positive opinions by the CPMP since May 1995 to 19 April 1996. Ten of these were in fact transferred from the 'concertation procedure' that was formally in use, but five are through the new centralised procedures.

The Agency believe they have shown a good result, with the opinions leading so far to six formal Decisions from the European Commission granting pan-European marketing authorisations for Gonal-F, Taxotere, Betaferon, CellCept, Fareston and NovoSeven (Table 1). These are in fact all applications outstanding under the old concertation procedure. However, in one case already the CPMP has adopted a positive Opinion for an anti-AIDS product within 152 days. The first Opinions were given broadly within the 210-day limit .

But what of the key questions that oncologists have for the EMEA? What number of oncology drugs await approval? How many have been approved so far and in what time? How does this compare with the old system of evaluating drugs?

The EMEA will not reveal the number of oncology drugs awaiting approval. The names of products and companies remain confidential until the European Commission pronounces a Decision. But two oncology drugs have been licensed so far — Taxotere and Fareston — and the European Public Assessment Report on the two drugs are available.

On 27 November 1995, the European Commission issued a marketing authorisation valid for all the European Union for Taxotere. This decision was based on the opinion and assessment report of the CPMP on 12 July 1995, after 100 days of assessment. In assessing the risk/benefit of Taxotere, the CPMP took into account its cytotoxic activity, judged that Taxotere showed an acceptable safety profile and adequate evidence of anticancer activity in a special group of seriously ill patients who do not respond to other available treatment. Said the European Public Assessment Report, "On this basis, the CPMP recommended that the Marketing Authorisation should be granted under 'exceptional circumstances' as information from comparative randomised phase III clinical studies is not yet available." The Committee also agreed that the granting of a marketing authorisation under such conditions should be: "under certain obligations, to be reviewed annually by the Agency." The CPMP opinions are available in all 11

Table 1. CPMP Opinions in 1995 on centralised human medicinal product applications

Name of product	Company	Indication	EMEA/CPMP days to Opinion	Commission date of decision
Gonal-F (Follitropin-α)	Ares-Serono	Treatment of infertility	107	23/10/95
Betaferon (Interferon-β1b)	Schering	Immunostimulation multiple sclerosis	138	30/11/95
Taxotere (Doxetaxel)	Rhone-Poulenc Rorer	Cytostatic	100	27/11/95
CellCept (Mycophenolate mofetil)	Hoffmann-La Roche	Prevention of kidney transplant rejection	243	14/2/96
Fareston (Toremifene)	Orion	Treatment of certain breast cancers	240	14/2/96
NovoSeven (Factor VIIa)	Novo-Nordisk	Coagulation factor	210	23/2/96*
	U.S.A.		250*	
	The Netherlands		203*	

* Names of products and companies remain confidential until the commission implements the CPMP opinion in a Decision. Only at this time will this information be made available to the public.

official languages of the European Union. (The original application was actually submitted through the old Concertation procedure on 7 September 1994 and transferred to the EMEA's new centralised procedure on 11 January 1995.)

On 14 February 1996, the European Commission issued a marketing authorisation valid for all the European Union for Fareston. This decision was based on the favourable opinion and on the assessment report adopted by the CPMP on 17 October 1995, after 240 days of assessment. On the basis of the efficacy and safety data presented by the company, the CPMP agreed on a positive risk/benefit balance, and recommended that Fareston should be granted marketing authorisation. "The marketing authorisation holder has been requested to submit additional information on the long term safety of this medicinal product. All additional studies will be carefully monitored and the results will be reviewed annually by the Agency." (Again, the original application was submitted to all European Union Member States for Fareston through the Concertation procedure on 1 December 1994. On 11 January 1995 the company transferred to the EMEA's new centralised procedure.)

So two oncology drugs have received positive decisions: one well within the 210 day maximum period and one 30 days over it, but both agents were ex-concertation transfers. There is simply not enough data publically available to judge the efficiency of the EMEA so far in evaluating new oncology drugs. And as yet too few drugs in general have gone through to a Decision after coming straight into the centralised procedure. In terms of delivering Opinions on time, of the eight opinions listed in Table 1, three were outside the 210 day maximum, although this may largely be attributed to start up problems.

Of course the aims of the EMEA are somewhat broader than have been focused on in this report. Fernand Sauer, Executive Director of the EMEA gives four objectives, in the first General Report of the Activities of the Agency:

- To protect public health by mobilising the best scientific resources existing within the European Union;
- To promote healthcare through the effective regulation of new pharmaceuticals and better information for users and health professionals;
- To facilitate quicker access and the free circulation of pharmaceuticals within the European single market; and
- To support the European pharmaceutical research and development industry by developing efficient, effective and responsive operating procedures.

The EMEA feel that industry's confidence in the centralised procedure is clear, as evidenced by the fact that about two-thirds of the new applications received or so far announced are voluntary applications which could have used national routes for authorisation.

In the EMEA's general activity report, Professor Jean-Michel Alexandre, Chairman of the CPMP, said that the positive consensus opinions in the centralised procedure, the tackling of pharmacovigilance matters and the giving of scientific advice in response to requests from companies were evidence of the CPMP's worth: "These achievements are proof of the CPMP's contribution to public health and to ensuring that innovatory medicinal products reach the market and patients under the best possible conditions."

He was also particularly proud of the European Public Assessment Report: "This is a major step forward in giving both health professionals and consumers full information about the medicines that are available. The EPAR is a condensed version of a more detailed scientific assessment report presented and adopted by the Scientific Committees, together with their Opinions. Commercially sensitive information is removed before publication."

Professor F. Sauer: Facilitating quicker access and the free circulation of pharmaceuticals within Europe