Prescrire's response on a call for evidence of the European Commission

on the Revision of the variation framework for medicines

20 September 2023

The consultation document states that the revision of the rules on variations aims to make the lifecycle management of medicines, in particular related to the post-marketing management, more efficient, taking into account digitalisation. It is also pointed out that this should be achieved by reducing the administrative burden for marketing authorisation holders and authorities and freeing up resources currently taken up by the large number of variations. Among the proposed changes, the document mentions a re-classification of some variations into lower categories. It is also proposed to simplify the single submission or notification of variations and work-sharing procedures.

To us, it seems logic and unavoidable that the workload of post-marketing lifecycle management of medicines increases. Every year new medicinal products get a marketing authorisation and market withdrawals are exceptional. Over the years, EMA also has recommended accelerated and conditional market approvals: this implies more work after marketing.

To our knowledge, the last years, EMA didn't receive additional financial support and human resources to manage these activities which per se are expanding year per year. To ensure a high level of patient protection, we call on the Commission to allocate sufficient resources (human and financial) to the EMA to accomplish its obligations relating to the surveillance of an ever-increasing number of authorised medicines.

Simplification and rationalisation of administrative tasks are not problematic per se as long as they don't affect negatively the surveillance activities relating the efficacy ~~and safety~~ of medicines and safety of patients. We call on the Commission not to further lower the level of requirements for the clinical evaluation of medicinal products and to strengthen those for post-marketing evaluation.

First, to reduce variations workload, we encourage the EMA and national regulators to assess if out-dated, or maybe harmful, medicines should still remain on the market.

In addition, we call on the Commission and the EMA, to **urgently improve the transparency on the variations** (linked to the efficacy and risks). More post-marketing authorisation evaluation documents could and should be made proactively available, in particular:

- the access to the evaluation data in case of a switch from a conditional marketing authorisation to a standard authorisation. Explanation shrinkage by stating only "the evaluation of benefice-risk balance is positive" is not acceptable.
- the Periodic Safety Updated Reports. Today, a request for access to documents has to be introduced, considering that the waiting time in the queuing system before the activation of the request is very long. Here, a simplification through <u>proactive publication</u> would be very welcome and representing a win-win situation for both the requesters and EMA;
- PRAC reports related to:
    - re-assessment of the benefit-risk balance of drugs

    - new adverse drug reactions or significant increase in a known adverse effect
    - a new signal of an adverse drug reaction
    - medication errors, especially when variations result from medication errors related to the labeling and the packaging, leading to overdoses and adverse drug reactions.
- CHMP variation assessment reports related to data on pregnancy and on children
- Packaging specimens and/or mock-ups

In short, to ensure the objective of a high level of patient protection, we call on the Commission to allocate sufficient resources to the EMA to accomplish its obligations relating the surveillance of medicinal products and the management of variations as well as to improve transparency on these activities through proactive public access to variation assessment reports.

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About Prescrire

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Transparency Register : 982539711698-79

Contact: rkessler@prescrire.org