Response ID ANON-8JP8-J263-F

Submitted to **MHRA EU Exit no-deal contingency legislation for the regulation of medicines and medical devices**
Submitted on **2018-11-01 10:35:37**

Introduction

Basic information

1 What is your name?

Name:
Natalie Harrison

2 What is your email address?

Email:
natalie.harrison@bps.ac.uk

3 Are you happy for MHRA to use your email address to contact you to clarify points in your response if necessary?

Yes

4 What is your organisation?If you represent a business, please indicate if you are a small or micro business (1-9 or 10-49 employees)

Organisation:
British Pharmacological Society/Faculty of Pharmaceutical Medicine

How to complete this consultation

Medicines - Changes M1-M9

5 Do you want to complete the Medicines section of the consultation?

Yes

Change M1: Legal Presence

6 Do you have any views on how the proposed transition period for UK MAH and QPPV establishment should be managed by the MHRA in order to reduce any impact or burden in terms of meeting the requirements?

MAH QPPV :
About The British Pharmacological Society
The British Pharmacological Society (BPS) is the primary UK learned society concerned with research into drugs and the way they work. The Society has around 4,000 members working in academia, industry, regulatory agencies and the health services, and many are medically qualified. The Society covers the whole spectrum of pharmacology, including laboratory, clinical, and toxicological aspects. Pharmacology is a key knowledge and skills base for developments in the pharmaceutical and biotech industries, and is therefore fundamental to a thriving UK industry and R&D. The Society publishes three scientific journals: the British Journal of Pharmacology, the British Journal of Clinical Pharmacology, and Pharmacology Research and Perspectives.

About The Faculty of Pharmaceutical Medicine
The Faculty of Pharmaceutical Medicine is a professional membership organisation and standard setting body, with 1,500 members who are practising pharmaceutical physicians or those with a professional interest in the specialty. Members work in all stages of drug development, from front line clinical trials, to pharmaceutical marketing and medicines regulation. Founded in 1989, it is a Faculty of the Royal Colleges of Physicians of the UK. The Faculty's mission is to advance the science and practice of pharmaceutical medicine by working to develop and maintain competence, ethics and integrity, and the highest professional standards in the specialty.

6. The proposal for the transition period for the UK Marketing Authorisation Holder (MAH) and the establishment of a Qualified Person for Pharmacovigilance (QPPV) for the UK is sensible, who should have a clear and focused role in relation to the need for UK specific data. However, further clarification is needed in relation to the relevant qualifications and the legal role of the QPPV UK and whether they need to reside in the UK. Also, it should be clarified whether a UK-specific Risk Management Plan is required and how this will be reviewed and coordinated.

Change M2: New Marketing Authorisation (MA) assessment routes

7 Do you agree with the proposed new targeted assessment process?

Yes

Please explain your answer:
Yes, but with a few comments. It is not clear how the 'rolling review' would work – this does not happen at present in the EU so could potentially be seen as an added burden if companies want to take this route. The process for doing this needs to be clearer.

The process and timings for the UK review does not really fit with our national objective of early access to medicines etc. and comes across as an additional burden. A way must be found to overcome this. Why could not the UK and the EMA applications be submitted simultaneously and the review start in the UK? Also, when the 80, 120, 180 & 210 Rapporteur's assessment reports become available, the applicant shares these with the MHRA so that they are kept informed of the review. This would then save time for the final review and possibly only adds 30 days to the process rather than the 67 days. Flexibility in timelines will also be required for accelerated assessments.

Additionally, whether the MHRA would also publish a specific UK Public Assessment Report should be clarified.

8 Do you agree with the proposed new fees for targeted assessment? Please provide comments to support your yes/no answer.

Yes

Please explain your answer:
It is appreciated that the MHRA needs to charge fees, but this will be seen as an additional cost to companies. The fee itself as proposed is in line with the Concerned Member State fee but if charged it should be set at a competitive rate and reviewed on an annual basis.

Change M3: Converting centrally authorised products (CAPs) to UK MAs – commonly referred to as 'grandfathering' of licences

9 Do you agree with the requirements for data provision for grandfathered CAPs?

Yes

Please explain your answer:
We agree with the proposal that CAPs would be converted automatically into UK MAs and issued with a UK MA number on Exit day.

However, there is a major concern that if a company chooses to 'opt out' via this grand-fathering process, this would then lead to a product's withdrawal in the UK. This would have an adverse effect on patients and specific guidelines will need to be in place in relation to the withdrawal process and the timelines for this to be done. If it is considered to be an 'essential medicine', would the MHRA have any powers to insist that its continued supply could be guaranteed if a company chose to withdraw it? This point should be clarified.

10 Do you agree with the proposed approach to handling variations for CAP grandfathered products?

Yes

Please explain your answer:
Yes. However, further details are needed in relation to timelines for the process based on reference to the EMA/CHMP opinion given the number of products that could be involved.

11 Do you envisage any problems with the proposed approach to packaging for CAP grandfathered products?

No

Please explain your answer:
No. However this sounds like a very complicated process and the proposed approached needs to be explained in a clear way.

Change M4: Packaging

12 Do you agree with the proposed approach on packaging, including the period of time proposed to allow for changes?

Yes

Please explain your answer:
Yes. However, the timelines of the end of 2021 are tight given that changes are required to all the packaging components at the same time. This will be an enormous task for companies with many products in the market and errors could be made. This will be less of a problem for a company with fewer products. We suggest that a pragmatic approach to compliance be taken based on a risk assessment and the potential impact on patients.

13 Do you agree with the proposed approach regarding Safety Features under the Falsified Medicines Directive?

No

Please explain your answer:
No. Much effort has gone into the implementation of the Falsified Medicines Directive from the company perspective and it is vital for patient safety. The UK needs to be closely aligned with the EU process, otherwise there may be a way in for more falsified medicines appearing in the UK and consequently being of harm to patients. If there is no access to the EU Central Hub as a result of a no-deal, is there anything else that the UK can do – so for instance could the UK pay

for access to the EU Central Hub and we could also lodge our data there too?

Change M5: Paediatric investigation plans (PIPs) and studies

14 Do you agree with the proposal for UK paediatric investigation plans (PIPs) and newly completed paediatric studies?

Yes

Please explain your answer:
Yes. However, it is unlikely that the UK will have specific needs in relation to the regulations of medicines for children that are not applicable across the whole of Europe. So is there a need to have a specific PIP for the UK and could not a process be set up similar to that for MAA approval, whereby the UK adopts what the EMA has approved? If the UK decides not to adopt in full the details of the EU PIP, then there should be very clear guidance on when it is acceptable for the EU PIP to modified.

It will also need an expert advisory group to be set up within the MHRA to deal with PIPs if a UK-specific PIP is required.

It is appreciated that the MHRA will mirror the rewards that are offered by the EU when products are approved for use in children.

Change M6: Orphan designation

15 Do you agree with the proposal to explore incentivising submission of MA applications for products intended to treat rare diseases in UK?

No

Please explain your answer:
No. It is important that a product is designated as an OD during development as this helps with financing and obtaining grants. Why can't the MHRA simply recognise the ODDs issued by the EMA and they can still have their say when the product is reviewed at the end with the MAA? Otherwise this will be seen as too much of a risk to the companies and put off investors and companies filing for final product approval.

Change M7: Abridged applications

16 Do you agree with the proposal for abridged applications?

No

Please explain your answer:
No. The main issue here is not recognising products that are also approved in an EU member state already, this will put the UK at a disadvantage. Many applications are now being made and submitted under the Article 10 regulations with a reference product that sometimes is only available in one or two countries in the EU. These are mainly products that were approved years ago before the CAP procedure was in place. We therefore suggest widening the use of a reference product from any EU country or those on the 'special list' as suggested elsewhere in this consultation document.

Change M8: Increased requirements for needing a manufacturer's licence for import or a wholesale dealer's licence

17 The transitional provision for this area is still be considered. Have you views on the length of time that should be allowed for organisations to obtain MIAs, and what arrangements should be put in place during that period?

Please explain your views:
Yes. The proposed process as outlined sounds sensible. The MHRA need to provide greater clarity on the processes for where an EU QP is recognised on a UK MIA including expectation on UK QPs named on the licence prior to product is release for sale / distribution in the UK.

Change M9: Recognition of prescriptions

18 Do you agree with the proposal to enable continued recognition of prescriptions issued in an EU / EEA country?

Yes

Please explain your answer:
Yes. This would not be a problem as pharmacists already do this providing they do not lose the ability to do the checking from EU countries/GMC equivalence post-Brexit.

Impact Assessment - Medicines

19 If you have evidence to help quantify the costs to business of these proposed changes, please respond below

Please explain your answer :

20 If you have any additional costs that you think have not been included, or would like to challenge the cost analysis included in the Impact Assessment, please give your views below

Please explain your answer:

21 If you would like to attach any evidence to support our assessment of the impacts, including internal business evidence, research reports or data please upload here

Please upload here :
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Clinical Trials - Changes CT1 - CT3

22 Do you want to complete the Clinical Trials section of the consultation?

Yes

Change CT1: Legal presence – clinical trials

23 Do you agree with the approach proposed, for a sponsor or legal representative to be established in the UK or a designated country?

Yes

Please explain your answer:
Yes. This makes sense and is important for patient safety.

24 Do you agree with the additional requirement on the sponsor to ensure that, where both the sponsor and legal representative are not UK-based, a CI is continuously available to assist with the actioning of any relevant licensing authority or sponsor required changes to the conduct of the trial?

No

Please explain your answer:
No. This will not work in practice as the CI simply will not want to do this and make themselves continually available. A better solution would be to designate the Medical Monitor to do this. A medic is required to be available for consultation 24 hours a day (see ICH E6 revision 2 – section 5.3 Medical Expertise). It would be preferable to have this individual made responsible for this activity given their involvement and knowledge of the study.

Implementing this as proposed would put the UK at a disadvantage to the rest of the world in terms of the placement and conduct of a clinical study in this country. This proposal needs to be re-considered.

For non-commercial trials, the sponsor is usually an academic organisation/NHS Trust based within the UK, and so this should not pose a problem. However, if the sponsor happens to be a non-commercial organisation based outside the UK, it might be appropriate for the UK CI to be continuously available.

Change CT2: Transparency

25 Do you agree with this approach?

Yes

Please explain your answer:
Yes. However more details are needed especially regarding the date and timelines of when this would be available. A simpler solution might be to specify that the MHRA would allow cross-referral to one of the existing databases such as www.clinicaltrials.gov, which is already used extensively.

Change CT3: Use of designated country lists, including for legal presence and importation of investigational medicinal products (IMPs)

26 Do you agree with the proposed designated country lists?

Yes

Please explain your answer:
Yes. However, what happens if the MHRA has already reviewed a new product under the new proposed scheme at MAA and rejected it? Would it still accept the IMPD application relying solely on an SmPC from another country for a product that it did not approve anyway? This needs clarification.

Impact Assessment - Clinical Trials

27 If you have evidence to help quantify the costs to business of these proposed changes, please respond below

Please explain your answer:

28 If you have any additional costs that you think have not been included, or would like to challenge the cost analysis included in the Clinical Trials Impact Assessment, please give your views below

Please explain your answer:

29 If you would like to attach any evidence to support our assessment of the impacts, including internal business evidence, research reports or data please upload here

Please upload here :
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Medical Devices - Change D1

30 Do you want to complete the Medical Devices section of the consultation?

Yes

Change D1: Registration of medical devices

31 Do you agree with this approach and what do you think the timetable for transition period should be?

Yes

Please explain your answer and also give any views on the timetable for a transition period:
Yes. In addition could we apply to become a member of the European devices regulatory network like Turkey and Switzerland have done anyway? This would solve many problems and we would be able to continue as is the current process.

Impact Assessment - Devices

32 If you have evidence to help quantify the costs to business of these proposed changes, please respond below

Please explain your answer:

33 If you have any additional costs that you think have not been included, or would like to challenge the cost analysis included in the Devices section of the Impact Assessment, please give your views below

Please explain your answer:

34 If you would like to attach any evidence to support our assessment of the impacts, including internal business evidence, research reports or data please upload here

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Fees - Changes F1-F2

35 Do you want to complete the Fees section of the consultation?

Yes

Change F1: Fee waivers for orphan products

36 Do you agree with the proposal to consider offering new fee waivers for orphan products?

Not Answered

Please explain your answer:

Change F2: New/amended MHRA fees for six processes/services previously provided centrally by EC or EMA

37 Do you agree with the proposed new/amended MHRA fees for six processes/services previously provided centrally by EC/EMA?

Yes

Please explain your answer:
Yes, but we have a question regarding PASS studies. Given that EMA will review these, there is a possibility that when the MHRA does their separate review they might want additional things doing. Additionally, it needs to be clarified whether the MHRA can request a PASS study when the EMA have not. The same issue

applies to the review of PASS results. It is therefore important that there is flexibility with regard to PASS. There have been instances in which the UK has requested PASS when the rapporteur did not, and these have then been agreed by PRAC. Given the variability in expertise of rapporteurs in different member organisations, it is important to have the possibility to ask for more information or to ask for a PASS even if the EMA has not.

Impact Assessment - Fees

38 If you have evidence to help quantify the costs to business of these proposed changes, please respond below

Please explain your answer:

39 If you have any additional costs that you think have not been included, or would like to challenge the cost analysis included in the Impact Assessment, please give your views below

Please explain your views:

40 If you would like to attach any evidence to support our assessment of the impacts, including internal business evidence, research reports or data please upload here

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NIBSC - Change N1

41 Do you want to complete the NIBSC (biological medicines) section of the consultation?

Yes

Change N1: Independent UK batch testing of biological medicines and associated fees

42 Do you agree that, as a standalone national control laboratory, NIBSC certifies batches of biological medicines used in the UK, taking a risk-based approach and accepting evidence of testing by an EU 27 OMCL as discussed above?

Yes

Please explain your answer:
Yes; the proposals sound sensible and pragmatic. NIBSC has a key UK role in creating standards for biological products, quality control of biological materials (including vaccines), advancing science in these fields and undertaking and publishing internationally competitive research. Importantly, NIBSC is the world's major producer and distributor of WHO international standards and reference materials (supplying over 95% of standards).

This scenario relates only to NIBSC's work on Official Control Authority Batch Release (OCABR) for human biologicals (vaccines, blood and plasma derivatives), where NIBSC has played a leading role in the EU OCABR network. As an initial response after a no-deal outcome, this targeted risk-based proposal seems to be a sensible and pragmatic solution to avoid increasing the burden on industry while maintaining access to biological products and protecting public health. It also allows for testing of specific batches if there Is a public health imperative. Over time it will become clearer whether NIBSC should maintain a risk-based approach or move towards a different model for testing.

43 Do you agree with this proposal for NIBSC OMCL batch testing fees?

Yes

Please explain your answer:

Impact Assessment - NIBSC

44 If you have evidence to help quantify the costs to business of these proposed changes, please respond below

Please explain your answer:

45 If you have any additional costs that you think have not been included, or would like to challenge the cost analysis included in the Impact Assessment, please give your views below

Please explain your answer:

46 If you would like to attach any evidence to support our assessment of the impacts, including internal business evidence, research reports or data please upload here

Please upload here :
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Impact Assessment - Further Comments

47 If you have any further comments about the content and analysis in the Impact Assessment, please provide them below.

Please give your views:

Public Sector Equality Duties

48 Do you foresee any impacts (positive or negative) of these proposals on groups with protected characteristics for the purposes of the Equality Act 2010 or on other groups of people who suffer health inequalities? If so, do you have any suggestions for mitigating negative impacts?

Yes

Please explain your answer:
Yes. There are especially implications around age, race and pregnancy and maternity. It is important that a no-Brexit deal does not have a negative impact on the development of medicines for children. There needs to be a concerted response to ensure that drugs and the differences that occur with ethnicity are not ignored. Similarly, for pregnancy and maternity, there is an unmet need, and the recommendations of the recent HPT report need to be actively pursued to ensure that the UK becomes a leader in ensuring that drugs are efficacious and safe at extremes of age, in all ethnic groups and in pregnancy and maternity.

Any further questions or comments on this consultation?

49 Please give any comments or questions below

Please explain your views:
The MHRA is well recognised, and respected, throughout the world to be a highly competent and innovative drug regulatory agency. It is really important that the MHRA is fully supported irrespective of the nature of the Brexit deal in terms of both resources and legislation, to continue its outstanding work on drug efficacy, safety and quality, for the sake of public health in the UK, and its consequent economic impact.