



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Generics/Non prescription medicines - Non-prescription switching

Reinforcing patient safety in Europe
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Zagreb, Croatia

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An agency of the European Union





Article 70 (1)

When a marketing authorisation is granted, the competent authorities shall specify the classification of the medicinal product into:

- a medicinal product **subject to medical prescription**,
- a medicinal product **not subject to medical prescription**.

To this end, the criteria laid down in Article 71(1) shall apply.



Article 71 (1)

Medicinal products shall be subject to medical prescription where they:

- are likely to present a danger either directly or indirectly, even when used correctly, if utilised **without medical supervision**, or
- are frequently and to a **very wide extent used incorrectly**, and as a result are likely to present a direct or indirect danger to human health, or
- contain substances or preparations thereof, the **activity and/or adverse reactions of which require further investigation**, or
- are normally prescribed by a doctor to be administered **parenterally**.



Article 70 (2)

The competent authorities may fix subcategories for medicinal products which are available on medical prescription only. In that case, they shall refer to the following classification:

- (a) medicinal products on **renewable or non-renewable** medical prescription;
- (b) medicinal products subject to **special** medical prescription;
- (c) medicinal products on **restricted** medical prescription, reserved for use in certain specialised areas.



Article 71 (2)

Where Member States provide for the subcategory of medicinal products subject to **special medical prescription**, they shall take account of the following factors:

- the medicinal product contains, in a non-exempt quantity, a substance classified as a **narcotic or a psychotropic substance** within the meaning of the international conventions in force, such as the United Nations Conventions of 1961 and 1971, or
- the medicinal product is likely, if incorrectly used, to present a substantial risk of **medicinal abuse**, to lead to addiction or be misused for illegal purposes, or
- the medicinal product contains a substance which, by reason of its novelty or properties, could be considered as belonging to the group envisaged in the second indent as a **precautionary measure**.



Article 71 (3)

Where Member States provide for the sub-category of medicinal products subject to restricted prescription, they shall take account of the following factors:

- the medicinal product, because of its pharmaceutical characteristics or novelty or in the interests of public health, is reserved for treatments which can only be followed in a hospital environment,
- the medicinal product is used in the treatment of conditions which must be diagnosed in a hospital environment or in institutions with adequate diagnostic facilities, although administration and follow-up may be carried out elsewhere, or
- the medicinal product is intended for outpatients but its use may produce very serious adverse reactions requiring a prescription drawn up as required by a specialist and special supervision throughout the treatment.



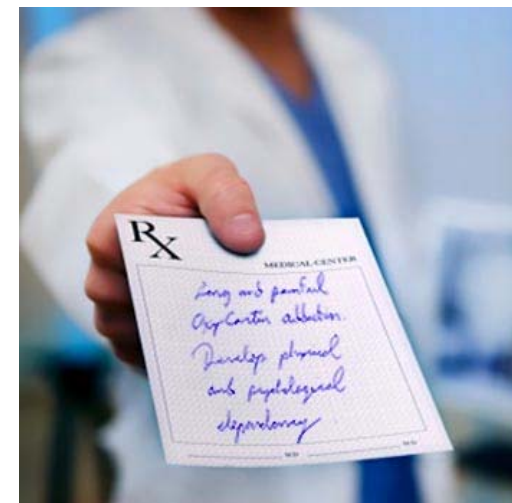
Article 71 (4)

A competent authority may waive application of paragraphs 1, 2 and 3 having regard to:

- (a) the maximum single dose, the maximum daily dose, the strength, the pharmaceutical form, certain types of packaging; and/or
- (b) other circumstances of use which it has specified.

Article 71 (5)

If a competent authority does not designate medicinal products into sub-categories referred to in Article 70(2), it shall nevertheless take into account the criteria referred to in paragraphs 2 and 3 of this Article in determining whether any medicinal product⁵ shall be classified as a prescription-only medicine.





Article 72

Medicinal products not subject to prescription shall be those which do not meet the criteria listed in Article 71.

Article 73

The competent authorities shall draw up a list of the medicinal products subject, on their territory, to medical prescription, specifying, if necessary, the category of classification. They shall update this list annually.





Article 74

On the occasion of the five-yearly renewal of the marketing authorisation **or when new facts are brought to their notice**, the competent authorities shall examine and, as appropriate, amend the classification of a medicinal product, by applying the criteria listed in Article 71.

Article 75

Each year, Member States shall communicate to the Commission and to the other Member States, the changes that have been made to the list referred to in Article 73.





National Marketing Authorisation

Pre – Post accession	no change – national discretion
Voluntary use of MRP*	no change – national discretion
Decentralised Procedure*	national discretion

* Certain DCP+MRP procedures have primary objective to register an Non-Rx product from outset. Illogical to include countries not willing to accept similar legal status outcome in view of pack + package label + leaflet specifics

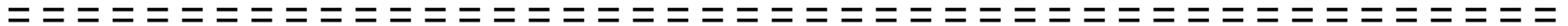
CHMP Opinion

Commission Decision

Annex II

Legal conditions for supply

Binding on MS markets concerned with label variations





Allows for national Customisation

VN Medicinal product not subject to medical prescription.

V Medicinal product subject to medical prescription.

KP Medicinal product containing a substance classified as a narcotic or a psychotropic substance subject to special medical prescription written in two copies

H Medicinal product subject to special medical prescription written in two copies, likely, if incorrectly used, to present a substantial risk of medicinal abuse, to lead to addiction or be misused for illegal purposes.

Ú Medicinal product subject to special medical prescription written in two copies containing a substance the activity and/or adverse reactions of which, by reason of its novelty, require further investigation.

J Medicinal product subject to medical prescription, intended for outpatients after a diagnosis made by a specialist or in a hospital.

Sz Medicinal product subject to medical prescription, requiring special supervision by a specialist throughout the treatment after a diagnosis made by a specialist or in a hospital.

I Medicinal product subject to medical prescription prescribed for or delivered to those providing medical services.



Allows for national Customisation

For medicinal products, reserved for treatments, which can only be followed in a **hospital environment**, the following information is required: "H - Zdravilo se izdaja le na recept, uporablja pa se samo v bolnišnicah."

For medicinal products, reserved for treatments, which can only be followed in **institutions/health care centers** with adequate facilities, the following information is required": ZZ - Zdravilo se izdaja le na recept, uporablja pa se samo v javnih zdravstvenih zavodih ter pri pravnih in fizičnih osebah, ki opravljajo zdravstveno dejavnost".

For medicinal products, reserved for treatment of conditions which must be **diagnosed in a hospital environment**, although administration and follow-up may be carried out elsewhere, the following information is required: "H/Rp - Zdravilo se izdaja le na recept, uporablja pa se samo v bolnišnicah. Izjemoma se lahko uporablja pri nadaljevanju zdravljenja na domu ob odpustu iz bolnišnice in nadaljnjem zdravljenju".

For medicinal products intended for **outpatients**, but which may produce very serious adverse reactions requiring a prescription drawn up as required by a specialist and special supervision through the treatment, the following information is required: Rp/Spec. "Zdravilo se izdaja le na recept, uporablja pa se po navodilu in pod posebnim nadzorom zdravnika specialista ali od njega pooblaščenega zdravnika".

For medicinal products **not subject to medical prescription and supplied in pharmacies** only, the following information is required: "Zdravilo se izdaja brez recepta v lekarnah."

For medicinal products **not subject to medical prescription and supplied either in pharmacies or non-pharmacy outlets**, the following information is required: "Zdravilo se izdaja brez recepta v lekarnah in specializiranih prodajalnah."

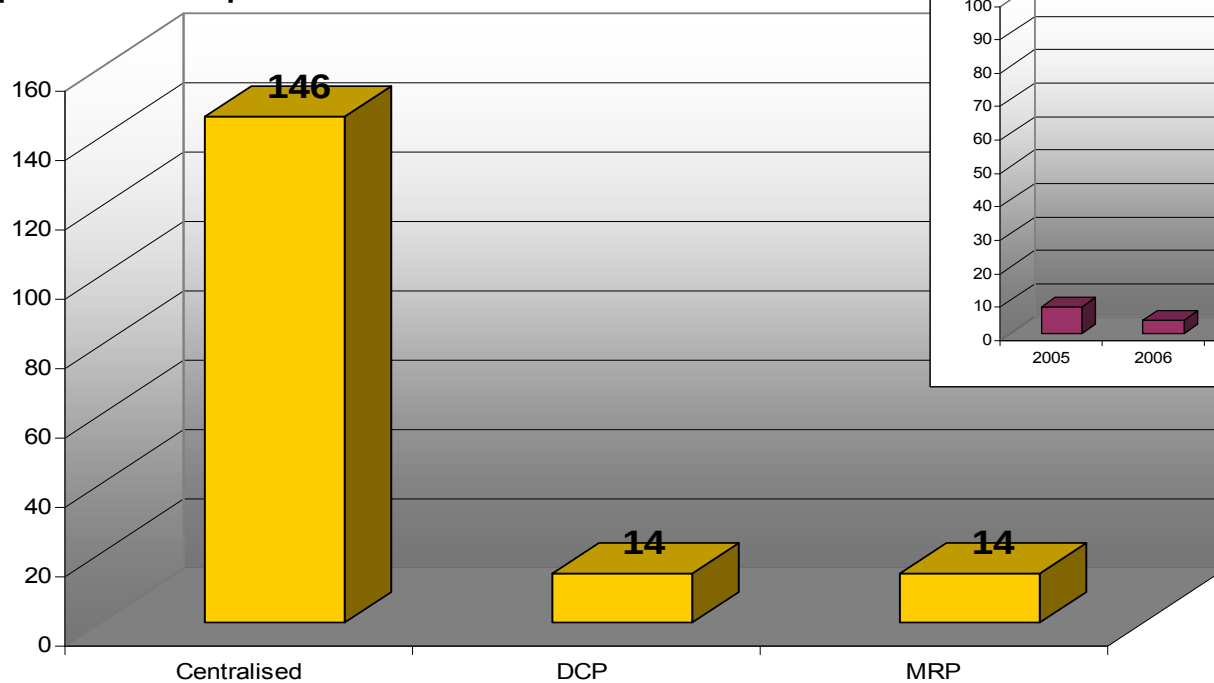
If there is insufficient space on the label, only abbreviations can be used (i.e. H, ZZ, H/Rp or Rp/Spec.)



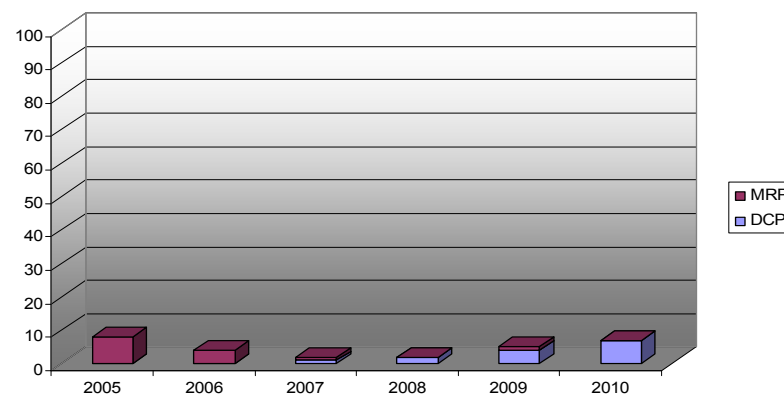
New Active Substances – CP vs MRP/DCP (NAS) (2005-2010)

Optional scope

NAS: Centralised vs. MRP and DCP



New active substances MRP/DCP (excluding multiples & RUP)





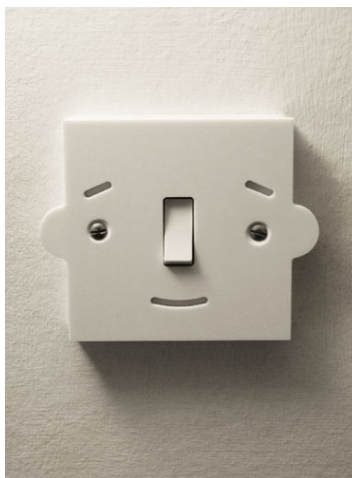
Consequences

Bulk of New Active Substances developed by Pharma are being and will be authorised centrally in the future

Which % may be future candidates for switch legal status?



**Simultaneous EU
switch**



**Market by Market
Switch**



First Entry Points for Centralised Switching

Automatic access if already authorised Centrally

CAP Rx  **CAP Non Rx**





Entry 1 Originally Authorised Centrally



Champix
Smoking
Cessation

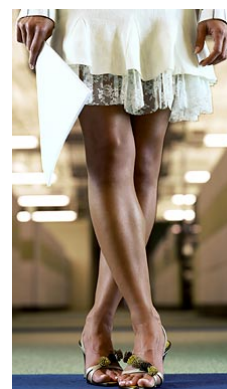


Xenical
Acomplia (†)
Obesity

Tamiflu
Flu



Cialis
Levitra
Viagra
MED



LDL cholesterol
Cholestagel

Yentreve
Oxybutynin-
Nicobrand
Incontinence



Alli 60mg - OTC

Xenical 120mg - Rx

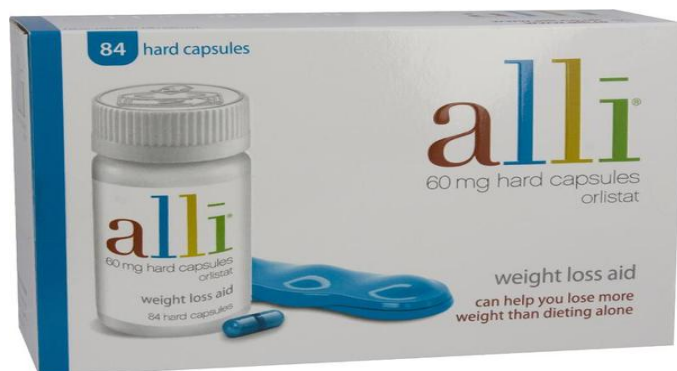
weight loss in adults who are overweight (body mass index, BMI, $\geq 28 \text{ kg/m}^2$) and should be taken in conjunction with a mildly hypocaloric, lower-fat diet.

CI: under 18s, pregnant / breast-feeding, concomitant medication

Take special care with alli: diabetes, renal impairment

Interactions : ciclosporine, oral anticoagulants, oral contraceptives, Levothyroxine, fat soluble vitamins, amiodarone, etc.

Indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a body mass index (BMI) greater or equal to 30 kg/m^2 , or overweight patients (BMI $\geq 28 \text{ kg/m}^2$) with associated risk factors.





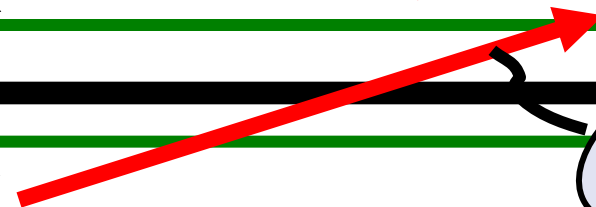
Second Entry Points for Centralised Switching

CAP Rx



CAP Non Rx

NAP Rx



**IPCL
innovation**





Entry 2: Optional access for non-prescription

Medicinal Products with significant technical /
scientific therapeutic innovation

**Interests of patients health at Community
Level (= IPCL)**

“It is also appropriate to allow access to this procedure for medicinal products which, although not innovative, may be of benefit to society or to patients if they are authorised from the outset at Community level such as certain medicinal products which can be supplied without a medical prescription.”





Pantozol Control 20mg - OTC

Indication (1):

Short-term treatment of reflux symptoms (e.g. heartburn, acid regurgitation) in adults.

Section 4.2:

The treatment **should not exceed 4 weeks** without consulting a doctor.

If no symptom relief is obtained within 2 weeks of continuous treatment, the patient should be instructed to **consult a doctor**.

Packsizes: 7,14



Pantozol 20 mg -Rx

• Indications:

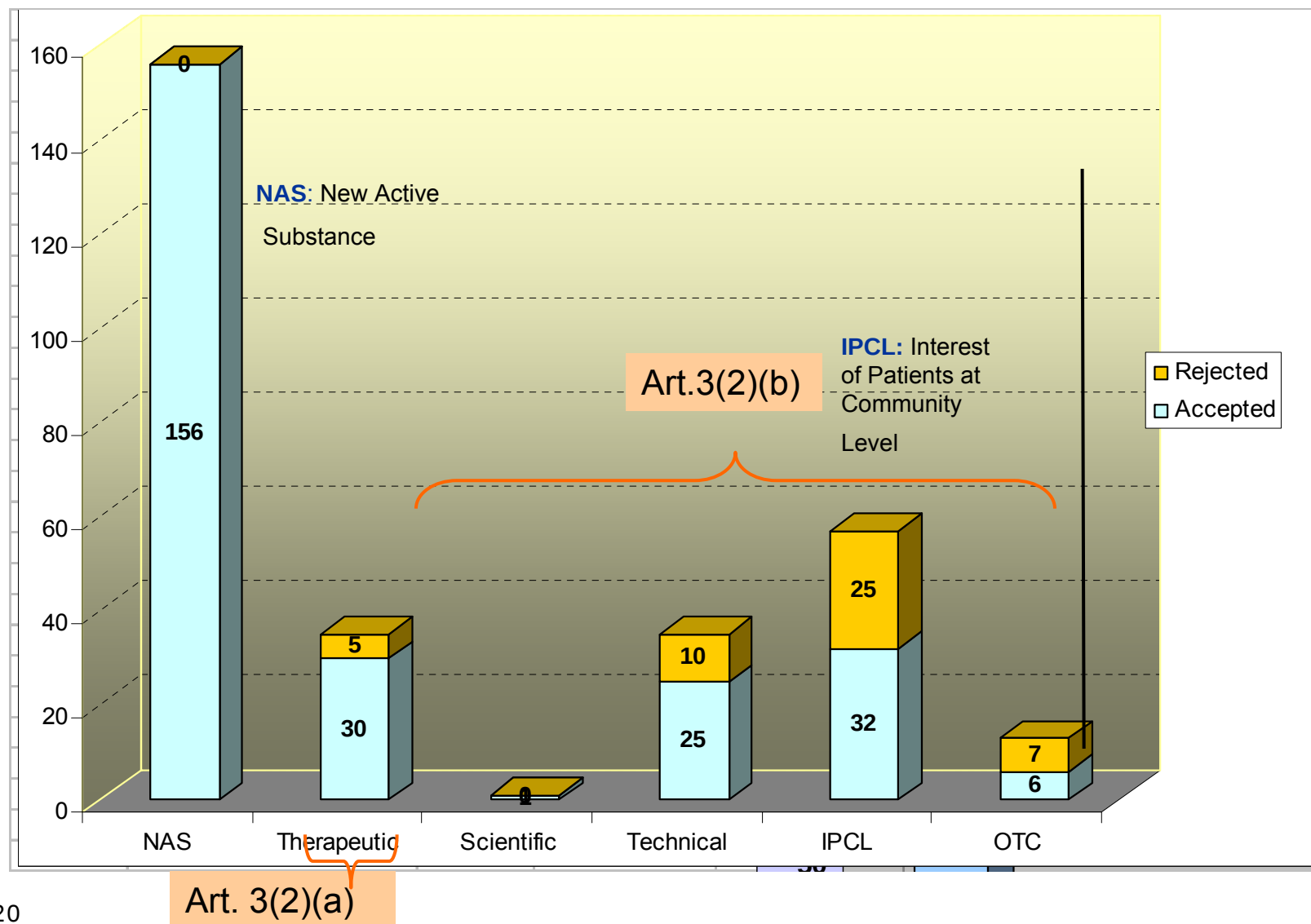
- 1) For the treatment of mild reflux disease and associated symptoms (e.g. heartburn, acid regurgitation, pain on swallowing).
- 2) For long-term management and prevention of relapse in reflux oesophagitis.
- 3) Prevention of gastroduodenal ulcers induced by non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in patients at risk with a need for continuous NSAID treatment (see section 4.4).



•Packsizes:14, 15, 28, 30, 56, 60, 98, 98 100



Eligibility Requests Optional Scope (Feb 05 – May 11)





CHMP judgement

Interest to Patients at Community Level

- Debate driven by specific product requests
- Favour degree of inherent scientific challenge
 - ‘First in class’ switch requests
 - Availability as non-Rx in a few MS’s
 - Divergent view amongst MS’s





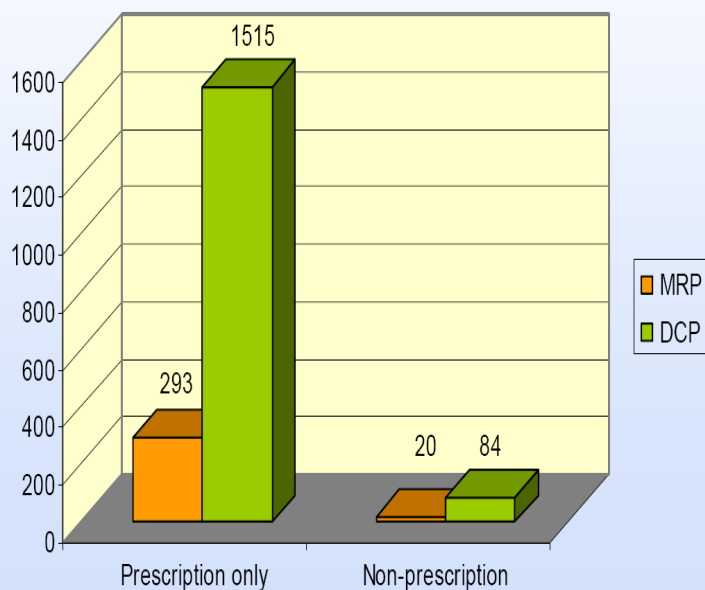
CMD(h)Statistics: Non-prescription



MRP/DCP New applications
1st January to 31st December 2010

STARTED Procedures – MRP/DCP per prescription status* (as approved by the RMS)

Total: 313 MRP and 1599 DCP (regarding 623 and 3390 products respectively)



** Due to late database updates cumulative yearly figure differs from the monthly figures. Cumulative yearly figure includes late database updates on finalised procedures not captured in the monthly figures published in press releases. The applications referred to CHMP are included in the 'new applications finalised'*

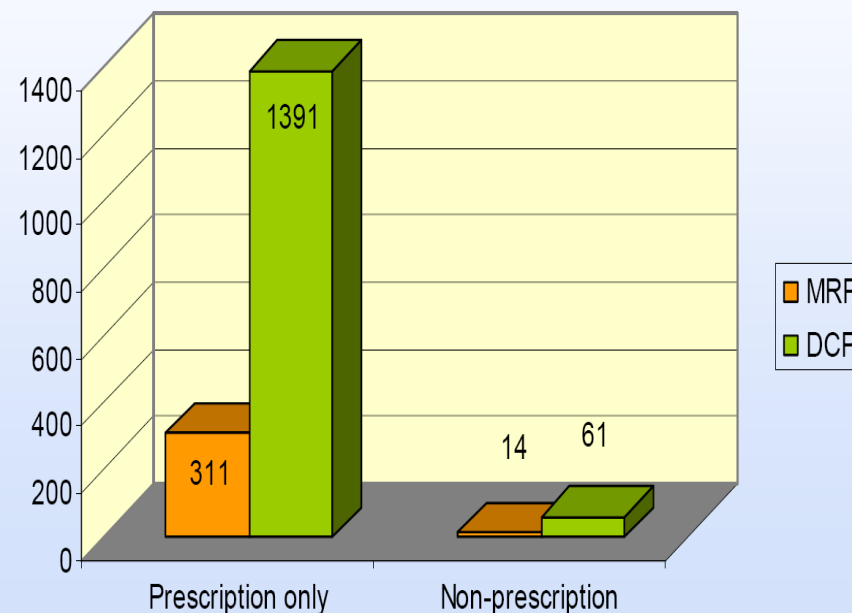
MRP/DCP & Art.29 referral procedures – Statistics for 2010



MRP/DCP New applications
1st January to 31st December 2010

FINALISED Procedures – MRP/DCP per prescription status* (as approved by the RMS)

Total: 325 MRP and 1452 DCP (regarding 652 and 3218 products respectively)



** Due to late database updates cumulative yearly figure differs from the monthly figures. Cumulative yearly figure includes late database updates on finalised procedures not captured in the monthly figures published in press releases. The applications referred to CHMP are included in the 'new applications finalised'*

MRP/DCP & Art.29 referral procedures – Statistics for 2010



Self-diagnosis + self management

- Allergic conjunctivitis
- Erectile dysfunction
- Flu prevention
- Heartburn



- Hay fever prevention
- Insomnia (temporary)
- Smoking cessation
- Weight management



- Arthritic pain
- Cholesterol lowering/lipid control
- etc



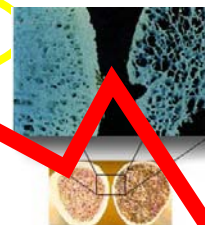
Short term use / acute condition

- Bacterial conjunctivitis
- Cystitis
- Exercise-induced angina
- etc



Recurrent / Semi-chronic condition

- Asthma
- Chronic insomnia
- Depression (mild to moderate)
- Diabetes (prevention of complications + treatment with oral agents)
- Heart disease prevention
- Hypertension



Long Term Use / Chronic Condition

- Incontinence
- Inflammatory bowel disease
- Irritable bowel syndrome
- Malaria prevention
- Migraine
- Obesity
- Osteoporosis prophylaxis
- Psoriasis (mild)
- Rheumatism
- Venous leg ulcers

Doctor consultation + other health professional advice + patient self management (with / without medical advice)

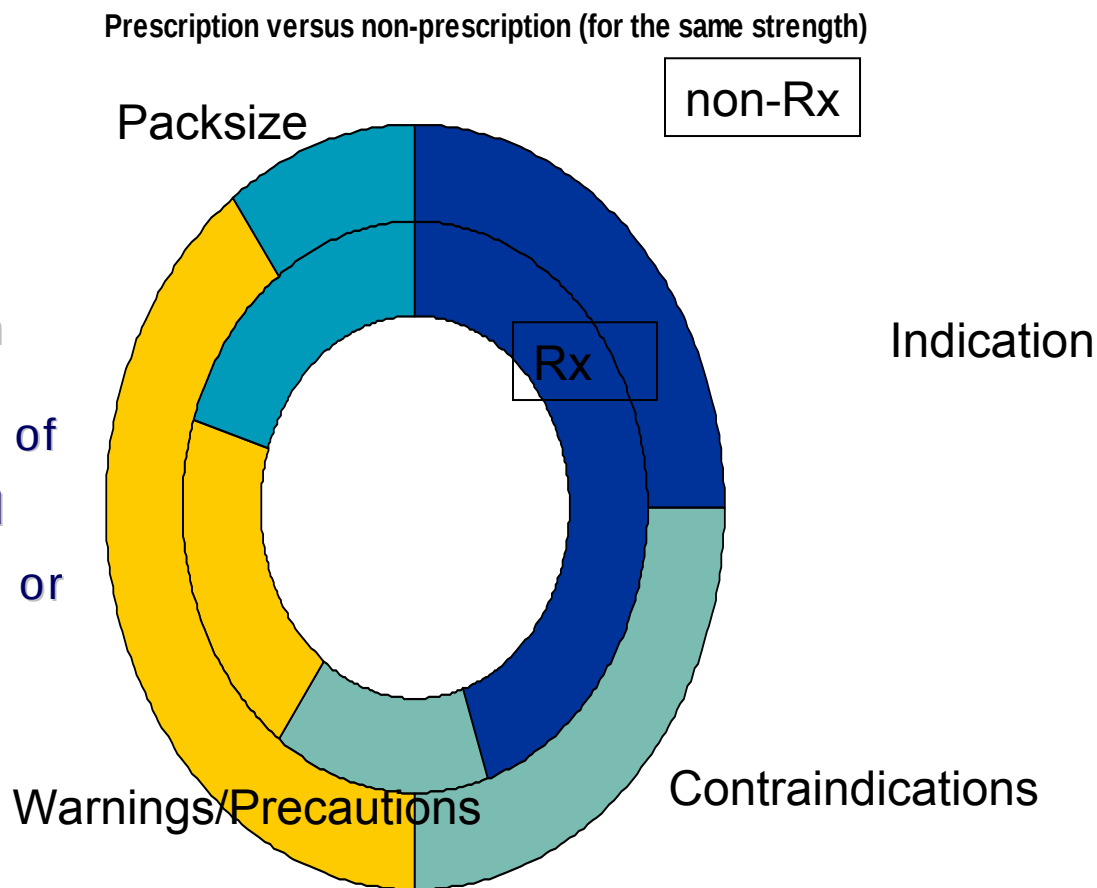


Product information

Must contribute to safe and effective use

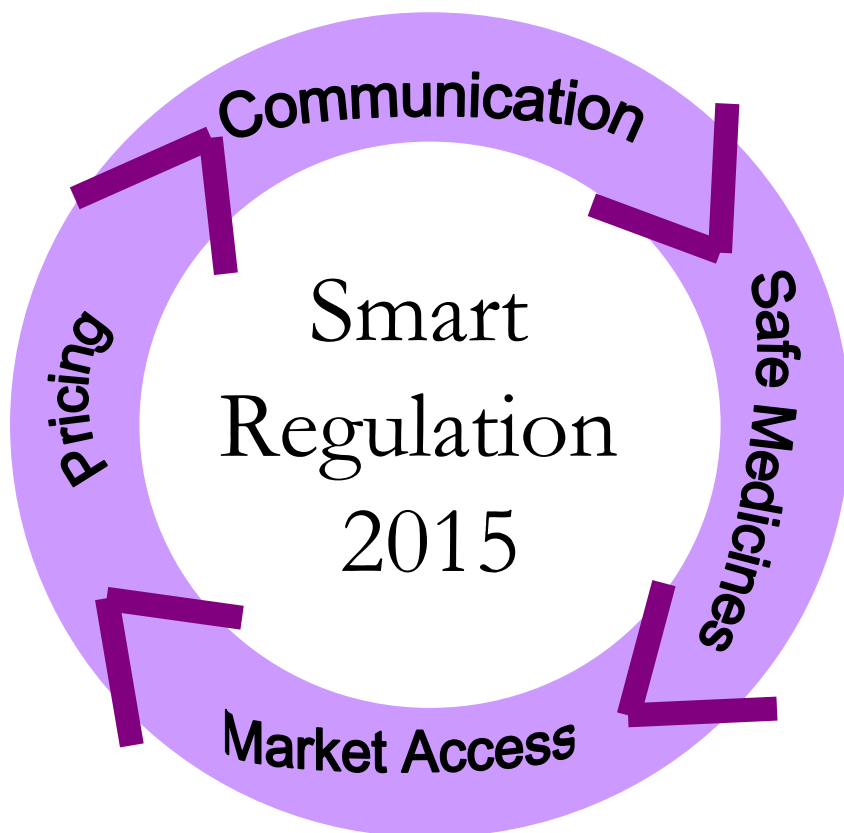
Info sufficient to substitute for absence of medical supervision

Info (in addition to supervision of pharmacist) adequate to guard against where contra-indicated or unsafe





Vision



*"The future depends on what we do
in the present"*





All products with a substance or combination of substances ***not available*** as such in the whole European Union as a non-prescription medicine should have the possibility to ***access the centralised procedure***





Thank you for your
attention



Access to CP

1) Acceptability for class of products not yet available as non-prescription at EU level – **1 case accepted**

- ✓ Justifiable case that disease to be treated is eligible for non prescription consideration
- ✓ Justification taking into account differences between various health care systems
- ✓ Summary of safety database / time on market

2) Availability as non-prescription only in a few Member States (MS) – **3 cases accepted; 4 rejected**

- ✓ Justifiable case that simultaneous availability across EU to as wide a population as possible is of patients interest
- ✓ Wider non prescription choice meeting different patients' need in terms of safety / efficacy



Access to CP

3) Innovative non prescription – **1 case rejected**

- ✓ Administration, fixed dose combination, new combination of existing non prescription products

4) Different decision taken by MS based on identical safety/efficacy – 0 case

- ✓ Valid justification if different views on suitability of indication but justification not accepted if decision reflects differences in healthcare systems

Increased availability and use of medication for a particular treatment if CP approval

- ✓ Not acceptable by CHMP

CHMP is of opinion that MRP/DCP can be used to increase access of non prescription in EU