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Biologics in the Polish health system

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Warsaw, 2015

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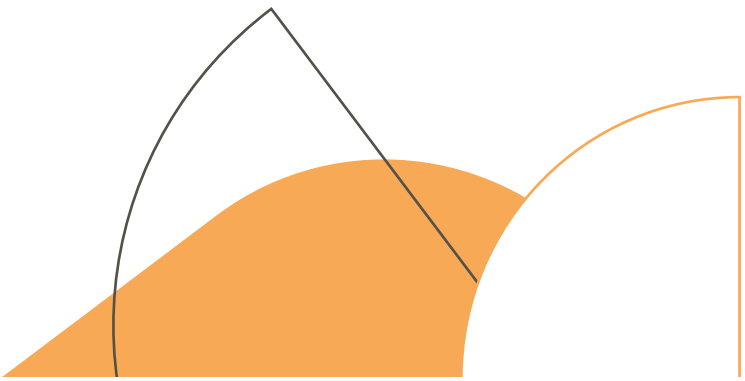

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This report is a close reflection of the discussion held at the workshop „Biologics in Poland and in Europe – current and future challenges", which took place in the Representation of the European Commission in Warsaw on 13 November 2014. The workshop was organised by a coalition which included: demosEUROPA – Centre for European Strategy, Representation of the European Commission, European Biopharmaceutical Enterprises, Employers' Union of Innovative Pharmaceutical Companies INFARMA, "Farmacja Polska" Chamber of Commerce and Employers of Poland[1]. The purpose of the workshop was to discuss ways to extend the knowledge about biologics among individuals responsible for health policy, consumer protection and patients' rights in Poland. The workshop addressed the need for ensuring stable conditions for the development of the market for biological products, with ensuing benefits for patients, doctors, payers and industry.

The report is not an agreed position of the parties to the workshop and should not be interpreted as such. Conclusions reflect the views of demosEUROPA as to the possible next steps on the issue. Programme and the list of participants at the workshop are included in the annex.

Glossary[2]

Interchangeability: the medical practice of changing one medicine for another that is expected to achieve the same clinical effect in a given clinical setting and in any patient on the initiative, or with the agreement of the prescriber.

Substitution: practice of dispensing one medicine instead of another equivalent and interchangeable medicine at the pharmacy level without consulting the prescriber.

Switching: decision by the treating physician to exchange one medicine for another medicine with the same therapeutic intent in patients who are undergoing treatment.

[1] See the report on the web-page of the Representation of the European Commission in Poland: http://ec.europa.eu/polska/news/141119_leki_pl.htm

[2] Source: Consensus Information Document, „What you Need to Know about Biosimilar Medicinal Products", p. 40 and 41.

1

Introduction – specificity of the biologics

Key argument: Biologics constitute one of the most important innovations in the area of medicine. They are medical products which contain one or more active substances produced by the living organism or originated in a living organism. On the other hand, "biosimilar medicines" are medicinal products that contain a version of the active substance of an already authorised original biological medicinal product. The distinct character of biologics, resulting from the possibility of an immunological reaction of the organism, is reflected in the registration and pharmacovigilance processes.

Biological medicines are the fruit of the most recent achievements in molecular biology and genetic engineering. In many instances, their application amounts to a breakthrough in the treatment process, including in cancer therapies, or in tackling immune system diseases. In the years to come, there is a high likelihood of applying the biologics to treat new ailments, with the expectation of solving a number of intractable health problems of different societies. Clinical effects of the biologics result from their selective activity at the level of the cell.

The European Medicines Agency (EMA) defines biologics as medical products which contain one or more active substances produced by the living organism or originated in a living organism[3]. Unlike for synthesized medicines, and due to the very nature of the biological process, it is not possible to produce identical copies of biological medicines. Batch to batch variability is an inherent feature of biological medicines, both for original biological medicines and biosimilar medicines.

Following the patent expiries for a number of innovative biological medicines, it has become possible to introduce onto the market a "similar" product to the reference one. A biosimilar medicine is defined in the updated EMA guideline as a biological medicinal product that contains a version of the active substance of an already authorised original biological medicinal product (reference medicinal products) in the European Economic Area[4]. Similarity to the reference medicinal product needs to be established on the basis of a comprehensive comparability exercise and in terms of quality characteristics, biological activity, safety and efficacy.

Furthermore, the EMA Questions and Answers on biosimilar medicines state that "a biosimilar medicine is a biological medicine that is developed to be similar to an existing biological medicine (the "reference medicine").

Biosimilars are not the same as generics, which have simpler chemical structures and are considered to be identical to their reference medicines. The active substance of a biosimilar medicine and its reference medicine is essentially the same biological substance, though there may be minor differences due to their complex nature and production methods. Like the reference medicine, the biosimilars have a degree of natural variability.

The specific nature of biological medicines is also reflected in EU processes and regulations such as Marketing Authorisation

process, in the Pharmacovigilance Directive and the Cross-Border Healthcare Directive, i.e. the cross-border prescription template[5]. According to the recently revised guidelines, the "standard generic approach which is applicable to most chemically-derived medicinal products is in principle not sufficient to demonstrate similarity of biological/biotechnology-derived products due to their complexity. The biosimilar approach, based on a comprehensive comparability exercise, will then have to be followed."

Taking into account the fact that the biological medicines will be more widely used in the future, it is enormously important to create conducive conditions for their use, independently of whether they are reference medicines or biosimilar medicines. It should be the objective of the national health policy to ensure timely introduction to the market, within the existing fiscal space, of increasingly advanced technologies, while respecting the requirements of patient safety.

Substitution of biological medicines is differently assessed in Poland when compared with other EU member states. According to some of the stakeholders who took part in the workshop, the concerns are overrated and resemble closely the ones, which accompanied the introduction of first generic medicines. During the first years after the introduction of first generic medicines, there were fears that their use could cause negative long-term effects. Years of experience with the use of generic medicines have, however, demonstrated that these fears were unfounded, even for medicines with a narrow therapeutic index[6].

However, the registration pathway for biosimilar medicines developed in the context of the revised Human Medicines Directive confirms the distinct nature of biological medicines (i.e. the possibility of an immunological reaction of the organism). It should be stressed that when it comes to risk-assessment, it is not only the choice of the active substance but also its mechanism of action, which needs to be taken into account.

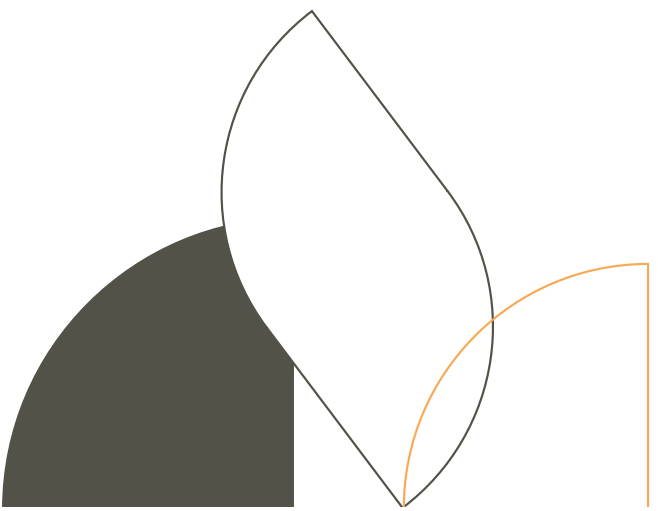
The European Medicine Agency was the first institution worldwide to publish guidelines for the development and authorisation of biosimilar medicines. On 30 October 2005, the "Guideline on Similar Biological Medicinal Products" entered into force, which have now been reviewed and updated reflecting the experience. The legal framework for biosimilar medicines in the European Union was established via the Directive 2001/83/EC as amended. Subsequently, similar guidelines were published by the World Health Organisation and individual countries such as Canada, Australia and Republic of South Africa.

[3] This definition is based on the attachment to the Directive 2001/83/EC of the European Parliament and the Council of 6 November 2001 on the community code of conduct with respect to medical products used in the treatment of humans.

[4] EMA (2014), Updated overarching guideline on biosimilar biological medicinal products.

[5] EMA (2014), Guideline on similar biological medicinal products. CHMP/437/04 Rev 1; Directive 2010/84/EU amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use; Art. 102(e); OJ L 356/68-70 (22.12.2012), Commission implementing Directive 2012/52/EU of 20 December 2012 laying down measures to facilitate the recognition of medical prescriptions issued in another Member State.

[6] See Kesselheim at al. (2008), „Clinical equivalence of generic and brand-name drugs used in cardiovascular disease: a systematic review and meta-analysis".



2

Biologics in the Polish legal and health system

Key argument: There is no unique definition of a biological medicine in the Polish legal system, leading to lack of clarity in the interpretation of the law. In spite of unequivocal guidelines of the EMA, an assumption is made that biosimilar medicines can be treated in the same fashion as generic drugs. The economic dimension plays the most important role as well as mechanisms to reduce prices. The latter have a negative impact on the doctor's autonomy and the respect for patients' rights.

The dynamic development of pharmacotherapy should be supported with relevant regulations, taking into account the diversity of organisational solutions and the need to adapt a number of legal acts to the changing circumstances. The Polish legal code is complex since a number of issues are decided in parallel in acts such as the law on public procurement, pharmaceutical law and the reimbursement law. There is also a lack of a programme document in the area of pharmacotherapy, that is medicines policy. Its adoption by the government could allow for reflection on the role of biological medicines in the system.

In spite of the clear guidelines of the EMA, biosimilar medicines are practically subject to the same rules – especially when it comes to substitution – as generic medicines. Meanwhile, in line with the position of the EMA, a biosimilar product cannot be treated in the same way as a generic product, which has a simpler chemical structure and is considered identical to the reference product.

The process of implementing European law in Poland has not brought about the effect of introducing solutions, which it had envisaged. The legislator has not undertaken a sufficient effort to adopt European norms in the Polish framework. This leads to the lack of a precise terminology which would allow to clearly distinguish biosimilar medicines, ensure their distinct monitoring and a necessary supply of information. There is no definition of a biological medicine in the Polish law, which leads to ambiguities in interpretation, also when it comes to implementation of the Directive 2001/24/EU on the application of patients' rights in cross-border healthcare and Regulation (EU) No 1235/2010 and Directive 2010/84/EC on pharmacovigilance of medicinal products for human use.

In the Polish reimbursement system, the assumption is made that the biosimilar medicines are equivalent to the generic medicines, which is not in line EU legislation and EMA guidelines. In the Polish law, in spite of the differences in the registration process, the biosimilar medicine is not treated in a unique way after it enters the market. From the point of view of the current policy of the Ministry of Health, this is a very effective mechanism. Its position is based on the assumption that the discussion on the freedom and autonomy of prescription was closed during the legislative work on the reimbursement law. "In the spirit of consensus at the Sejm", the decision was arrived to "place public interest above doctors' autonomy", as one of the participants in the workshop had stated.

In the Polish pharmaceutical law, there is no definition of a biological medicine. Current regulations, including article 36b of the amended Pharmaceutical Law give biological medici-

nal products the meaning adopted in Annex 1 to the Directive 2001/83/EC, but they can cause doubts in interpretation[7]. What is more, article 36b does not differentiate between originator biological products and biosimilar products. In the course of the treatment of some patients, repeated substitution between biological medicines, original and biosimilar medicines, can take place. The doctor can have an objective difficulty in determining whether possible side effects are the result of the use of a particular medicine.

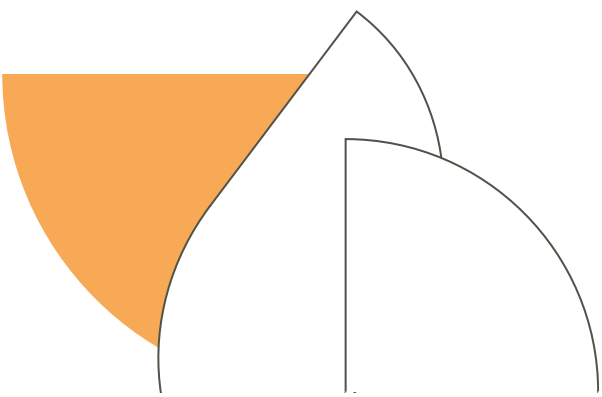
As it was stated during the workshop, the Ministry of Health believes that the reimbursement law does not need to offer a definition of biological medicine. Such a definition exists in the European law, including in the registration process and does not arouse controversy. Member states have the possibility of regulating the issue directly but the Ministry of Health does not see the need for defining the biological medicine in the Polish law. One ought to draw attention to the fact that in a number of EU member states, the issue of substitution of biological medicines is closely regulated at the level of legislative acts or executive acts.

Treating biosimilar medicines in the same fashion as the generic ones has a clear economic dimension as the government seeks to obtain the same price reductions as in the case of generic drugs. However, the economic aspects of pharmacotherapy require a long-term assessment which takes into account all the risks and benefits.

Summing up, one ought to aim at a higher cohesion of the legal system, with special reflection of the need to protect patient rights. What requires changing is the situation in which an administrative decision to undertake a certain risk (through substitution for economic reasons) is not followed by the assumption of responsibility by the administrative organ for effects of the action. In Polish circumstances, the responsibility remains with the doctor and the hospital. The current law should determine who and when should decide about both beginning the therapy and possible changes in it. European Directives should

not remain merely statements of intent but ought to gain binding relevance through an effective transposition to the Polish legal code. Instead of introducing legal regulations, we are dealing with the practice of the law being applied on the basis of Ministry of Health communications on tenders and letters to hospitals, which are not in line with the position presented by the Public Procurement Office.

[7] See Baker & McKenzie; Domański Zakrzewski Palinka, „Raport regulacyjny dotyczący leków biologicznych i biopodobnych", 2014, page 29



3

Benefits of access to innovative therapy and medicines

Key argument: Competition on the market of biological medicines is a positive phenomenon, whose intensity depends on the quality of the legal environment and the incentives which are created. At the same time, growing competition cannot have negative impact on the therapeutic effectiveness and patient's safety.

As one of the participants in the workshop stated, biological medicines have a growing share of the market and might constitute the majority of available medicines in the future. This means that there will be market space for both original biological medicines as well as biosimilars. Competition is mutually beneficial and leads to greater availability of medicines at a lower cost for the public health system. All sides should benefit from increased competition, especially the patient. The entry onto the market of biosimilar medicines should be an incentive for the innovative industry to derive new technologies.

In its report on the biosimilar medicines, McKinsey & Company underlines at the same time, that the success of this category of medicinal products is not certain and future investments may well be reduced, should there be no suitable conditions for their development[8]. The creation of the biosimilar industry is associ-

ated with substantial investment needs. Therefore, the arrival of biosimilar medicines is unlikely to offer the same price reductions as was the case with generic medicines.

Competition is growing and its intensity will depend on the evolving legal environment as well as incentives which are created. In the Polish circumstances, the strengthening of the domestic pharmaceutical sector, which is very interested in the production of biosimilars[9], is an additional dimension of the issue, seen as very important by the government.

Internationally, there are many attempts to build a common denominator between producers of original biological medicines and those of biosimilars . In addition, the divide between originator and generic companies becomes more and more blurred: large and mid-size companies often have not only originator biologics but also biosimilars in their portfolio. Similarly in Poland, both producer groups have a shared objective of ensuring a balanced presence of these medicines in the Polish health system. This means above all creating incentives for early use, with the pricing policy which allows for the coexistence of competing products, supporting innovation and ensuring a proper return on investment. Growing competition is a positive phenomenon but should not impact on the therapeutic efficiency and patient safety.

[8] McKinsey & Company, „Biosimilars seven years on", 2012.
[9] See Amgen paper: "Biosimilars 2.0 Guiding principles for a global "patients first" standard.

4

Role of information and education

Key argument: Building confidence in biological medicines requires full access to information and knowledge from the side of the doctors and patients. There is enormous value-added which is brought in this respect by the Consensus Information Document of the European Commission entitled "What you Need to Know about Biosimilar Medicinal Products".

In the Polish and European legal situation, the responsibility for therapeutic decisions rests primarily with the doctor. It is therefore necessary to ensure that the doctor enjoys full access to information concerning the respective medicinal products.

The Consensus Information Document is based on the work of a project group on biosimilar medicinal products, which was created in September 2010 as part of the platform "Access to Medicines in Europe". Its objective was to evaluate access to biosimilar medicinal products in European national markets and determine the necessary conditions for an informed uptake and adequate patient access to these products. In accordance with its Terms of Reference, the group looked into topics related to improving information on the concept of biosimilar medicinal products and the science and process behind their approval. All aspects related to interchangeability and/or substitution remained outside the group's remit, since in line with Art. 168 of the Treaty, management of health policy is a competence of the member states. The Commission undertakes complimentary activities, which aim to contribute to the public health of the member states. Therefore the context for the work of the group was that of corporate social responsibility.

The group confirmed that the use of biosimilar medicines differs in respective member states. The objective of the Consensus Information Document was in this context to collect information on the penetration of the biosimilar medicines and their reimbursement. Another aim was to analyse the availability of information and the needs which exist in the area, to make sure that the biosimilar medicines contribute to the sustainable character of the healthcare systems. The set of rules arrived at in the course of the process is a point of reference for many countries in the world, with the EU Biosimilars Guidelines being the first to be adopted.

The effect of the work of the group is the Consensus Information Document "What you Need to Know about Biosimilar Medicinal Products", the Polish version of which was presented for the first time in the course of the November workshop. In the context of the more widespread use of biological medicines, objective sources of information are undoubtedly needed, as well as making them available to all the interested parties: doctors, patients, healthcare system employees, the paying agency and the industry. The Consensus Information Document could be all the more helpful given that the level of knowledge among stakeholders is not uniform.

One important aspect of the educational process has to lie in the gathering and publication of data concerning the medicine after it enters the market (Real World Evidence). To serve that purpose, some participants in the debate postulate the creation of a system of monitoring of biological medicines, allowing for the assessment of their effectiveness and safety after market entry. The current system of monitoring therapeutic safety and efficiency in the respective diseases is not sufficiently effective. The creation of a new system would complement the activities of the EMA and would support the Ministry of Health and the regulatory authority in the collection and processing of data. It would therefore have an important economic component as a source of data about the effects of the medicines policy, offering a more complete basis for price decisions. The monitoring system should cover the whole spectrum of costs, including

those of the side-effects, which create additional costs for the budget through successive therapies.

The European Medicines Agency publishes detailed information about the medicines evaluated by the Committee for Medicinal Products for Human Use, by means of the European Public Assessment Reports. EPARs are a valuable source of information for the doctor, although they require complementing with the information gathered in the monitoring process.

An EPAR is published for each medicine application which has been granted or refused a marketing authorisation by the European Commission following an assessment by the EMA's Committee for Medicinal Products for Human Use (CHMP) of an application submitted by a pharmaceutical company in the framework of the central authorisation of medicines. EPARs are full scientific assessment reports of medicines authorised at a European Union level and contain public information on a medicine, including how it was assessed by the EMA. An important role of the EPAR is to reflect the scientific conclusions of the relevant EMA committee at the end of the assessment process, providing the grounds for the committee opinion on whether or not to approve an application. EPARs are periodically updated to reflect the most recent regulatory information concerning the medicines. If the original terms and conditions of a marketing authorisation are varied, the EPAR is updated to reflect such changes with an appropriate level of detail.

According to one of the participants in the workshop, the use of biosimilar medicines is subject of close observation. EPAR reports demonstrate that the extrapolation of indications is important and constitutes a subject of concern in many European countries. Registers of patients and diseases are created for this purpose, which are meant to help in assessing the impact of substitution.

The EMA trains representatives of patient organisations to ensure a more effective cooperation with the Agency. Up to now, 61 representatives of patient organisations have been trained on issues of regulation concerning pharmaceuticals, including the use of the Black Triangle. The Black Triangle signifies that the medicine is closely monitored while the patients can signal potential side-effects. This system was created in order to bet-

ter inform the patients and to ensure better identification of the potential side-effects with adequate countermeasures.

Patient organisations take part in the sessions of the EMA committees, including the ones where effects of the clinical tests are presented, with impact on decisions about the quality, efficacy and safety of the medical product. This type of intensive dialogue of the patients and doctors with the regulator should also be launched in Poland. The area of corporate social responsibility offers the space for cooperation with the industry. The lack of a definition of a biological medicine is an important problem for information and education activities. Informing stakeholders would have a different meaning should such a definition exist.

Not all the stakeholders share the view about the desirability of informing patients and doctors extensively about biological medicines. Their argument often is that in Polish hospitals, there is no routine access to information about medicines applied in the treatment process. One participant of the workshop on 13 November argued that one ought to start from the fundamentals of information policy, rather than singling out biological medicines, which should not be treated as in any way distinct. In line with this argument, creating tailor-made mechanisms to inform patients trough thematic publications or internet platforms is not indispensable. In the opinion of this participant, the Consensus Information Document answers all the key questions and should be widely distributed.

5

Trust in the use of biological products

Key argument: Safety of biological medicines is confirmed through the authorisation process. The basis for market authorisation lies in both the equivalence test as well as a series of comparative tests.

Biosimilar medicines are an important and relatively new phenomenon on the market while their complexity is unprecedented in the hitherto pharmaceutical practice. Therefore, when it comes to their use, building trust is of enormous importance. The task requires adequate knowledge, information and education. It is for this reason that the Consensus Information Document of the European Commission was prepared and published. In parallel, the EMA has laid down its authorisation process in more detailed terms.

There is no basis for concern over the very safety of the medicine, should it fulfil all registration conditions and be used in line with the rules of pharmacology.

Registration of biosimilar medicines is result of rigorous clinical tests, which is explained in detail in Point 3.2. of the Consensus Information Document of the European Commission. These medicines are safe and effective.

Should the mechanism of action of a biosimilar medicine be sufficiently close to the reference medicine, no further assessment of the safety and efficiency is justified. It is on this basis that the registration of the biosimilar medicine takes place.

European regulations were shaped in response to the development of biological medicines. According to some participants of the workshop, a degree of uncertainty could have been justified in the first years of the 2000s, as the first application to register a biosimilar medicine, the growth hormone, was filed. The registration process took considerable time in this case. As a result of the release of the subsequent set of medicines from patent protection, regulatory efforts in the EU accelerated. In line with one individual opinion expressed in the course of the November workshop, this means that the biosimilars have achieved such a degree of advancement that they can be described as generic medicines with a higher set of requirements when it comes to equivalence.

The basis for market authorisation lies not only in the equivalence test but also in the series of comparative tests. They have a fundamental importance for the whole authorisation process for the biosimilar medicines. Together with advanced tests concerning the qualitative parameters, chemical structure, parameters of the particle, the basis is created for the registration of the biosimilar medicine under the same international name, than the innovative medicine.

In the opinion of representatives of the Ministry of Health, activities aimed at building confidence should be based on thorough scientific knowledge. The Ministry is not convinced about the desirability of creating a national register, since it perceives confirming the identical nature of the biosimilar medicine's biological effect as the most important. In line with this view, the very registration of a biological medicinal product is of key importance from the perspective of patient's safety. In the aftermath of the registration, the medicine seizes to be treated in an exceptional way and is authorised for use in an identical mechanism to that which is binding for generic medicines.

6

Substitution of medicines – Polish and European practice

Key argument: Decisions concerning substitution of biological medicines are taken at the member state level. No country in Europe has explicitly authorised substitution of biological products originating from different producers. In Poland, the substitution of biological product for a biosimilar one can take place at every stage of the hospital treatment, often as a result of the way the public procurement system functions.

EU legislation requires each medicine, and therefore each biological medicine, including biosimilar ones, to have a separate name, which would unequivocally distinguish it from other biological medicines in order to fulfil the requirements of patient safety and pharmacovigilance. Some medicinal products are authorised subject to additional monitoring. They should be identified as such by a black symbol and an appropriate explanatory sentence[10].

The EMA guidelines say clearly that "evaluation of biosimilar medicines for authorisation purposes by the EMA do not include recommendations on whether a biosimilar should be used interchangeably with its reference medicine. Substitution policies are within the remit of the EU member states".

There is no country in Europe that requires by law substitution of biological medicines. On the contrary, according to the Consensus Information Document "at the point in time of publication of this consensus information paper, no country has explicitly authorised the substitution of biological products from different manufacturers, and a number of EU member states have put legal, regulatory and political provisions in place that prevent this practice"[11].

When in June 2010, the Norwegian Medicine Agency introduced Filgrastim to the substitution list, the court in Oslo considered the decision invalid because the condition for inclusion on the substitution list in Norway requires the medicine to be "generically equivalent", which is not the case with biosimilar medicines.

France is the first European country, which has envisaged substitution with biosimilar medicines. However, such a substitution is only taken into consideration for new patients, when the biosimilar medicine belongs to the same group than the prescribed medicine, known as the "similar biological group", and when the doctor does not consider prescription to be inappropriate for substitution by placing a relevant note on the prescription. Classification into groups of "similar biological medicines" is to be prepared by the French ANSM, the equivalent of the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products in Poland.

If the pharmacist substitutes a biosimilar medicine for the prescribed biological one, he or she is obliged to write down the brand name of the medicine issued on the prescription and inform the prescribing doctor. If the treatment is continued and the prescription renewed, the medicine with which the original one was substituted, has to be prescribed. To this date, no other EU member state has directly authorised the substitution of biological medicines which originate from different producers while a number of member states have explicitly banned this practice[12].

The details of substitution, including the criteria for inclusion by the ANSM in the "group of similar biological medicines", the procedure for the register of biosimilar medicines (entitled "reference list of the groups of similar biological medicines") and the conditions for substitution of biological medicines by the pharmacist must still be regulated in executive acts before the substitution begins. At the time of publication of this report, these executive acts have not been laid down yet.

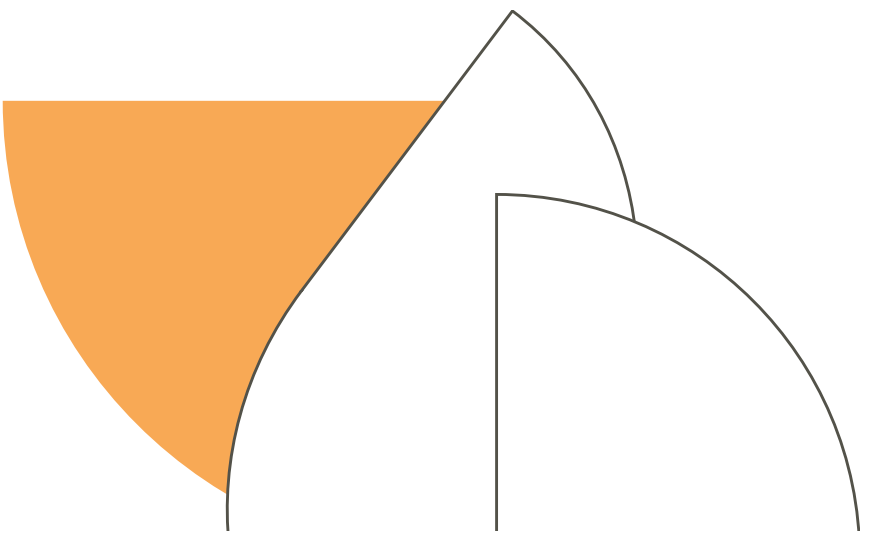
It was recalled during the workshop that when it comes to the majority of generic medicines, there are no concerns regarding their safety in relation to reference (original) medicines. Some of them require caution, however, including medicines used in transplantology. This means that substitution of medicines should take into account but not limit itself to the pricing level. "Blind substitution is not good for anyone", one of the workshop participants said. The doctor must have confidence in the medicine being prescribed, which means that reducing the costs cannot be the one and only principle on which decision is to be based.

In Poland, change of a biological treatment can take place at every stage of the treatment. It is indirectly the result of the way the public procurement system functions with price being the only criterion in the tendering process. The law does not stipulate the conditions which need to be fulfilled in the course of the change. It does not envisage either the need to inform the patient about it. The recourse to the change of a biological treatment is often forced by the current system of reimbursement and the erroneous interpretation by the Ministry of Health, of the public procurement regulations, with preference being given to the price level.

In the Polish legal system, the biosimilar medicines, in spite of clear guidelines by the EMA, do obey the same rules, particularly with respect to substitution, like the generic medicines. Meanwhile, in line with the position of the EMA, a biosimilar product is not the same as the generic medicine, which has a simpler chemical structure and is considered identical to its reference product.

This means that interchangeability has to be assessed by a regulatory body. No substitution should precede such an assessment. The freedom to prescribe should always prevail in the sense that the prescriber should always have the right to indicate a specific medicine if he or she deems it necessary. Pharmacovigilance is of enormous importance as it provides the basis for comparison. Appropriate procedures have to be in place in case of substitution. The European Commission has introduced strict regulations concerning the monitoring of biological medicines on the basis of their trade name and the batch number.

[10] Pharmacovigilance Directive, Recital 10.
[11] Consensus Information Document, „What you Need to Know about Biosimilar Medicinal Products", p. 16.
[12] See: www.gabionline.net/Reports/Possibility-of-substitution-of-biosimilars-in-Europe



7

Access to biological medicines in Poland

Key argument: The growth of the biosimilar market is primarily a function of commercial factors, including the perception of biosimilar medicines by the doctor, their acceptance by the patient as well as the policy and practice of public procurement. There would be significant value-added in the working out of a set of principles concerning the application of biological medicines in Poland.

The biological medicines belong to the most innovative medicinal products but the cost of producing them is a substantial challenge for the healthcare system. Reimbursement decisions are taken on the basis of medical indications, health needs of the population and a number of pharmacoeconomic indications.

The efficiency of managing national health budgets in the context of the next 10-20 years requires ensuring balanced access and stable environment for the biological medicines. Pricing policy should allow for the coexistence of competitive products, support for innovation and ensuring an appropriate return on investment. Potential savings depend to a large extent on the shape of the health system and the place where medicinal roducts are applied.

One ought to be aware that this is not only an issue of the paying agencies' expenses. Social costs need to be borne by other government agencies, often in a higher amount, as is the case with disability and absenteeism. Short-term policy dominates the discourse while investing in public health brings tangible long-term benefits. Therefore space should be opened for discussion about the place of pharmacotherapy in the country's fiscal reality.

In some countries, such as Germany and Norway, the decision by the doctor on the use of a more expensive therapy must be justified. Otherwise the price is decisive. As one of the participants of the workshop argued, in the Polish practice, substitution is the essence of the reimbursement policy and takes place in a bi-monthly rhythm following the publication of the reimbursement lists. The limit of reimbursement determines the limit of the procurement for the hospital, leading to enforced substitution, even in situations where the price of the reference medicine has been adjusted competitively. The problem lies not only in the adequacy of substitution itself but also in the lack of appropriate monitoring in case of the likely change of the medicine.

The pace of gaining access to biological medicines differs in the respective member states. The Consensus Information Document states clearly that "biosimilar market uptake has been possible despite the fact that substitution between the biosimilar and its reference medicinal product is not practices at the pharmacy level" while the "most important conditions for market uptake of biosimilar medicines are driven by factors in the commercial market place"[13]. These are:

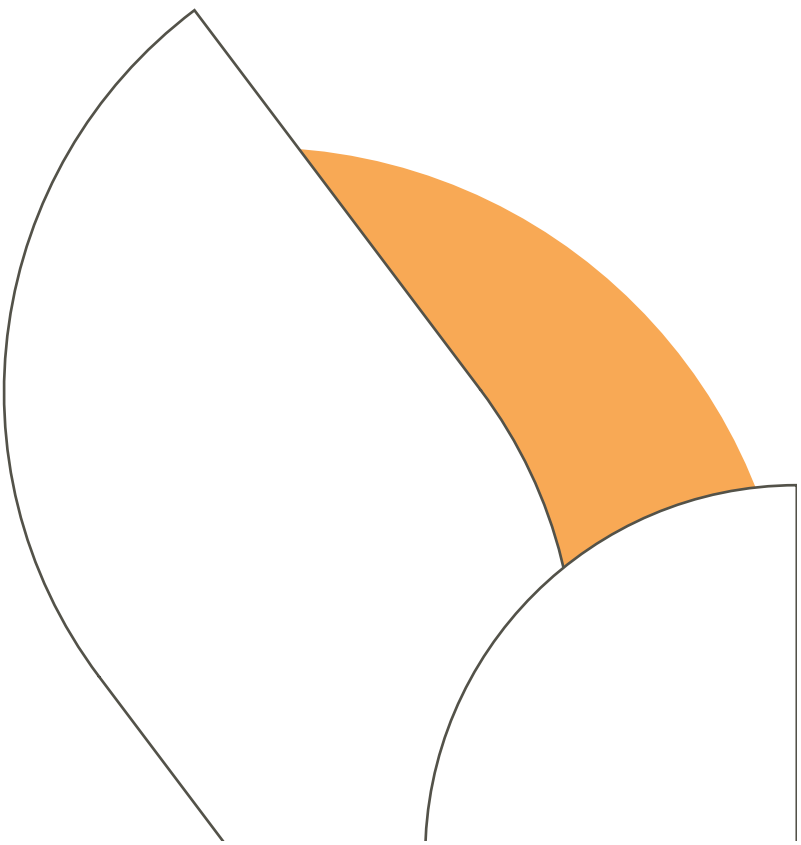
- physician perception of biosimilar medicines,
- patient acceptance of biosimilar medicines,
- local pricing and reimbursement regulation,
- procurement policies and terms.

According to the Consensus Information Document, it is "essential that physicians and patients share a thorough understanding of biological medicines, including biosimilar medi-

cines, and express confidence in using either type of therapy"[14]. When it comes to market conditions, the advantage of ensuring competition lies in the pressure to reduce prices and the free choice offered to the consumer. In the case of the market for medicines, it is the doctor who plays the key role and it is his knowledge and experience that the patient needs to have confidence in.

A set of principles concerning the use of biological medicines should be agreed. In order to achieve this objective, the establishment of a similar platform to the one, which led to the Consensus Information Document of the European Commission, would be desirable. One of such principles could have to do with distinguishing between new and long-term patients. This would offer a guarantee for the continuation of the treatment, irrespective of the course of the public procurement system.

[13] Consensus Information Document, „What you Need to Know about Biosimilar Medicinal Products", p. 16.
[14] Consensus Information Document, „What you Need to Know about Biosimilar Medicinal Products", p. 16.



Conclusions and proposed solutions

The workshop on 13 November confirmed that there is no uniform view on the future of biological medicines in Poland. However, it has allowed for a thorough exchange of views on the existing differences of view. The key one concerns different perceptions of risk associated with the substitution of biological medicines. Some participants in the discussion stressed that in order to strengthen confidence in biological medicines, change of a biological treatment should only be allowed when it would result from a doctor's decision, consulted with the patient. For others, the very fact of the registration of the biological medicine is a sufficient guarantee of safety.

The second most important divergence has to do with the different perception of the public interest. In accordance with one of the views, public interest in the form of extensive access to medicines is more important than the autonomy of the doctor and patient safety. In line with views of other workshop participants, public interest is a sum of the individual interests, hence requiring emphasis on the set of rights, including the undeniable right to information and the clear attribution of responsibility.

In spite of the differences of opinion, the view was recurrent about the commonality of interest between the producers of original biological medicines and biosimilars when it comes to confidence building and forging stable regulatory-fiscal conditions. It was agreed that an important role is played by a transparent public procurement policy, which takes into account the perspective of numerous stakeholders and ensures speedy introduction of the different products to the market.

A number of possible solutions were discussed in the course of the workshop. Some participants advocated the introduction at the level

of a legislative act of a clear definition of biological and biosimilar medicines to the Polish legal system and its inclusion in article 2 of the Pharmaceutical Law. Clarifying the terms possible substitution of medicines was also advocated. Specifically, it was suggested that patients on treatment should be distinguished from new patients, allowing for a wider acceptability of substitution in the case of the latter. This would guarantee that the treatment is continued irrespective of the course of public procurement policy. In addition, adoption of the principle was advocated, in line with which substitution of different biological and biosimilar products is only possible when agreement is reached between both the doctor and the patient.

Vigorous efforts in the field of education and information were recommended with the creation of a system allowing for the post-registration assessment of the medicinal product in order to better inform the physicians, intensification of information sessions addressed to representatives of patients' and doctors' organisations, with the use of the good practices of the EMA as well as creation of a communication platform dedicated to biological medicines.

Some participants recommended the creation of a register of biological medicines, ensuring valuable complimentary information for the doctors with respect to the decision concerning possible substitution. There was general consensus on the need for more informational activities on the part of the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products addressed to doctors and patients, including by means of the social media.

A compromise proposal at this point in time would be to create a set of principles concerning the use of biological medicines, taking into account the need to respect patient rights, offering the doctor a genuine therapeutic choice within the reimbursement rules. In this way, a compromise could be found between the need to extend access to medicines and ensure doctor's autonomy. The creation in Poland of a platform for dialogue on this matter, similar in its format to the platform which prepared the Consensus Information Document of the European Commission would open the possibility to constructively advance the discussion, assuming the interest and good will of all the interested sides.

Annex 1

Biologics in Poland and in Europe Current and Future Challenges

Workshop Agenda – November 13
European Commission Representation in Warsaw
ul. Jasna 14/16a

12.00 **Welcome and Introduction**
– Purpose of the workshop, agenda overview
- Ewa Synowiec, Director of the Representation of the European Commission in Poland
- Paweł Świeboda, President, demosEUROPA – moderator

12.10 **"What you need to know about biological medicinal products"**
The EU Consensus Information Document, 2013:
"What you need to know about biosimilar medicinal products?"
Approach and outlook of the European Commission.
- Thomas Heynisch – Deputy Head of Unit, European Commission's Directorate General for Enterprise, Unit Food and Healthcare Industries

12.30 **First panel discussion**
The Consensus Information Document:
What do physicians, patients and industry need to know?
Identification of the issues and learnings for Europe and Poland.
- Dr Andrzej Mądrala, Vice-President Employers of Poland
- Tomasz Szelągowski General Director Federation of Polish Patients
- Irena Rej, President Chamber of Commerce "Farmacja Polska"
- Dr Maciej Wieczorek, PZPPF (Polish Association of Pharma Industry Employers)

- Dr Bernard Maillet, Standing Committee of European Doctors
- Paweł Sztwiertnia Director General INFARMA
  Moderator – Paweł Świeboda, President, demosEUROPA

13:30 Coffee Break

13.45 Second panel discussion

Access to biosimilars: Proposed solutions on how to create sustainable competition in the off-patent market for biologics.

- Igor Radziewicz-Winnicki, Undersecretary of State, Ministry of Health
- Grzegorz Cessak, President of the Office for Registration of Medicinal Products
- Anna Rusiacka, Head of Unit, Department of Innovation and Industry, Ministry of the Economy
- Thomas Heynisch, DG Enterprise, European Commission
- Alexander Roediger, European Biopharmaceutical Enterprises EBE
- Ard van der Meij, European Generic Medicines Association EGA
  Moderator – Paweł Świeboda, President, demosEUROPA

14.45 Concluding panel

The way forward: Proposed solutions on the right framework for patient access and a sustainable healthcare system in Poland.

- Igor Radziewicz-Winnicki, Undersecretary of State, Ministry of Health
- Anna Rusiacka, Head of Unit, Department of Innovation and Industry, Ministry of the Economy
- Piotr Fiedor, European Medicines Agency
- Dorota Karkowska, Institute for Patients' Rights and Health Education
  Moderator – Paweł Świeboda, President, demosEUROPA

15.30 Closing Remarks and lunch

Annex 2

List of participants, 13 November 2014

1. Piers Allin,
   European Biopharmaceutical Enterprises/EFPIA
2. Stefan Bergunde,
   Chair Biosimilar Topic Group at EuropaBio; EuropaBio delegate to the Process on Corporate Responsibility in the Field of Pharmaceuticals, workstream 'Market Access for Biosimilars'.
3. Agnieszka Brzezińska,
   Director for Communications, Roche Polska
4. Grzegorz Cessak,
   President, Office for Registration of Medicinal Products
5. Szymon Chrostowski,
   President, Polish Coalition of Oncology Patients
6. Michał Czarnuch,
   Domański Zakrzewski Palinka Law Firm
7. Marie-Helen Fande,
   Amgen
8. Jarosław J. Fedorowski,
   President, Polish Federation of Hospitals, member of the Presidium of the European Federation of Hospitals HOPE
9. Piotr Fiedor,
   European Medicine Authority
10. Renata Furman,
    Deputy Editor-in-Chief, „Służba Zdrowia"
11. Jacek Graliński,
    External Affairs Manager, Abbvie Polska
12. Thomas Heynisch,
    DG for Enterprise and Industry, European Commission
13. Krzysztof Jakubiak,
    Editor-in-Chief, „Puls Medycyny"
14. Wiesława Jeżyńska,
    Polish Association of Pharma Industry Employers
15. Beata Karasińska,
    Sandoz Poland
16. Dorota Karkowska,
    Institute for Patients' Rights and Health Education

17. Paulina Kieszkowska-Knapik,
    Kieszkowska Rutkowska Kolasiński Law Firm
18. Wojciech Kuźmierkiewicz,
    Vice-President, Polish Association of Pharma Industry Employers
19. Tomasz Latos,
    Chairman, Committee on Health, Sejm*
20. Natalia Łojko,
    Kieszkowska, Rutkowska, Kolasiński Law Firm
21. Dr Bernard Maillet,
    Standing Committe of European Doctors
22. Jerzy Majchrzak,
    Director of the Department for Innovation and Industry, Ministry of the Economy*
23. Karol Martin,
    Polish Society of Employers of the Pharmaceutical Industry
24. Dr Andrzej Mądrala,
    Vice-President, „Pracodawcy RP"
25. Ard van der Meij,
    European Generic Medicines Association EGA
26. Robert Mołdach,
    Health policy expert at „Pracodawcy RP" and President, Institute for Health and Democracy
27. Jana Pachecka,
    President, Polish Pharmaceutical Society
28. Igor Radziewicz-Winnicki,
    Under-secretary of State, Ministry of Health
29. Irena Rej,
    President, „Polish Pharmacy" Chamber
30. Alexander Roediger,
    European Biopharmaceutical Enterprises EBE
31. Rafał Rowiński,
    Policy Analyst, Przedstawicielstwo Komisji Europejskiej w Polsce
32. Anna Rusiacka,
    Head of Unit, Department for Innovation and Industry, Ministry of Health
33. Ewa Synowiec,
    Director, Representation of the European Commission
34. Tomasz Szelągowski,
    Director General, Federation of Polish Patients
35. Paweł Sztwiertnia,
    Director General, Society of Innovative Pharmaceutical Firms INFARMA
36. Paweł Świeboda,
    President, demosEUROPA – Centre for European Strategy (moderator)
37. Patryk Turzański,
    Domański Zakrzewski Palinka Law Firm
38. Dr Maciej Wieczorek,
    Polish Society of Employers of the Pharmaceutical Industry
39. Piotr Żakowiecki,
    Polityka Insight

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