

# The compassionate use of medicinal products.

## The French ATU system

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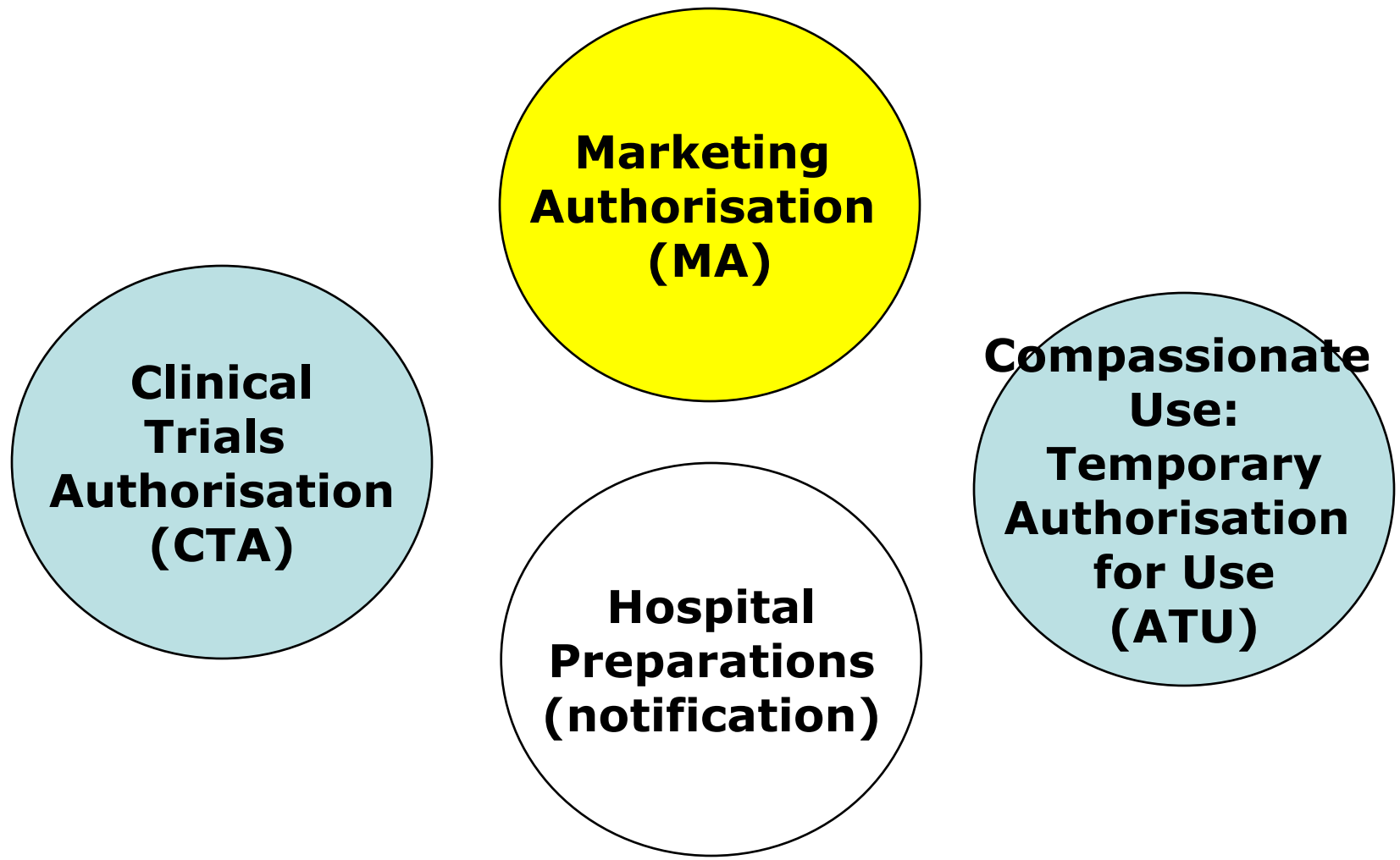
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# Outline

- ◆ The French system of compassionate use: a 15-year experience
- ◆ Perspectives
- ◆ Off label use

# In France: how to make a MP available to patients ?



# Compassionate use: legal basis

**In EU, exemptions of marketing Authorisation to place a medicinal product (MP) on the market :**

## **1. Individual use** (Article 5 - Directive 2001/83/CE)

A member State may, in accordance with legislation in force and **to fulfil special needs**, exclude from the provisions of this Directive medicinal products supplied in response to a bona fide unsolicited order formulated in accordance with the specifications of an authorized **health care professional** and for use by his **individual patients** on his **direct personal responsibility**.

→ **nominative ATU in France**

# Compassionate use: legal basis (2)

## ◆ Use for a group of patients (Article 83 – Regulation (EC) n°726/2004)

### ● The European compassionate use program

#### ❖ Scope :

- For MP entering in the **scope of centralised MA**
- For a **group**/cohort of patients,
- with chronically – seriously debilitating or life threatening disease,
- with no therapeutic alternative
- **CTs are running or there is a MAA**

#### ❖ CHMP **may** give an opinion but the competence (responsability) is still of **MS**

#### ❖ Only 2 experiences

→ cohort ATU in France

# General principles of the ATU

- **Legal provision laid down in France in 1994**
- **Exceptional derogation to the MA**
- **This provision allows**
  - (early) access to new promising drugs or to old drugs
  - not covered by a MA/not available in France (approved abroad or being developed)
  - when there is an unmet need.
- **This use is controlled by the competent authority :**

**Any use of a MP not holding a MA and not used within a clinical trial is subject to prior authorisation (ATU), granted by ANSM**

# Criteria for granting ATU

- ◆ it is a MP (*not a preparation*),
- ◆ with no MA in France (*whatever the indication*)
- ◆ for treatment, prevention or diagnosis (*not for investigation*)
- ◆ of a rare or serious disease
- ◆ no satisfactory alternative method is available in France (*with a MA*)
- ◆ efficacy and safety are presumed
- ◆ benefit is expected for the patient
- ◆ the patient cannot be included in a clinical trial (CT)
- ◆ ATU is granted for a limited period of time (*Temporary authorisation*)



# ATU are not clinical trials !

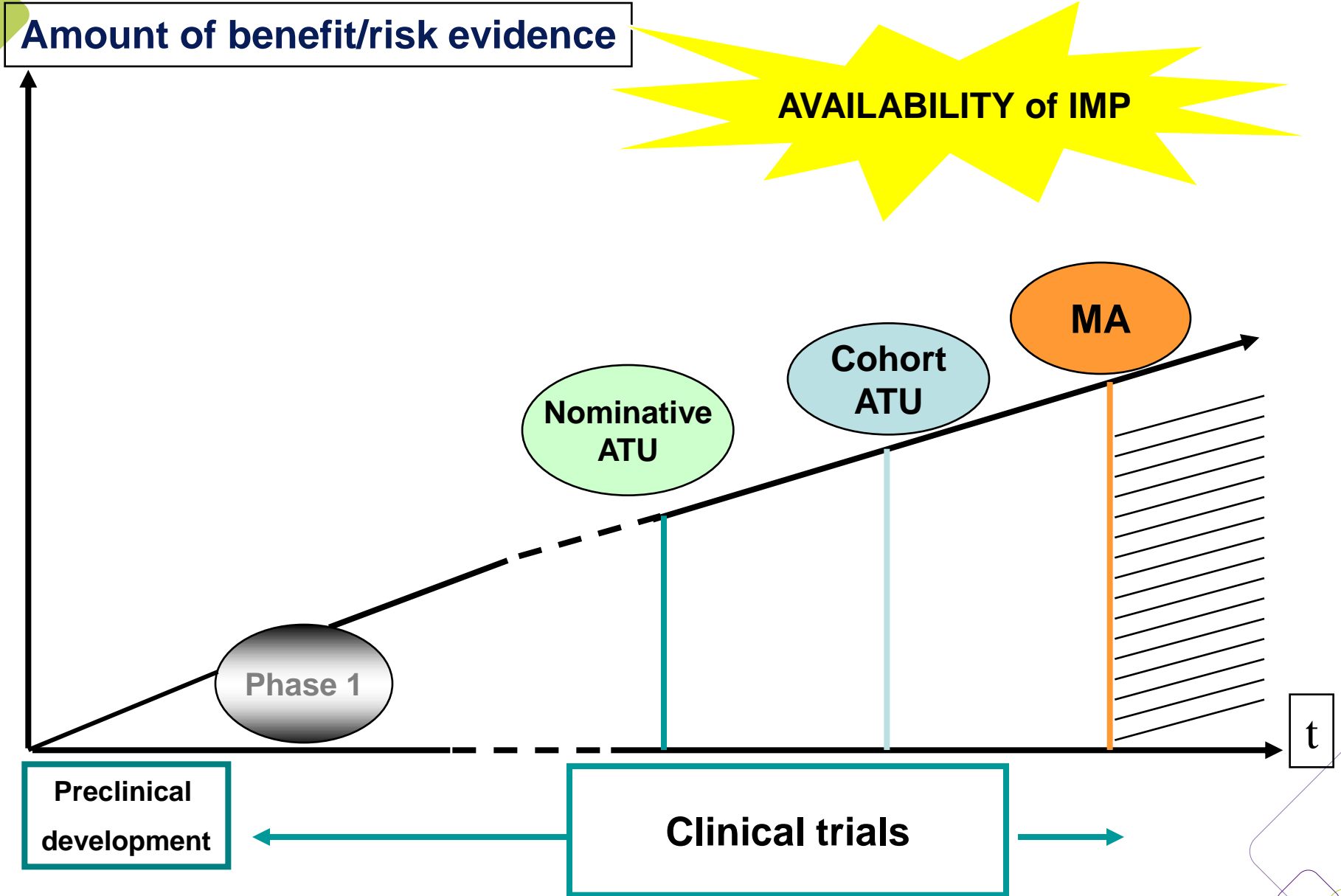
ATU	Clinical trials
<ul style="list-style-type: none"><li>◆ The objective is to <b>treat</b></li><li>◆ Efficacy/Safety data are yet available</li><li>◆ Benefit/risk is presumed positive</li><li>◆ Patient is informed by the physician</li></ul>	<ul style="list-style-type: none"><li>◆ Objective is to <b>investigate</b></li><li>◆ Collect essential information on benefit/risk balance for MA</li><li>◆ Directive 2001/20/EC<ul style="list-style-type: none"><li>- Signed informed consent</li><li>- CT authorisation + Ethics Committee opinion</li><li>- CT insurance</li><li>- GCP...</li></ul></li></ul>

**Patients should always be considered for inclusion in CTs before being offered ATU**

- ◆ Off label use : not ATU (other provisions in France)
- ◆ ATUs are not clinical trials, even to continue treatment at the end of a CT
- ◆ ATUs must not replace or slow down CTs
- ◆ Expanded access through clinical trial process is possible/preferred

## 2 types of ATU

Cohort ATU	Nominative ATU
<ul style="list-style-type: none"> <li>◆ for a <b>group</b> of patients, for one indication,</li> <li>◆ applied by the <b>company</b>, commitment to submit a <b>MA</b></li> <li>◆ safety and efficacy of the MP are <b>highly presumed</b>, close to the MA</li> <li>◆ ATU for <b>one-year</b> duration, renewal possible</li> <li>◆ SmPC, patient information leaflet, labelling</li> <li>◆ always <b>follow up of all patients</b> and <b>data collection</b> according to a <b>protocol</b> for therapeutic use (PTU)</li> <li>◆ <b>periodic data-reporting</b> to ANSM</li> </ul>	<ul style="list-style-type: none"> <li>◆ <b>one</b> patient, on a named patient basis</li> <li>◆ provided the patient cannot enter a CT</li> <li>◆ on the request and responsibility of the <b>physician</b></li> <li>◆ safety and efficacy of the MP are <b>presumed</b></li> <li>◆ ATU for the <b>duration of treatment</b></li> <li>◆ <b>usually, follow up of patients</b> and data collection according to a protocol for therapeutic use (ANSM decision)</li> </ul>



# Assessment

## What is assessed by Afssaps ?

- ◆ The MP
  - ❖ Quality
  - ❖ Safety
  - ❖ Efficacy
  
- ◆ The medical context :
  - ❖ disease
  - ❖ therapeutic alternatives
  
- ◆ The need to mitigate risks

# The protocol for therapeutic use and data collection (PTU)

- Established by ANSM with the Company
- Purpose (1) : providing physicians and pharmacists with information on the MP and conditions for using the MP :
  - Criteria for use (SmPC)
  - Patients information process (leaflet and procedure)
  - Conditions of prescription and supply of the MP.
- Purpose (2) : describing and organising pharmacovigilance
  - Procedures of safety monitoring of patients,
  - Procedures of ADR reporting and CRFs.
- Purpose (3) : organising data collection and analysis :
  - Description of the treated patients and the real conditions of use of the MP
  - Sometimes some efficacy data and always safety data
  - Conditions for the periodic data reporting to ANSM.

# Pharmacovigilance

Cohort ATU or nominative ATU with PTU	Nominative ATU with no PTU
<p><b>Described in the protocol of therapeutic use (PTU) :</b></p> <ul style="list-style-type: none"> <li>◆ Monitoring of each patient</li> <li>◆ Data collection               <ul style="list-style-type: none"> <li>● from physician to company</li> <li>● from company to ANSM</li> </ul> </li> <li>◆ One dedicated regional center of pharmacovigilance</li> <li>◆ Periodic data analysis reported by the Company to ANSM and assessed</li> <li>◆ Summary of collected data               <ul style="list-style-type: none"> <li>● circulated to concerned physicians/pharmacists</li> <li>● published on ANSM website</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Same pharmacovigilance rules as marketed MPs (spontaneous reporting + PSUR) if no PTU</li> </ul>

# Other provisions

- ◆ GMP
- ◆ Only **hospital physicians** can prescribe the MP
- ◆ **Prescription** may be restricted to certain specialists
- ◆ Only **hospital pharmacists** can supply the MP
- ◆ Commitment of physician to give **information** to patients
- ◆ **No advertising allowed**
- ◆ **Information materials for physicians** on the MP, to be validated by ANSM



# Metrics (1)

- ◆ ATU implemented in 1994
- ◆ More than 1000 MPs assessed since 1994
- ◆ ~230 MPs subject to ATU in 2011 ; several indications
- ◆ Availability 10-12 months on average before MA
- ◆ Therapeutic areas :
  - **Oncology-haematology**
  - **CNS**
  - **Infectious diseases including AIDS**
  - **Metabolism (rare diseases)**

# Metrics (2)

## ◆ Nominative ATU in 2011

- ~ 25 000 ATU (initial + renewal) ; 460 refusals
- ~ 18 000 patients (30% children)
- 53 new MPs

## ◆ Cohort ATU

- Since 1994 : more than 130 active substances
- From several months to years before MA (now ~1 year)
- 7 new cohort ATU in 2011 (18 applications) :
  - ❖ Vemurafenib, Paser®, Tafamidis, Vimpat®, Jevtana®, Ipilimumab, Abiraterone
- 5 new cohort ATU in May 2012 (14 applications) :
  - ❖ Crizotinib, Ruxolitinib, Propanol, Pomalidomide, Brentixumab;

# Innovations are available several months before MA....

## ◆ Rare diseases :

- 72% of the 64 authorised OMP were available in France through ATU
- 35 months before MA (average)
- 2011 : tafamidis. ATU 23 months before MA (transthyretin amyloïsis)
- Significant examples: Fabrazyme (14 mths), Carbaglu (22), Pedeia (45), Wilzin (64), Orfadin (123), Diacomit (145), Thalidomide (152)...

## ◆ Cancer :

- In 2011, 31 medicinal products, 3000 patients with nATU
- including new personalised medicines
  - ❖ Metastatic melanoma (2011)
  - ❖ Lung cancer (2011)
  - ❖ Myelofibrosis (2012)

## ◆ C Hepatitis :

- ribavirine then bitherapy and now tritherapy (protease inhibitors /2011)

## ◆ All new AIDS medicines...

# To sum up,

- ◆ The system is extremely useful to cover public health needs
  - Supported by patients and physicians
  - Controlled by the competent authority
  
- ◆ But, a risk to slow down CTs and MA
  
- ◆ And, regarding nominative ATU,
  - Too many
  - Complex system
  - No strong regulatory long term status (no mandatory MAA)
  - Patients monitoring and data collection to be improved.

What is going to change

# Objectives

1. Avoid temporary situations that last too long (improve the end of ATU)

- ◆ MA as the gold standard
- ◆ Develop clinical trials
- ◆ Favor Cohort ATU (✓ 75% in 2012)
- ◆ Nominative ATU as the very last option for patients

2. Improve safety-efficacy management of compassionate use

→ Optimise patients monitoring

3. Improve Transparency

→ New rules, new law (December 2011)

# Clarification of criteria for ATU

- ◆ If MA abroad : have a MAA in France
  
- ◆ Applications for nominative ATU should not be considered :
  - If there is no MAA or cohort ATU application (or commitment to do so)
  - Or if there is no CT or CTA in France
  
- ◆ Otherwise, exceptional nominative ATU (derogation to the rule)
  - e.g. if serious complications are very likely

# Enlarge patients follow-up and data collection

- ◆ Protocol of therapeutic use, as the rule ;
- ◆ For Cohort ATU and nominative ATU ;
- ◆ Not only safety but also efficacy data collection.



# Improved transparency

- ◆ Information of ANSM by the Company on any new data that could impact patients' safety
- ◆ Enlarged publication of information by ANSM

# Another new and interesting legal provision, just for information

- ◆ **Off label use**
- ◆ New system laid down in the December 2011 law.
- ◆ “RTU” : Recommendations for Temporary Use
  - Established by ANSM
  - If no therapeutic alternative (with MA or Cohort ATU)
  - Based on evidence
  - In case of rare diseases, collaboration with centres of reference
  - For 3 years
  - Published by ANSM.
- ◆ RTU includes
  - Follow up of patients/protocol of RTU.
  - Data collection and transmission to ANSM for surveillance

- ◆ **Notice to applicants** for ATU and templates (ATU request form, templates for PTU, periodic report ...)
  
- ◆ **Updated list of cohort ATU**
  - SmPC and PIL
  - PTU
  - Summary of ATU periodic reports
  
- ◆ **Updated list of refusals** of cohort ATU
  
- ◆ **List** of medicinal products available through **nominative ATUs** (on a monthly and annual basis), PTU and summary of ATU periodic reports.
  
- ◆ **List of hospital preparations** that can be replaced by ATU medicinal products

# Abbreviations

- ◆ ANSM: Agence nationale de sécurité du médicament et des produits de santé
- ◆ ATU : Temporary Authorisation for Use
- ◆ CHMP: Committee for human medicinal products
- ◆ CNS : Central nervous system
- ◆ CRFs : Case report forms
- ◆ CT : Clinical Trial
- ◆ CTA : Clinical Trial Authorisation
- ◆ EMA: European Medicines Agency
- ◆ MA : Marketing Authorisation
- ◆ MAA : marketing authorisation application
- ◆ MP : medicinal product
- ◆ MS: member state
- ◆ PIL : patient information leaflet
- ◆ PTU : protocol of therapeutic use
- ◆ PSUR : periodic safety update report
- ◆ RTU: recommendations for therapeutic use
- ◆ SmPC: summary of product characteristics

**Thank you!**