UK Early Access to Medicines Scheme (EAMS) – an Examination
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UK Early Access to Medicines Scheme (EAMS)

‘EAMS aims to give patients with life threatening or seriously debilitating conditions access to medicines that do not yet have a marketing authorisation when there is a clear unmet medical need’
EAMS - a brief history
EAMS Milestones

- 2008: Recommendation from the Ministerial Industry Strategy Group (MISG) for an early access scheme
- 2011: The Prime Minister’s Strategy for UK Life Sciences:
  - 2012: EAMS Public Consultation
  - 2013: Formation expert group on the innovation in the regulation of healthcare
- 2014: The MHRA launch two step Early Access to Medicines Scheme
  - Step I: the Promising Innovative Medicine (PIM) Designation
  - Step II: the EAMS Scientific Opinion
- 2014: First PIM designation awarded in September
- 2015: First EAMS positive scientific opinion in advanced melanoma (March)
Ministerial Industry Strategy Group (MISG)

– The MISG brings together government and the pharmaceutical industry to promote a strong and profitable UK-based pharmaceutical industry

– In 2008, a proposal for an early access scheme was developed as part of a series of MISG events

– The Regulatory Working Group considered there was support from stakeholders for earlier access to medicines

– The Working Group developed a framework for early access

– Acknowledging that whilst access to such medicines will – at least in most cases – be towards the end of the formal development stage, the scheme could still provide potentially life-saving treatments around one year earlier than at present

– [https://www.gov.uk/government/groups/ministerial-industry-strategy-group](https://www.gov.uk/government/groups/ministerial-industry-strategy-group)
In December 2011 the Prime Minister announced a new Strategy for UK Life Sciences. One of the commitments was the MHRA would bring forward for public consultation proposals for a new ‘Early Access Scheme’. The consultation ran from July to October 2012, including 26 questions such as ‘should a scheme be established’. 52 responses were received from a variety of stakeholders, including patient groups. Overall, there was overwhelming support for a scheme.
Conclusion: EAMS addresses a public health need to improve access to important innovative medicines for patients with life threatening or seriously debilitating conditions without adequate treatment options

Another commitment from the strategy was the creation of an ‘Expert Group on innovation in the regulation of healthcare’: 

- A group of experts drawn from government, regulators, NHS, industry and academia to discuss healthcare regulation issues….

- The group also included representatives from Cancer Research UK, Parkinson’s UK, and the Tuberous Sclerosis Association

- The group reviewed and welcomed the proposal for an early access scheme and endorsed the draft Government response to the consultation

Early Access to Medicines Scheme - launch

- Dedicated MHRA webpage launched April 2014 with detailed guidance and application forms/templates

  https://www.gov.uk/guidance/apply-for-the-early-access-to-medicines-scheme-eams

Overview

The early access to medicines scheme (EAMS) aims to give patients with life threatening or seriously debilitating conditions access to medicines that do not yet have a marketing authorisation when there is a clear unmet medical need.

Under the scheme, the Medicines and Healthcare products Regulatory Agency (MHRA) will give a scientific opinion on the benefit/risk balance of the medicine, based on the data available when the EAMS submission was made.

The opinion lasts for a year and can be renewed.

The scheme is voluntary and the opinion from MHRA does not replace the normal licensing procedures for medicines.
Early Access to Medicines Scheme - overview

- EAMS is a two step process:
  - Step I: the Promising Innovative Medicine (PIM) Designation
  - Step II: the EAMS Scientific Opinion

- The scheme covers medicines that are not yet available as licensed treatments

- The scheme is not a substitute for appropriate clinical development and inclusion of patients in well designed clinical studies remains the preferred option, if available in the UK
Early Access to Medicines Scheme – overview (cont)

- Primarily aimed at medicines towards the end of their development

  • But what is required is evidence to support a positive benefit risk profile and fulfilment of the EAMS criteria

- Company supplies the product free of charge during the EAMS period
The criteria of suitability for an EAMS application are:

- Life threatening or seriously debilitating conditions, without adequate treatment options – high unmet need - could include drugs intended for the treatment, prevention or diagnosis

- The medicinal product offers promise - that it is likely to offer benefit or significant advantage over and above existing treatment options

- Potential adverse effects likely to be outweighed by benefits. i.e. the benefit: risk ratio is concluded as being positive

- The Applicant is able to supply the product and to manufacture it to a consistent quality standard (GMP)
Step I: Promising Innovative Medicine (PIM)

- A PIM Designation is an early indication that a medicinal product is a potential candidate for the EAMS

- The PIM will be issued after an MHRA scientific designation meeting on the basis of non-clinical and clinical data available with the product, in a defined disease area

- A PIM designation is a prerequisite to enter the EAMS scientific opinion step
Step I: Promising Innovative Medicine (PIM) (cont)

- The PIM designation gives:

  • A company reassurance that its clinical development is on ‘track’ by having an early review of its data by the UK medicines regulator

  • Specific NHS/HTA contacts in the UK nations, with opportunities to engage on patient access issues

  • Opportunity to request a joint MHRA NICE scientific advice meeting
Recent rare disease PIM designation

- Investigational drug to treat children with Niemann-Pick Type C1 disease (NPC) granted a PIM designation in November 2016

- ‘It is extremely gratifying to the NPC community, to the team at Vtesse, and to all of the individuals, organizations, and institutions who are tirelessly working on the development of VTS-270 that it has been recognized by the MHRA as a scientific innovation that may improve the lives of people living with NPC’
Recent rare disease PIM designation (cont)

• ‘This UK PIM designation, coupled with the U.S. FDA Breakthrough Therapy Designation granted earlier this year, demonstrates the strength of the preliminary clinical data of NPC treatment with VTS-270’

• ‘Both designations afford us enhanced regulatory opportunities, which we will rely on as we complete our rigorous Phase 2b/3 clinical trial and seek regulatory approvals to bring this drug to market as quickly as possible’

http://www.vtessepharma.com/2016nov02-medicines-and-healthcare
EAMS applications – PIM designation

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<th>EAMS step I PIM designations - April 2014 to March 2017</th>
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<td>Applications received</td>
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<td>PIM designations granted</td>
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<td>PIM designations refused</td>
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<td>PIM designations withdrawn</td>
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<td>PIM designations pending</td>
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- The therapeutic areas we have had interest in include oncology, anti-infective, central nervous system, musculoskeletal, dermatology, blood disorders, cardiovascular and ophthalmology
Step II: EAMS scientific opinion (SO)

- During the benefit risk assessment, EAMS applications are reviewed by our independent advisory committees (CHM, EAG - include practicing clinicians)

  - A positive scientific opinion is issued after a Day 75/90 timetable if the criteria for the EAMS are considered to be fulfilled and the benefit risk is positive

    ➢ EAMS positive SO = patient access in the NHS before marketing authorisation

  - The scientific opinion describes the benefits and risks of the medicine and supports both prescriber and patient in making a decision on using the medicine before its licence is approved
EAMS scientific opinions – public information

- EAMS SO are published in the format opposite
- The opinion is valid for one year, renewable and expires at the point of MA
- Expired opinions are also listed on the EAMS webpage and include the Public Assessment Report
EAMS applications – EAMS SO

EAMS step II - April 2014 to March 2017

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<td>Opinions pending</td>
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• To date the majority of EAMS SO have been in the oncology setting: lung cancer, melanoma, renal cell carcinoma
EAMS case study – lessons learned

- Pembrolizumab was the first medicine to be awarded an EAMS positive scientific opinion – case study describes some of the lessons learned:
  
  - ‘EAMS is an important step in ensuring patients gain access to innovative medicines as soon as possible, improving health outcomes in patients that urgently need new treatments’ (MHRA)

  - EAMS undoubtedly accelerated access to pembrolizumab for patients with advanced melanoma and demonstrates a world-leading example of how healthcare agencies and industry can work together to get treatments to patients more quickly (MSD)

Fees

Current Fees (as of 31st March 2017)

• The fee for the PIM designation is £3,624.

• The fee for assessment of the scientific opinion for new chemical or biological medicinal products is £25,643 and the renewal fee (if applicable) is £12,821.

• The fee for the assessment of the scientific opinion for new indications is £8,309 and the renewal fee (if applicable) is £4,154.
Evolving EAMS processes
NICE guidance and EAMS (Jan 2016)

- PIM designated products progress through the usual NICE Topic Selection process, but products with a PIM designation are prioritised.

- The Office for Market Access offers companies the opportunity to have a supplementary meeting (NHS England are also invited):
  
  - To discuss data collection plans during the EAMS period
    - Data may need to be generated during the EAMS period to address uncertainties
  
  - To help ensure the company is well prepared for a potential Technology Appraisal (TA) or Highly Specialised Technologies (HST) evaluation.
NICE guidance and EAMS (Jan 2016)(cont)

- To help companies gain insight into NICE processes and evaluation frameworks

- To learn more about the option to develop and propose managed access arrangements and patient access schemes to support adoption following the EAMS period

In order to develop timely guidance, NICE starts the evaluation during the EAMS period (before marketing authorisation), and the company prepares its submission during this period.

Any data collected during the EAMS period may be included in the company submission.

If NICE is notified of the PIM designation and positive EAMS opinion at least 12 months before expected receipt of marketing authorisation, these products are planned as a priority into the work programme.
NICE guidance and EAMS (Jan 2016)(cont)

- The first Committee decision is published within 3 months of marketing authorisation, rather than the usual 6 months.

- Products recommended by NICE are usually commissioned within 3 months of publication of the guidance - NHS England reduces this to 30 days for EAMS products.
Office for Life Sciences (OLS) EAMS taskforce

Post-launch, an EAMS Government-Industry Stakeholder Task Group was established to bring together key stakeholders from the pharmaceutical industry, government and arms’ length bodies to:

- Inform the development of EAMS procedures
- Establish consistent lines of communication between stakeholders
- To clarify, address and accelerate the resolution of emerging issues since launch
Office for Life Sciences (OLS) EAMS taskforce

Membership of the group includes:

- MHRA, NICE, NHS England, OLS, Department of Health, Devolved Administrations, Scottish Medicines Consortium, All Wales Therapeutics and Toxicology Centre, ABPI, BIA, EMIG, Invited representative companies, other stakeholders including the Centre for the Advancement of Sustainable Medical Innovation (CASMI)

Government EAMS task force

- The stakeholder group has developed additional supporting material to help explain the scheme:
  - An agreed EAMS ‘principles’ document (across the UK)
  - An operational guidance and a schematic showing the relationships between MHRA, NICE, NHSE and the company
  - Devolved administrations annexes in development
    - OLS also commissioned PwC to conduct an independent review of EAMS
  - The review meets the government’s objective to assess the performance of the EAMS within two years of launch
Independent EAMS review (March 2016)

- Independent review takes into consideration prior consultation documents, over 50 interviews (42 stakeholders), online survey & 3 cross-stakeholder workshops

- From an industry perspective, the EAMS has offered a valuable opportunity for early dialogue with government and arm’s length bodies about product uptake within the NHS
Applicants praised the introduction of the PIM designation, the support offered by the MHRA, and the role of the EAMS task group as key strengths of the current EAMS process:

- “We support the promising medicines designation which precedes the EAMS process. This is a welcome step in signalling that a therapy is likely to be of particular importance” (trade association)

- “The MHRA had a face to face conversation with our global regulatory team pre-submission. They explained the benefits and risks of the scheme and gave us the confidence to apply” (large pharma)
Independent review – the recommendations

• **Short term recommendations**
  • Provide updated guidance on the benefits and entry requirements of EAMS
  • Provide easier industry access to MHRA, NICE and NHS
  • Track patient access of approved products during the EAMS period

• **Medium term recommendations**
  • Earlier HTA of EAMS-approved products
  • Rapid NHS uptake following a positive HTA to provide smooth transition to access
  • Offer funding via application

• **Long term recommendations**
  • Use existing databases to collect real world data

EAMS taskforce – core principles
(May 2016)

- EAMS aims to balance the interests of the full range of stakeholders
- The information provided by the company is treated as commercial in confidence
- Companies making an EAMS application should engage early with relevant bodies
- MHRA will advise nominated contacts of the award of a PIM designation and the notification of a preliminary positive scientific opinion at Day 45 of step II
EAMS taskforce – core principles (May 2016)(cont)

• Company provides the medicine free of charge to the NHS during the EAMS period and will agree clear exit strategies with relevant bodies

• Usage of EAMS products should not be burdensome for the NHS

• NHS should not duplicate the provision of an EAMS Scientific Opinion at local level

• EAMS can provide an opportunity to generate real world patient data in the NHS
Accelerated Access Review (AAR) (Oct 2016)

- November 2014, the government set up a review of how the UK could speed up access to innovative drugs/devices/diagnostics/digital products to NHS patients

- The review makes recommendations to government on reforms to accelerate access – published 24th October 2016

- EAMS is specifically included as part of the terms of reference
Accelerated Access Review (AAR) (Oct 2016)

- Patient involvement is a key cornerstone of AAR, with a goal to give patients and service users a say at every stage of innovation

11 December 2015 — Authored article

**How should we involve patients in research and innovation?** (https://www.gov.uk/government/speeches/how-should-we-involve-patients-in-research-and-innovation)

Hilary Newiss, Chair of National Voices, asks for your opinion on how to give patients and service users a say at every stage of innovation.

- [https://engage.dh.gov.uk/acceleratedaccess/](https://engage.dh.gov.uk/acceleratedaccess/)
Accelerated Access Review: (AAR) Final Report

- The Review of innovative medicines and medical technologies
  - An independently chaired report, supported by the Wellcome Trust
  - 70 pages, 7 chapters and 18 recommendations

- >600 people consulted - ranging from clinicians, NHS commissioners, patient groups and charities, life sciences industries and academia, and national bodies that influence the innovation pathway
  - How best to access innovation for the benefit of patients, to improve health care efficiency and create a new and more agile approach to the prioritisation and adoption of NHS innovation

- Propose a new system for accelerating access to all types of innovation in the NHS, including drugs, medical devices and diagnostics and digital tools

AAR recommendations

• The report sets recommendations to enable the UK to improve patient outcomes, leverage the UK’s strong biosciences research/life sciences industrial base and enhance the international competitiveness of our life sciences industry:

  – The NHS should develop an enhanced horizon scanning process and clarify its needs to innovators

  – A new transformative designation should be applied to those innovations with the potential for greatest impact
AAR recommendations (cont)

- Patients should be involved in horizon scanning and prioritisation, and this involvement should continue along the whole innovation pathway

- Accelerated Access Pathway for strategically important, transformative products should align & coordinate regulatory, reimbursement, evaluation and diffusion

- The pathway should be suitable for medical technologies, diagnostics and digital products as well as medicines
AAR recommendations & EAMS

• Determining which products should receive a transformative designation will be of critical importance and should build on schemes such as PRIME in Europe and the UK’s EAMS

• For medicines, analysis shows that patient access can be brought forward by up to four years where an EAMS scientific opinion is used (saving 12-18 months)
AAR recommendations & EAMS (cont)

• SMEs and not-for-profit organisations with products on the EAMS pathway should, in some cases, receive some level of funding prior to NICE assessment
  ➢ to cover the cost of the product & to recognise the commitment to early access

• EAMS will be an integral part of the accelerated access pathway, providing pre-licence access for strategically important products
Interest in Real World Data (RWD) collection

- EAMS - a supportive environment for real world data generation?

- To date, the EAMS SO period has been relatively short and there has been limited opportunity to collect real world data, outside pharmacovigilance requirements

- Independent EAMS review recommends exploring the use of existing databases to collect real world data – considered in the AAR government response
Interest in Real World Data (RWD) collection

- NICE’s Office for Market Access offers companies the opportunity to have a discuss on data collection plans during the EAMS period

- Regulatory framework for data collection is complex and would also need to consider provisions of the Clinical Trial Regulation, if the proposal was ‘interventional’
  - If the intention of the Applicant is to collect real world data, it is strongly recommended that proposals are discussed during the pre-submission meeting
  - Ongoing work at OLS EAMS task force regarding opportunities to collect RWD
Early Access to Medicines Scheme summary

• EAMS gives patients earlier access to medicines that do not yet have a marketing authorisation when there is an unmet medical need

• Patients are able to benefit from important medicines before they are licensed and prescribers have greater confidence in the safety and efficacy of prescribing

• In developing the scheme, users of innovative medicines have been consulted at different stages, including at public consultation and in an Expert Group
Early Access to Medicines Scheme summary (cont)

• The assessment process involves consulting our Expert Committees - include practising clinicians & input from lay members

• EAMS continues to evolve:
  - Independent review
  - Accelerated Access Review report
  - NICE EAMS guidance
  - OLS Task force group
Conclusion

- EAMS addresses a public health need
- Successfully facilitated access to new medicines and new indications for hundreds of patients with unmet medical need.
- Exciting developments are to be expected as scheme matures
PIM DESIGNATION

**Step I**

- ‘PIM’ designation awarded on the basis of Phase I/II data

**Step II**

- Early Access to Medicines pre-submission meeting
- Enter Scientific review for EAMS opinion

- Early Access to Medicines pre-submission meeting
- Enter Scientific review for EAMS opinion

- Joint ‘PIM’ designation and Early Access to Medicines pre-submission meeting, on the basis of Phase III data (exceptionally Phase II)
- Enter Scientific review for EAMS opinion
Days 0-45
MHRA assessment & consultation with CHM/EAG, list of outstanding issues communicated to Applicant, with provisional Benefit: Risk (B:R) opinion

- Preliminary positive opinion (Minor issues outstanding)
- 15 day clock stop

Days 46-90:
- Final B:R decision made on or before Day 90 – positive or negative opinion
- MHRA considers Day 90 procedure required

Days 46-75:
- Decision now negative
- Applicant requests revert to Day 90 procedure

Days 46-75:
- Final B:R decision positive on or before Day 75

Days 46-90:
- Final B:R decision made on or before Day 90 – positive or negative opinion

*in exceptional circumstances, the Applicant can request additional 30 days (30+30)
Thank You for your attention
—
any questions??

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