The new EU pharmaceutical legislation

The new EU Regulation EC 726/2004 and Directive EC 27/2004 were published on 30 April 2004. The new Directive will have to be transposed into national law and implemented by 30 October 2005. Title IV of the new Regulation is already in force as far as the functioning of the European Medicines Evaluation Agency is concerned. The other titles related to the marketing authorisation and surveillance of medicines going through the centralised procedure will apply by 20 November 2005, following transposition of the new Directive (due to close links between the two texts).

In short, the worst-case scenario has been avoided but civil society and health professionals should keep watch on the transposition of the Directive and implementation of the new texts.

For an assessment of the new legislation see www.prescrire.org and the print-out attached to this issue.

Forum

Translated from ***Rev Prescrire*** **April 2004; 24 (249): 315-4-1/316-4-2**

Do Evra° contraceptive patches represent an advance?

First letter dated 20 January 2004
(our translation from the original French)

To the Editor,

We are grateful to you for sending us your report on our product Evra°, published in the January 2004 issue (see this issue on page 123).

It seems, however, that you overlooked some important information contained in the dossier we sent you.

From a purely semantic standpoint, Evra° can hardly be considered "Nothing New", being the first (and still the only) patch-based contraceptive.

As you know, about 10% of abortions involve women who forgot to take one or more doses of oral contraceptive. Our product continues to offer protection for 24 hours if it becomes accidentally detached. Is this not a significant advantage?

While it is true that the efficacy and global tolerability of our patches are comparable to those of third-generation pills (which is far from negligible!), I am sure you will agree that this new delivery system is a true innovation for some categories of women.

Second letter by same author dated 22 January 2004
(our translation from the original French)

Following publication of your article on our product Evra° in the January issue, I would like to give you further details.

1- Regarding the request by the European Medicines Evaluation Agency (EMEA) for a pharmacokinetic study, the study versus Cilest° (ethinylestradiol + norgestimate) is currently being assessed by EMEA. We submitted the study report in October 2003 and are expecting to receive an opinion in February 2004.

2- Regarding the safety assessment, it is important to recall that Cilest° has been marketed for nearly 20 years in most European countries and in the United States. If this norgestimate metabolite had any major disadvantages, these would have emerged long ago.

3- The fact that our trials were not blinded is easy to explain: trials of this type comparing oral and local delivery are methodologically complex, and experts agree that open trials are therefore acceptable.

4- Your conclusion which infers that our product "is probably less convenient and may be less safe" is not based on scientific arguments and is contrary to general opinion ("identical safety").

5- In the specification section: it is not 750 micrograms ethinylestradiol but 600 micrograms.

6- About added therapeutic value. The Transparency Commission cannot offer an opinion, as no request has been made, France having decided not to reimburse third-generation contraceptives.

7- In the adherence section you stated that "there was little difference in adherence to treatment" between Evra° and third-generation oral contraceptives whereas it's the same (cf. EPAR). The adjectives you use in this paragraph could apply to tolerability, which you qualify as less good, while the differences between Evra° and oral contraceptives are limited, as for compliance.

Thierry Moreau-Defarges
(Vice-President, Pharmaceutical Affairs and Development, Janssen-Cilag)
France

Evra°, which delivers ethinylestradiol and norelgestromin, is indeed the first combined contraceptive patch to arrive on the French market.

But commercial innovation does not necessarily equate with therapeutic advance when seen from the patient's viewpoint. Evra° does not offer any advantage in terms of contraceptive efficacy, while it carries a higher risk of adverse effects than the oral contraceptives with which it has been compared, and the dropout rate is also higher.

Third-generation oral contraceptives are not the reference choice, as they expose patients to an increased risk of thromboembolic events relative to older pills, yet do not offer greater efficacy.