

# EFPIA & The EU's Falsified Medicines Directive

## Working Together for Patient Safety

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## Who is EFPIA?

- The Voice of the innovation-based pharmaceutical industry in Europe
  - The **European Federation of Pharmaceutical Industries and Associations (EFPIA)** represents the pharmaceutical industry operating in Europe.
    - Direct membership of 31 national associations and 38 leading pharmaceutical companies including their affiliates
  - EFPIA is to promote **pharmaceutical research & development** and the best conditions in Europe for companies to bring to patients **new medicines that improve human health and the quality of life around the world.**

## Who am I?

- Director of Public Affairs in Pfizer's Brussels office
- 10+ years of experience in the pharmaceutical industry across many commercial functions
- Member of key EFPIA work groups related to the Falsified Medicines Directive

**The Directive, Safety Features, & Verification**

**The EFPIA POD, Stakeholder-Owned System**

**The Way Forward**

# efpia\* Directive Milestones & Timelines

July 2011  
Publication in  
Official EU  
Journal

Jan 2013  
Transposition of  
Directive into  
national law

2017  
Safety Features –  
Member States  
without pre-existing  
measures

2023  
Safety Features –  
Member States  
with pre-existing  
measures

2011

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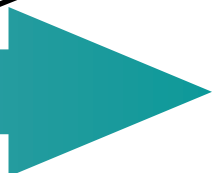
2015

D+ 3 years

2020

D+ 9 years

2014  
Publication of final  
“Delegated Acts”



## What Does the Directive Mandate?

- Safety features that enable relevant persons to
  - “verify...authenticity”
  - “identify individual packs”
  - Tamper evidence
- Rx included all OTCs excluded. Some exceptions based on a risk assessment
- Govts can use the system for reimbursement and/or pharmacovigilance purposes
- MAHs will pay for the “repositories systems”

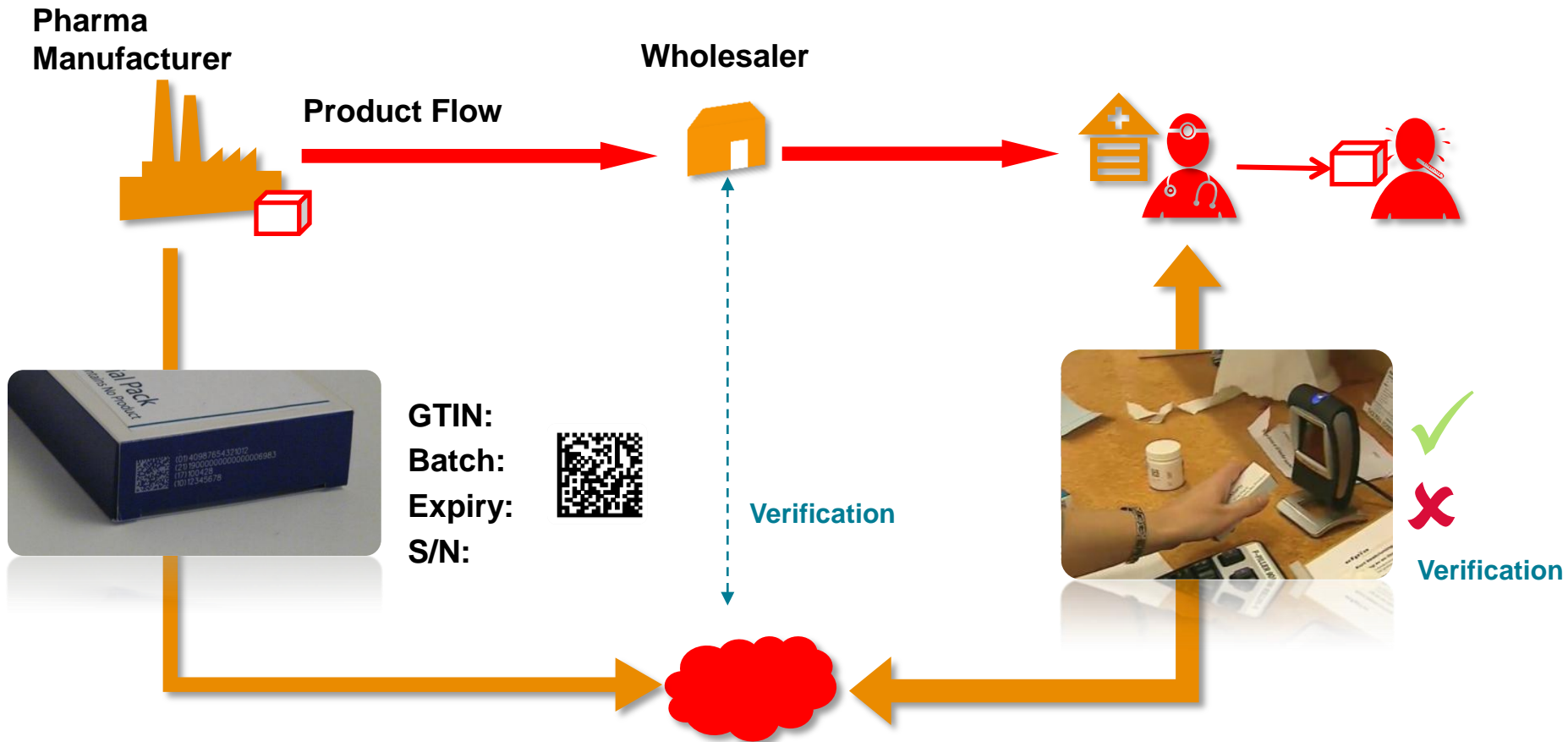
## What Will Be Decided by Delegated Acts?

- Characteristics & technical specifications of the “unique identifier”
- Criteria for the risk assessments & process for notification of products included
- “Extent and modalities of verification of the safety features” to “ensure the verification of authenticity of each dispensed pack”
- Establishment (including accessibility) of the “repositories”

- Improving patient safety
  - Reduce the risk of counterfeit products being dispensed
  - Detect expired products automatically
  - Perform **product recalls** more effectively and efficiently
  - Deliver the right product to the patient



## Secure All Entry & Exit Points





- A pilot project in cooperation with pharmacists
- Objective was to demonstrate the EFPIA proposal as
  - an **aligned approach** with the Falsified Medicines Directive
  - a **practical and effective solution** for relevant stakeholders (manufacturers, pharmacists, wholesalers)
    - That can be fully integrated into their existing operations
  - a model that works based on **common standards** & mature technology
    - High performance and a secure system
  - A **credible alternative to proprietary national systems**, aligned with government requirements

- Key figures

- 25 pharmacies in the greater Stockholm area (owned by Apoteket AB) with a total of 180 dispensing points
- 25 products (SKUs) with total of 110.000 packs
- 14 manufacturers
- 4 months duration of operational phase

- Operational phase

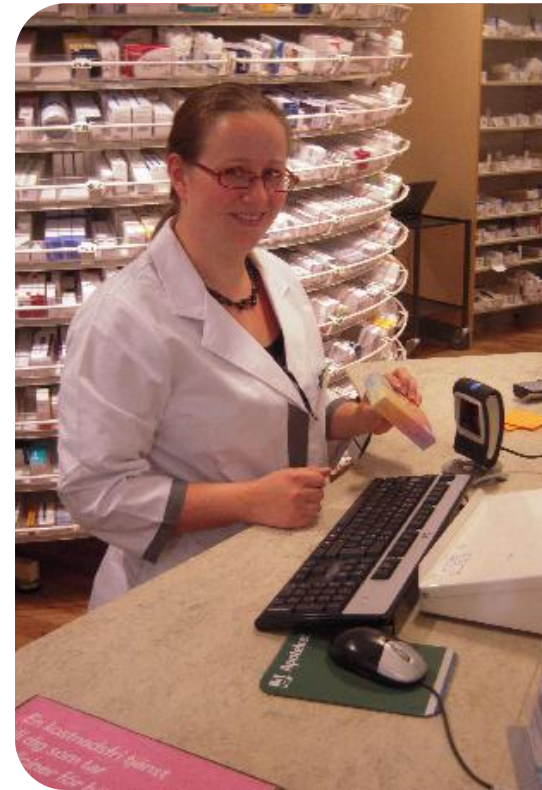
- Started with 3 pharmacies on 17 September
- Remaining 22 pharmacies joined on 24 Sept

- Wholesalers labelled and distribute packs

- Kronans Droghandel
- Tamro



- **Works in practice** and allows for effective identification of fake packs
- System availability and performance **allowed pharmacists to work at normal pace** and without significant additional effort
- System was **easy to use** when fully integrated into pharmacy workflow and existing IT system
- System **should be customised to existing pharmacy workflow**, processes, local conditions and regulatory requirement.
- The presence of **more than one code on the pack causes confusion for the user and will jeopardise user acceptance**
- Pharmacists are **highly interested to get expiry date and batch number in machine readable form** through the 2D data matrix



## Issues

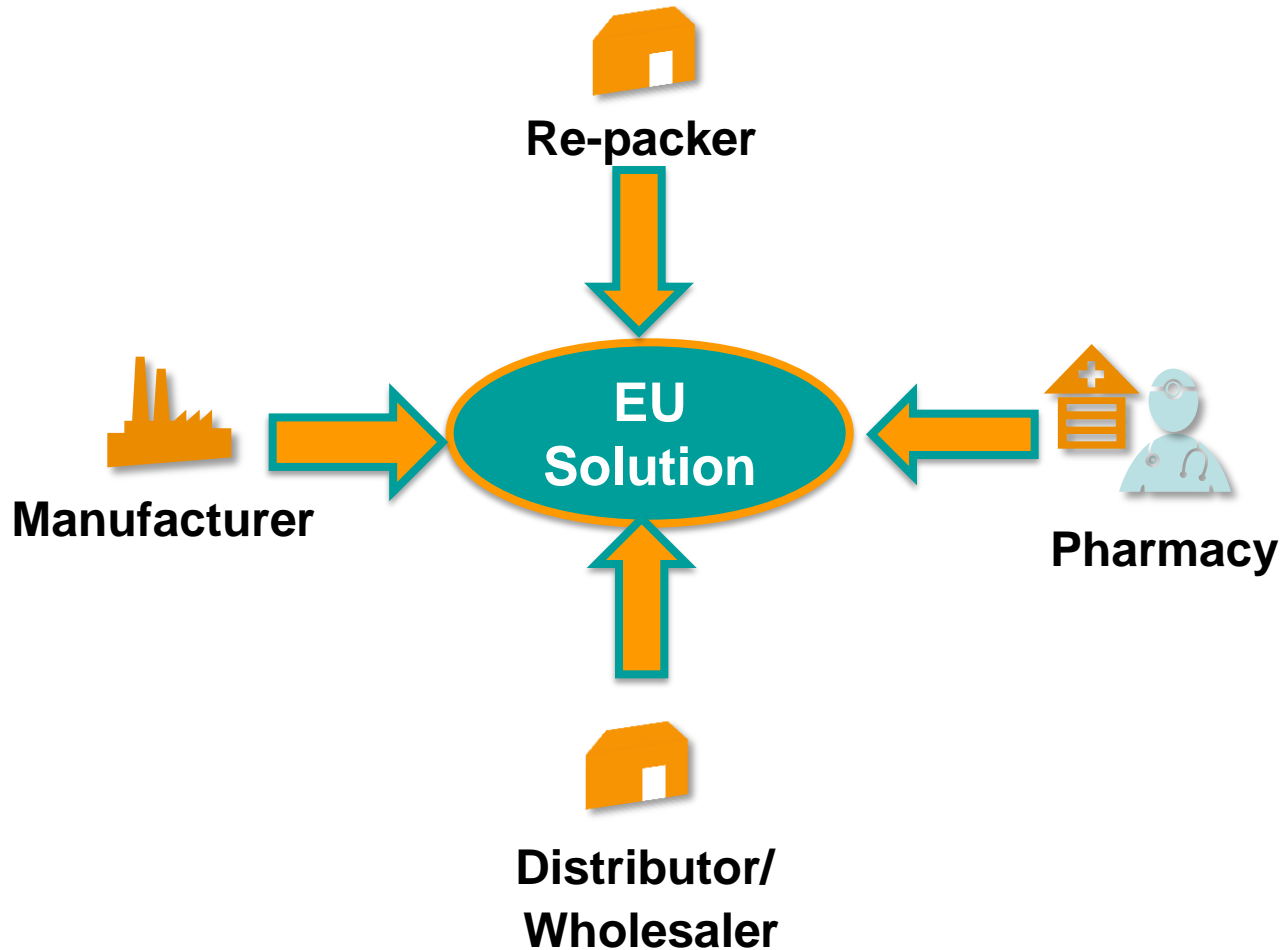
- Cross border movement and multi-market packs.
- Difficulty of multiple codes and ensuring uniqueness
- Many stakeholders are involved in getting the product to the patient
- Access to data

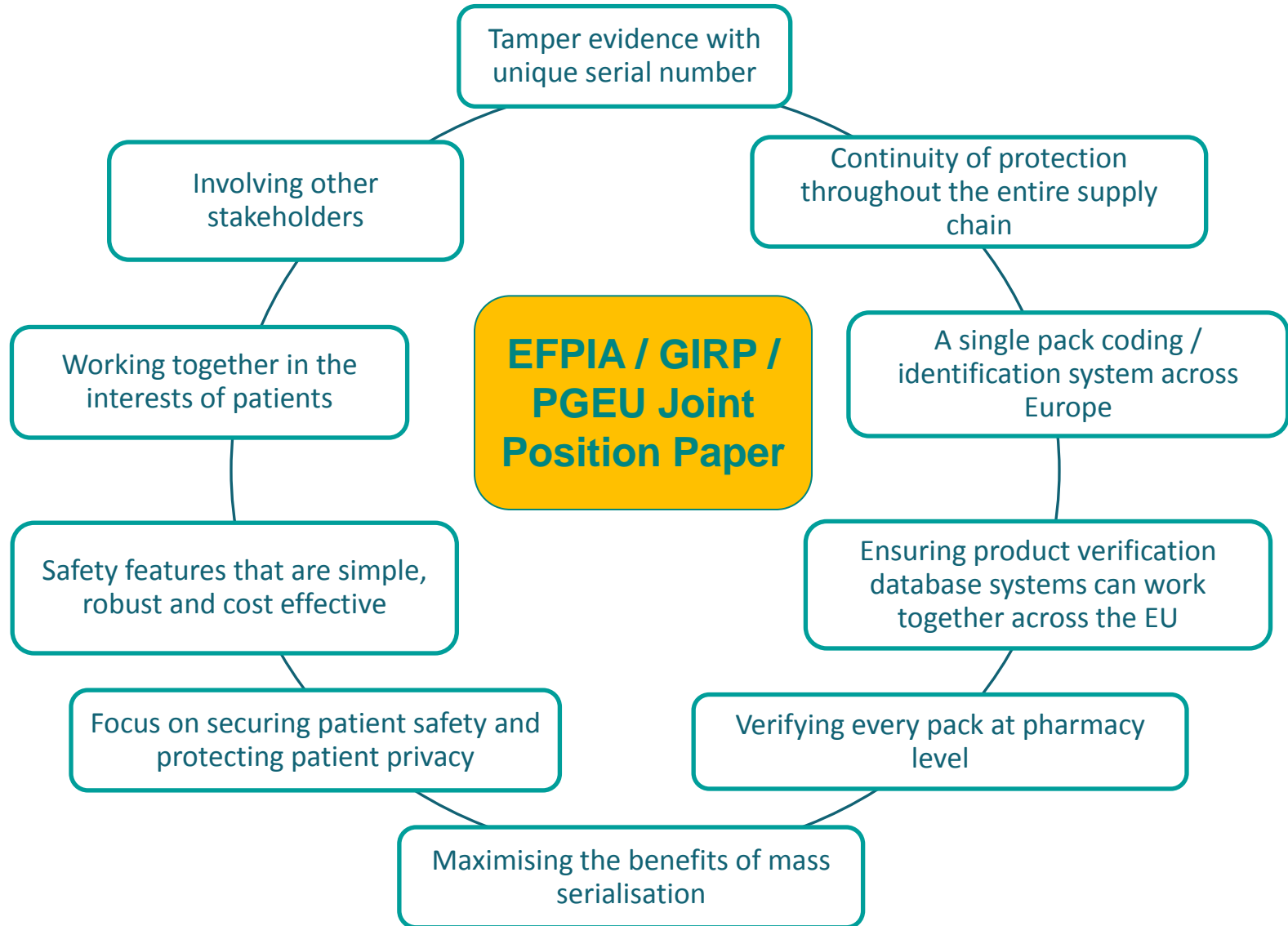


## Requirement

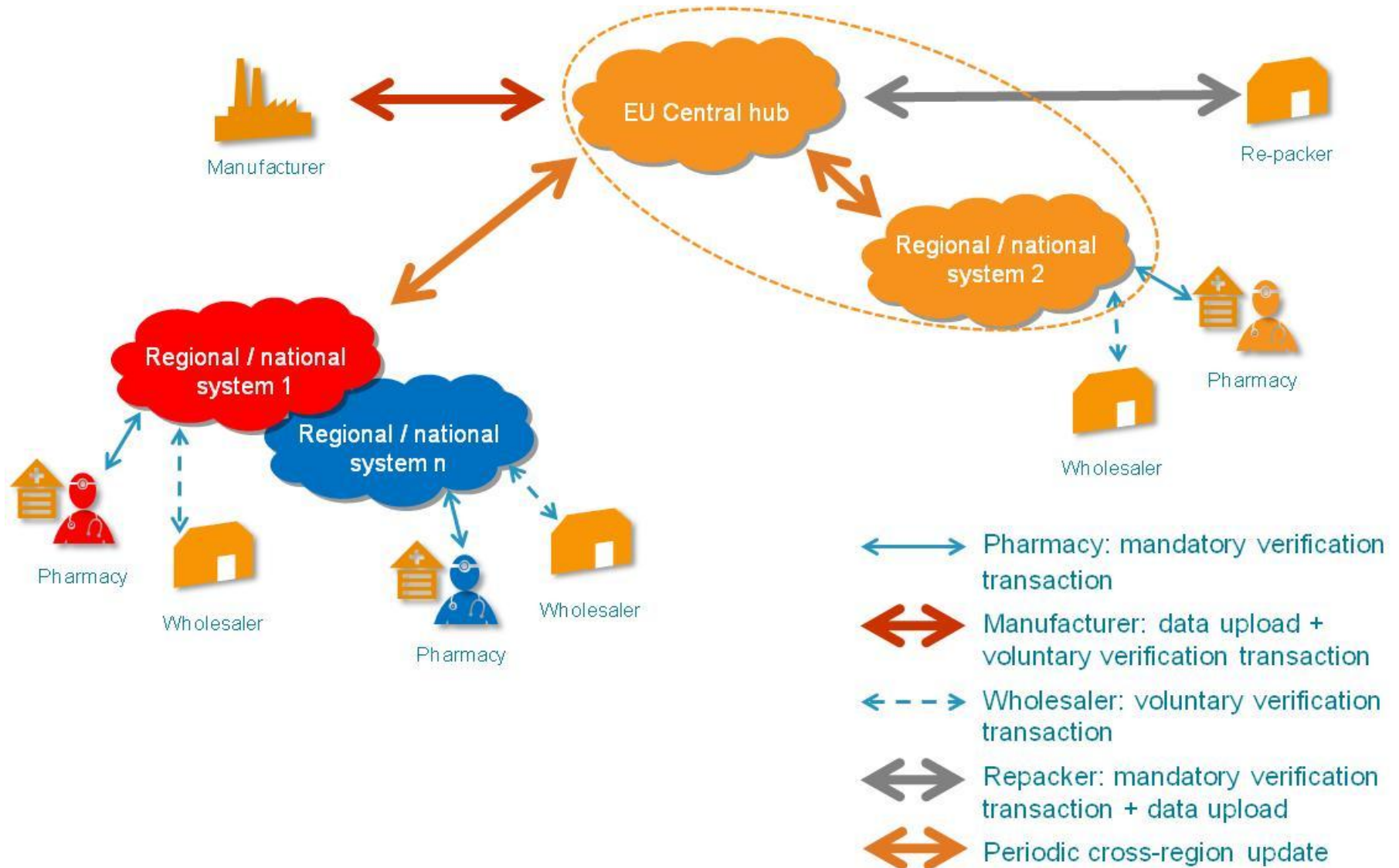
- Systems will have to be interoperable to maintain patient safety
- Single unique code to scan for all purposes e.g. verification, reimbursement, etc
- Stakeholders are going to have to work together and define the governance to design, deliver and run solutions
- System must be highly secure, with strict control
- Additional access requirements for some scenarios – ie negative verifications, recalls

# Stakeholders Working Together Across Europe





# Pan-European Model



# Key Benefits of the Pan-EU Model

- Use of Datamatrix code **reduces required space** on pack & provides higher robustness compared to linear barcode
- “Point of dispense verification” is **far less complex** than Track & Trace and provides needed improvements in patients safety
- Including batch number and expiry date in the code allows **for logistic and Patient Safety advantages**
- Based on **common principles** and can accommodate **regional needs**
- Stakeholder governance is critical to **ensure a responsive, cost-effective system that works for patient safety**
- European hub provides a **single point of data entry** for manufacturers, facilitates multi-country pack s, and accounts for parallel traded packs



## Continue Progress Towards Implementation

- Approach endorsed by the EFPIA Board
- Continue building the partnership with PGEU & GIRP
  - Joint work streams already in place on stakeholder involvement / governance, system development, and communications
- Seek support of other key stakeholders
- Work with national level stakeholders to develop and implement national level systems

Thanks

<http://www.efpia.org>

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