



# Patients' Perspective on TKI Generics in Haematology

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Lithuanian  
Cancer  
Patient  
Coalition



# Outlook: TKI\* Generics in the EU Market

FIRST PATENT EXPIRATION	EXCLUSIVITY EXPIRATION (EMA)	INN NAME	BRAND NAME	THERAPEUTIC AREA
Jul 2018	June 2016	imatinib	Glivec	CML, GIST
Apr 2020	Nov 2016 / 2018	dasatinib	Sprycel	CML
Jul 2023	Nov 2017 / 2019	nilotinib	Tasigna	CML
Mar 2018	March 2023	bosutinib	Bosulif	CML
Dec 2026	July 2023	ponatinib	Iclusig	CML, CLL
Nov 2018	Sep 2015	erlotinib	Tarceva	Carcinoma, Non-Small-Cell Lung, Pancreatic Neoplasms
Jul 2017	June 2018	lapatinib	Tyverb	Breast Neoplasms
Jan 2020	July 2016	sorafenib	Nexavar	Liver cancer, renal cell, carcinoma, DTC
Feb 2021	July 2016	sunitinib	Sutent	GIST, MRCC, PNET
Feb 2025	Nov 2022	crizotinib	Xalkori	Carcinoma, Non-Small Cell Lung

\* Tyrosine kinase inhibitors (TKIs) are medicines that block signals that tell a cell to grow and divide. This can slow or stop cancer cells from growing. In some cases it can cause the cells to die.

# EU Countries with Generic Imatinib for CML in the Market (1)

Country	Number of Available Generic Brands	Reimbursed	CML patients receive generic imatinib
Bulgaria	5	✗	✗
Cyprus	2	✓	✓
Croatia	8	✓	✗
Estonia	15	✓	✓
Latvia	4	✓	✓
Lithuania	22	✗	✗

# EU Countries with Generic Imatinib for CML in the Market (2)

Country	Number of Available Generic Brands	Reimbursed	CML patients receive generic imatinib
Malta	2	✓	✓
Poland	9	?	?
Romania	15	✓	✓
Slovenia	5	✓	✓
Slovakia	5	✓	✓

# Balkan Countries with Generic Imatinib for CML in the Market

Country	Number of Available Generic Brands	Reimbursed	CML patients receive generic imatinib
Albania	2	✓	✗
Bosnia	6	✓	✓
Kosovo	2	✗	✗
Macedonia	5	✓	✓
Montenegro	0	✗	✗
Serbia	4	✓	✓



# Manufacturers that Supply Generic Imatinib to European Markets (1)

Company	Countries covered	Type or registration
TEVA	28 EU countries, Norway, Iceland	Centralized
Actavis	28 EU countries, Norway, Iceland	Centralized
Accord	28 EU countries, Norway, Iceland	Centralized
Adamed	28 EU countries, Norway, Iceland	Centralized
Pharos / Remedica	Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, Hungary, Iceland, Latvia, Lithuania, Netherlands, Poland, Romania, Slovakia, Slovenia	Decentralized
Synthon	Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Iceland, Latvia, Lithuania, Malta, Netherlands, Romania, Slovakia, Slovenia	Decentralized
Intas	Bulgaria, Croatia, Czech Republic, Estonia, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia	Decentralized





# Manufacturers that Supply Generic Imatinib to European Markets (2)

<b>Company</b>	<b>Countries covered</b>	<b>Type or registration</b>
Apotex	Belgium, Estonia, Latvia, Lithuania, Netherlands	<b>Decentralized</b>
Biofarm	Poland, Romania	<b>Decentralized</b>
Celon	Poland	<b>National</b>
Grindeks	Estonia, Latvia, Lithuania, Sweden	<b>Decentralized</b>
Natco	Bulgaria, Estonia, Latvia, Lithuania, Poland, Romania, Slovakia	<b>Decentralized</b>
Nobilus	Poland, Germany	<b>Decentralized</b>

- **~55 000** CML patients in Europe (overall population 742.5 million)
- In **10** out of 51 European countries, CML patients already receive generic imatinib
- **13** companies are actively supplying generic imatinib to European market
- **~350** different marketing authorisations granted in Europe
- Lowest prices for generic imatinib:
  - 20 EUR in Malta,
  - **220 EUR** in Croatia and Serbia,
  - **300 EUR** in Latvia,
  - 650 EUR in Lithuania,
  - 1200 EUR in Slovenia, Slovakia, Romania, Estonia




Debate: original vs generic TKI

Cost-Effectiveness

Comparable quality of life, efficacy, change in clinical practice, etc.



# Patients Call for Quality and Consistency when Considering Generics

- **Patients** welcome that generics may improve patient access to more affordable therapies in many countries. However, we also raise concerns about impact on the treatment outcomes when switched between different products for non-medical reasons, if equivalence of these products' is still uncertain in terms of quality and efficacy
  - See statement of the CML Advocates Network as of 21 May 2014:  
<http://www.cmladvocates.net/133-generics/354>
- 
- CML AdvocatesNetwork
- **Patients** ask for:
    - reliable proof of quality and **equivalence** of pharmacokinetics and bioavailability
    - collection of **comparative clinical data** to ensure comparable efficacy
    - no switching for **non-medical reasons** in optimal response and tolerance
    - no switching between products of same compound more frequently than **once a year** to allow consistent follow-up, and in case of loss of response or increased toxicity, switch back or switch treatment
    - more **frequent monitoring** (must: PCR tests, optional: plasma level testing)

# Patient-Centric Value Concept





# Steps to Minimise the Risk to Patient

- **Record** the date when started taking generic imatinib
- **Track** and record any changes of quality of life on generic imatinib
- **Report** any serious side effects / adverse events to your physician (hematologist)
- Tell your physician (hematologist) that you have been **switched** to generic imatinib
- Be willing to **share** your experience with CML patients community
- Every time you are renewing your prescription **ask for the same** generic product from the **same** manufacturer. Be ready to show the label / picture of the packaging to the pharmacist



# References for Cost-Effectiveness Debate

- **Cost Sharing and Adherence to Tyrosine Kinase Inhibitors for Patients With Chronic Myeloid Leukemia**

*Dusetzina, Winn, Abel et al, JCO Feb 1, 2014:306-311*

- **Healthcare resource utilization and costs associated with non-adherence to imatinib treatment in chronic myeloid leukemia patients**

*Wua, Johnsona, Beaulieua et al, Current Medical Research and Opinion, January 2010, Vol. 26, No. 1 : Pages 61-69*





# Before Coming to EHA in 2015 Check the Trends in the USA

- **What Is The Most Cost-Effective Strategy For Treating Chronic Myeloid Leukemia After Imatinib Loses Patent Exclusivity in the United States?**

## Objective

To analyse the cost-effectiveness of treating CML patients with imatinib first using a stepwise approach, compared to the physician's choice between imatinib or the second-generation TKIs: dasatinib or nilotinib. Currently, each TKI is patent-protected and commands one-third of CML treatment. Imatinib will lose patent exclusivity and should face generic competition in **January 2015**, and its price is expected to drop **60-90%**.

*Padula, Larson, Conti. 2014: Forthcoming*





# Patient Led „CML Generics Resource Center“

- [www.cmladvocates.net/generics](http://www.cmladvocates.net/generics)
- **Glossary** of generics, copies, substandard drugs
- Community-run **unofficial TKI register**
- „Community-internal“ **blog**
- List of **scientific publications** on generics and copy drugs use in CML
- **Video streams** of presentations on generics at „CML Horizons“
- **Best practice** of „CML Association of Serbia“ and „CML Society of Canada“

## Resource & Knowledge Center on CML generics, copy drugs & substandard drugs

Last Updated: Wednesday, 21 May 2014 12:55 | [Print](#)

Welcome to our "Resource & Knowledge Center" on [CML generics](#), [copy drugs](#) and [substandard drugs](#). The Resource & Knowledge Center intends to pull together all information that is known to us to date. If you have additional information or feedback, please make sure you contact us at [info@cmladvocates.net!](mailto:info@cmladvocates.net)



### Declaration of the CML community

On 2-4 May 2014, patient organisations from 58 countries supporting patients and families affected by [Chronic Myeloid Leukemia \(CML\)](#) met in Serbia to learn from medical experts, share best practice in patient advocacy and grow their organisation's capacity. An important topic of increasing attention discussed between patients and health professionals was the introduction of [generics](#) in CML treatment. Patients welcome that [generics](#) may improve patient access to more affordable therapies in many countries. However, patients also raise concerns about impact on their cancer when switched between different products for non-medical reasons, if the products' equivalence in terms of quality and efficacy is uncertain. [Read the declaration / press release as of 21 May 2014 here.](#)

### CML TKI Register

We have compiled an [informal directory](#) including all [CML tyrosine kinase inhibitors \(TKIs\)](#) that are - to our knowledge - available to date. Our CML TKI Register provides information on the product name, [compound name](#), registration status of all TKIs available on the international markets, the name of the respective manufacturer and / or Marketing Authorization Holder (MAH) and the specific [indication](#) of each drug. If available, it also provides links to publicly available documentation.

### Session at CML Horizons 2013:

#### "Ideal World vs. Reality: New Challenges with Substandard Drugs & Generics"

Please see the videos and PDF files of our session at "CML Horizons 2013" which was addressing the new challenges with [substandard drugs](#), [copies](#) and [generics](#) in CML. We are also sharing the Excel summary of the data collected in our [generics](#) survey in March 2013:

- [Generics, biosimilars, copies, substandard drugs: efficacy, efficiency, sustainable quality? What is the difference?](#) (Sabine Kopp, Medicines Quality Assurance Programme, WHO) [PDF](#) - [Video Stream](#)
- [Originals, generics, copies: Results of the CML Advocates Network Survey](#) (Jan Geissler, CML Advocates Network): [PDF](#) - [Video stream](#) - [Detailed summary of survey data \(Excel\)](#) - [Survey questions](#)
- [Actions of CML groups: Fighting against Anzovip, a generic drug](#) (Jelena Cugurovic, Serbia) [PDF](#) - [Video Stream](#)

### Session at CML Horizons 2014:

#### "The new realities: Generics and Copy Drugs in CML"

Please see the videos and PDF files of our session at "CML Horizons 2014":

- [Generics, copies & substandard drugs, How to assess quality of drugs and labs](#) (Prof. Yoseph Caraco, Pharmacologist) - [PDF](#) - [Video Stream](#)
- [CML generics from a patient perspective](#) (Cheryl-Anne Simoneau, CML Society of Canada) - [PDF](#) - [Video Stream](#)
- [CML generics from a hematologist perspective](#) (Dr. Andrija Bogdanovic, Serbia) - [PDF](#) - [Video Stream](#)
- [CML generics from a hematologist perspective](#) (Dr. Qian Jiang, China) - [PDF](#) - [Video Stream](#)



# Conclusions

- Main concerns for patients: (1) *alfa* vs *beta* crystal form of active ingredient, (2) comparable data on safety and efficacy, (3) effect of switching between different generic brands
- TKI generics bring new challenges to the clinical practice, thus, a **revision of existing legal regime** at EMA level may be needed to capture the essential differences in clinical practice between originator and generic products
- It will take **2-3 years** to harvest real life data on the differences in treatment outcome between originator and generic TKIs that are available in Europe
- If patient is failing to achieve optimal treatment outcomes on branded imatinib (Glivec®), such patient should **not** be **switched** to generic imatinib, but second line treatment options should be considered

Thank You!



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