



IPAC

INTERNATIONAL PHARMACEUTICAL AEROSOL CONSORTIUM

RECOMMENDATIONS ON THE TRANSITION TO CFC-FREE METERED DOSE INHALERS (MDIs)

FOR THE 28TH MEETING OF THE OPEN-ENDED WORKING GROUP
Bangkok, Thailand (7-11 July 2008)

IPAC is a group of companies that manufacture medicines for the treatment of respiratory illnesses, such as asthma and COPD. IPAC has long supported and remains firmly committed to a timely and effective MDI transition that balances patient health and environmental concerns.

► Principles to Ensure Appropriate Essential Use Allocations for MDIs

The transition from CFC MDIs to CFC-free alternatives has now reached a mature stage in non-Article 5(i) Parties. In order to sustain progress toward completion of the essential use process, IPAC recommends that these core principles be applied in authorizing and licensing essential use CFCs for MDIs:

- Allocate CFCs only for use in the few products, including combination products, that remain essential for patients **and** where the corresponding CFC-free alternative is either under active review by regulatory authorities or on track to generate a near-term (by end 2008) comprehensive submission for regulatory approval (e.g., new drug application).
- Effectively manage existing stockpiles of pharmaceutical-grade CFCs pursuant to Decisions of the Parties – particularly Decisions XVI/12, XVII/5, and XVIII/7 – and within commercial constraints, to ensure that new essential use CFCs are produced only when truly necessary.

► Essential Use Nominations for 2009 and 2010

IPAC notes that TEAP/MTOC is unable to recommend approval of the European Community's (EC) and United States' (US) nominations for 2009 and 2010, respectively. IPAC appreciates the TEAP/MTOC's careful review and expert conclusions. Regarding the EC nomination, IPAC and its members have been engaged with the EC in its good faith effort to identify and facilitate the transfer of available CFC stockpiles to reduce, or potentially eliminate, the need for a 2009 nomination. Should the EC determine that it may need a small volume of CFCs next year for MDIs, IPAC suggests that it consult with TEAP/MTOC, including providing necessary supplemental data to support that volume, and the Parties endeavor to resolve any pending issues by their Meeting in November, rather than deferring consideration to 2009.

Regarding the US nomination, IPAC concurs with TEAP/MTOC that it is not possible to accurately predict this year needs for 2010 – if any – given pending regulatory rulemakings and the potential availability of stockpiles. Therefore, at a minimum, it would be best to defer until 2009 a final authorization of essential use volumes – if even needed – for 2010. Important information will be available next year, including final regulations on the phase-out timeframes for the CFC MDIs remaining on the US market. IPAC commends the US for its progress in reducing the volume of essential use allowances licensed to MDI companies. The US EPA allocated only 7% of the allowances authorized by the Parties for 2008 (i.e., 27 out of the 385 tonnes).

► MDI Transition in Article 5 Parties

In its 2008 Progress Report, TEAP/MTOC present a detailed assessment of the status of transition in Article 5 Parties and make several recommendations aimed at (i) progressing the transition toward closure and (ii) ensuring adequate CFC supply to meet patient needs until the transition concludes. This comprehensive review of the patient health, technical and practical aspects of achieving the MDI transition in Article 5 Parties should be a valuable resource for the Parties.

IPAC agrees with the TEAP/MTOC that the option of conducting a final production campaign of CFCs for MDIs during 2009 is impractical in light of technical and logistical considerations. Indeed, implementing a final production campaign in any year could involve significant complexities and logistical challenges, including substantial expense. In addition, given the difficulties in predicting future needs, it could result in “over-production” of CFCs. However, as TEAP/MTOC detail, there are also considerable challenges associated with an ongoing annual essential use process after 2009 and possible benefits to undertaking a final campaign production during 2011. IPAC encourages the Parties to carefully consider the important recommendations and observations made by the TEAP/MTOC and wishes to highlight support for the following points:

- It is important to request (rather than encourage) Parties to (i) expedite review of regulatory approvals for CFC-free alternatives and (ii) ensure that pricing policies do not discriminate against CFC-free alternatives;
- Parties should continue to be encouraged to facilitate the identification and efficient transfer of suitable CFC stockpiles – including international transfers – to minimize the need for new CFC production for Article 5 Parties.
- Article 5 Parties should develop national MDI transition strategies on a priority basis and submit these strategies to the Ozone Secretariat. It is also important for Article 5 Parties to submit data annually – pursuant to Decision XIV/5 – on the availability of CFC and CFC-free alternatives, including dry powder inhalers (DPIs).
- If a final production campaign is undertaken, it will be critical for the Parties to adopt sufficient processes and safeguards – via Decisions of the Parties – to ensure that it does not delay or otherwise impede progress towards completion of the transition globally. For example, IPAC concurs that a “multi-year essential use exemption to allow a final campaign production will need to work in parallel with an exemption process to approve annual quantities to be used from the stockpile produced under a final campaign.”
- It is important to ensure that any pharmaceutical-grade CFCs remaining at the conclusion of the MDI transition are destroyed via environmentally acceptable means.
- The 2008 TEAP Progress Report recommends a range of important modifications and updates to the essential use process which should be employed to facilitate a smooth and timely transition in Article 5 Parties. IPAC generally supports these recommendations and would be pleased to serve as a resource as they are refined by the Parties.

IPAC COMMITMENTS ON MDI TRANSITION

IPAC recognizes that multinational companies continue to play an important role in promoting smooth and timely transitions – consistent with patient health – in both Article 5 and non-Article 5(1) Parties. In this spirit, IPAC member companies commit, at a minimum, to the following:

- To **not** seek new production of essential use CFCs after 2008 for use in MDIs intended for either Article 5 or non-Article 5 Parties, absent compelling evidence that existing stockpiles are unavailable – an exceptional and unlikely circumstance. This will provide a critical signal to patients, health care providers, manufacturers, and – importantly – Article 5 governments that the MDI transition is near conclusion.
- To **not** engage in “dual-marketing” of a CFC MDI in a Party where the company has launched the corresponding CFC-free alternative (after an adequate parallel marketing period – no more than 12 months – needed for patient safety), unless infeasible because of government action or pre-existing contractual obligations.
- To **not** manufacture CFC MDIs for sale in Article 5 markets after 2009, except in the very narrow circumstance where: (i) the replacement for a CFC MDI has reached an advanced stage of research and development (i.e., phase III clinical trials); (ii) the product is essential for patients; and (iii) a relatively limited additional period of time is needed to accommodate a seamless transition to the direct replacement. Consistent with the first bulleted commitment above, it is anticipated that CFCs for these MDIs would be sourced from existing stockpiles, rather than from new production. Rationalizing small quantities of already produced CFCs to meet patient needs in Article 5 (as well as non-Article 5) Parties, rather than simply destroying all remaining stockpiles, is a pragmatic approach.



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