

ESVAC Stakeholder Meeting

3rd March 2015



- Very little time to comment on a complex document
- These are not final IFAH-Europe positions but elements of discussion.



Ideal system

- Simple
- Should reflect actual use as much as possible
- Difference in measurement reflect difference in use
- Should not lead to disruption of the therapeutic choice normally based on benefit/risk balance for the patient

Calculation of DDDa and DCDa

- Agree with exclusion of outliers
 - Given the fact that they are arithmetic means
- Given any thought to geometric means ?
 - Mode ?
 - Weighted averages based on volumes ?
- Whatever solution is retained, we support a measurement that is as closed to reality as possible

The problem of combinations

- We are still concerned on the divergence with ESAC regarding the double counting of combinations
- We do however look forward to potential exceptions when combinations are synergistic
 - what will be the criteria for synergistic combinations?
(line 382)
 - More than just TMP Sulfa ?
- Artificial impact on product prescription?

Proposed rules

- Different criteria for injectable vs oral
 - YES
- Different criteria for prodrugs
 - Reserved opinion
- Same criteria for all oral forms
 - NO
- Same criteria for long acting / vs daily injectables
 - YES



Proposed rules

- Same criteria for active in combination and single
 - YES
- Different criteria for sulfonamide synergistic products
 - YES
 - What about other synergistic combinations?

Other points

- DCDs vs DDDs
 - IFAH-Europe still maintains that DCDs would better capture exposure than DDDs
 - DCDs avoid determining prescription based consumption management only
 - i.e. long acting
- Comparison with humans
 - We still do not see the scientific value of comparing DDDs in humans and animals
 - Who compares DDDs in hospitals to DDDs in primary care ?

Other challenges

- Use of multi-species products on multi-species farms
- Potential cascade issues?



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Thank You!

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